BOSTON 2025

PROGRAM

AMERICAN ACADEMY OF PSYCHIATRY AND THE LAW

56th Annual Meeting

October 30 – November 2, 2025
Boston Copley Marriott | Boston, Massachusetts

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56th Annual Meeting

October 30 – November 2, 2025 | Boston, Massachusetts

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

The American Academy of Psychiatry and the Law designates this live activity for a maximum of *31.75 AMA PRA Category 1 Credits*™.

Physicians should claim only the credit commensurate with the extent of their participation in the activity.

56TH ANNUAL MEETING

American Academy of Psychiatry and the Law
October 30 – November 2, 2025 | Boston, Massachusetts

Executive Council

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Councilor

Sara West, MD
Councilor

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Underrepresented Minority Representative Councilor

Jacqueline Landess, MD, JD
Women's Representative Councilor

Nina Ross, MD
Early Career Councilor

2025 Annual Meeting Co-Chairs

Ariana Nesbit Huselid, MD, and Abhishek Jain, MD

Past Presidents

Charles C. Dike, MD	2023-24	Larry R. Faulkner, MD	1998-99
James L. Knoll IV, MD	2022-23	Renée L. Binder, MD	1997-98
Susan Hatters-Friedman, MD	2021-22	Ezra E. H. Griffith, MD	1996-97
Lisa Gold, MD	2020-21	Paul S. Appelbaum, MD	1995-96
William Newman, MD	2019-20	Park E. Dietz, MD, PhD, MPH	1994-95
Richard Frierson, MD	2018-19	John M. Bradford, MB	1993-94
Christopher R. Thompson, MD	2017-18	Howard V. Zonana, MD	1992-93
Michael Norko, MD	2016-17	Kathleen M. Quinn, MD	1991-92
Emily A. Keram, MD	2015-16	Richard T. Rada, MD	1990-91
Graham Glancy, MB	2014-15	Joseph D. Bloom, MD	1989-90
Robert Weinstock, MD	2013-14	William H. Reid, MD, MPH	1988-89
Debra Pinals, MD	2012-13	Richard Rosner, MD	1987-88
Charles Scott, MD	2011-12	J. Richard Ciccone, MD	1986-87
Peter Ash, MD	2010-11	Selwyn M. Smith, MD	1985-86
Stephen B. Billick, MD	2009-10	Phillip J. Resnick, MD	1984-85
Patricia R. Recupero, MD, JD	2008-09	Loren H. Roth, MD	1983-84
Jeffrey S. Janofsky, MD	2007-08	Abraham L. Halpern, MD	1982-83
Alan R. Felthous, MD	2006-07	Stanley L. Portnow, MD	1981-82
Robert I. Simon, MD	2005-06	Herbert E. Thomas, MD	1980-81
Robert T. M. Phillips, MD, PhD	2004-05	Nathan T. Sidley, MD	1979-80
Robert Wettstein, MD	2003-04	Irwin N. Perr, MD	1977-79
Roy J. O'Shaughnessy, MD	2002-03	G. Sarwer-Foner, MD	1975-77
Larry H. Strasburger, MD	2001-02	Seymour Pollack, MD	1973-75
Jefrey L. Metzner, MD	2000-01	Robert L. Sadoff, MD	1971-73
Thomas G. Gutheil, MD	1999-00	Jonas R. Rappeport, MD	1969-71

Executive Offices of the Academy

One Regency Drive
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Fax: 860-286-0787

E-mail: **Office@AAPL.org**
Website: **www.AAPL.org**

Debra A. Pinals, MD
Medical Director

Dana Cooper, MBA, CAE
Executive Director

Goals:

To inform attendees about current major issues in forensic psychiatry and afford them opportunities to refresh skills in the fundamentals of the discipline, engage in discussion with peers on the standards governing the profession, and update their present knowledge.

CME Target Audience:

Psychiatrists and other physicians working at the interface of law and psychiatry.

Objectives:

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

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

Program Committee:

Co-Chairs: Drs. Ariana Nesbit Huselid and Abhishek Jain

Drs. George Annas, Elie Aoun, Michael Champion, William Darby, Charles Dike, Elizabeth Ferguson, Kayla Fisher, Carina Freitas, Richard Frierson, Elias Ghossoub, Chinmoy Gulrajani, Ryan Hall, Annette Hanson, Susan Hatters Friedman, Trent Holmberg, Jacob Holzer, Neil Kaye, Jungjin Kim, Carolina Klein, Catherine Lewis, Katherine Michaelsen, Hassan Naqvi, William Newman, Britta Ostermeyer, Maya Prabhu, Karen Rosenbaum, David Rosmarin, Amanie Salem, Charles Scott, Renée Sorrentino, Melissa Spanggaard, Bipin Subedi, Christopher Thompson, Ryan Wagoner, Robert Weinstock, Cheryl Wills

Education Committee:

Chair: Kaustubh Joshi

Drs. Lisa Anacker, Peter Ash, Lawrence Belcher, Adam Bernstein, Shaheen Darani, Robert Ellis, Richard Frierson, Chinmoy Gulrajani, Annette Hanson, Jacob Holzer, Nicole Johnson, Aimee Kaempf, Reena Kapoor, Jungjin Kim, David Mancini, Jarrod Marks, Britta Ostermeyer, Kathleen Patchan, Joseph Penn, Marilyn Price, Phillip Resnick, Andrea Stolar, Anthony Tamburello, Ryan Wagoner

IMPORTANT INFORMATION

- **There will be no Final Program distributed at the meeting site. If you want a hard copy of this program, you must print it yourself and bring it with you to the meeting.**
- AAPL's mobile app is very important - be sure to download it for the most up-to-date information. Here is a link to download the mobile app:
- In order to obtain CME credit you will need to enter the code for each session you attend. The codes will be provided at the end of each session by the presenters and will also be available at the registration desk. A manual option for CME credit will be provided upon request at the registration desk.
- Your CME certificate, noting total credits earned, will be available for download from the mobile app or emailed to you.
- Distinguished Speaker presentations are open to all registrants at no additional charge. There are no lunch tickets to purchase. That means that you are on your own for lunch each day. A curated list of nearby restaurants for lunch and dinner is available in the Venue Maps area of the mobile app. Please return by 1 PM for the Distinguished Speaker sessions in Salons A-E. A dessert bar will be available at 12:40 PM in 3rd Floor Atrium (Poster area).
- The AAPL Annual Business Meeting will occur Friday, October 31, 8:00-9:45 in Salon F. Pre-registration for that event is required. This is an AAPL member-only event.
- Bonus Poster viewing time will be provided during the lunch hour on Thursday, Friday, and Saturday in the 3rd Floor Atrium. Dessert will be served each day at 12:40 PM in the Poster area.

AAPL CODE OF CONDUCT AT EVENTS

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

SESSION MODERATORS HAVE BEEN ASKED TO ENFORCE THESE POLICIES

Cell Phones

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

Session Evaluations

Please take a few moments to complete the session evaluations available on the app for each session you attend. This is very valuable information for AAPL. Thank you.

Meeting Evaluation

At the end of the meeting, an evaluation form will be provided to capture your feedback and recommendations for future meetings. Please take the time to complete that evaluation following the meeting. Thank you.

CME CREDITS

CME credits are automated at the 2025 Annual Meeting. The mobile app will facilitate collection of your CME credits. **You need internet access to utilize this feature (either mobile data or connected to the wifi).**

At each session, the speaker's final slide will include a text code for you to enter into the app (Check-In) to claim CME credit for that session. The CME code for each session is also listed in the Annual Meeting program at the bottom of each session description. This code will apply the appropriate amount of CME credits to your record. At the completion of the Annual Meeting, you can download the certificate that will outline the sessions you attended and the total of CME credits earned.

The procedure is easy:

- Open the Mobile App
- Go to "Schedule"
- Find the session you are attending
- Tap on the session to open it
- Near the top of the detailed information for the session, will be a blue box called "Check-In"
- Tap the blue box and **type in the text code** that you see on the slide
- Your credits have been applied to your account.
- **DO NOT TAP CHECK-OUT** of the Session, or you will lose your CME credits for that session.

CME Certificates

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

GAMIFICATION

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

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

Activities	Points
Ask Questions in Session Q&A	100
Attend WAAPL/DEI Reception	150
Event Feed Posts on Mobile App	150
Attend an AAPL Committee Meeting	150
Attend ECP-Fellows Breakfast	150
Complete Session Evaluations in Mobile App	200
Attend the Panel Session Thursday Evening	250
View Poster Session A - Thursday	300
View Poster Session B - Friday	300
View Poster Session C - Saturday	300
Check-in and Print Badge at Meeting	300
LinkedIn Post w/ #AAPL2025	300
Visit AIER Table	300

Activities	Points
Visit PRMS Exhibit	350
Visit Oregon Department of Corrections Exhibit	350
Visit Parental Alienation Study Group Exhibit	350
Attend Annual Business Meeting	400
Attend Friday Reception	400
Attend Distinguished Speaker Session - Walter Robinson	450
Attend Distinguished Speaker Session - Max Schachter	450
Attend Distinguished Speaker Session - Marua Grossman, JD, PhD	450
AIER Donation	500
AIER Silent Auction Bid Winner	500
Vote in Session Polls	50

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

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

To Claim Points

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

CALL FOR PAPERS 2026

The 57th Annual Meeting of the American Academy of Psychiatry and the Law will be held at the **Tampa Marriott Water Street** in Tampa, Florida from **October 29 - November 1, 2026**.

Theme of the meeting is

Advancing Our Ethics and Research

Inquiries may be directed to Program Co-Chairs:

Viviana M. Alvarez-Toro, MD and Margarita Abizeid Daou, MD

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

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

The deadline for abstract submission is March 1, 2026

Future Annual Meeting Dates and Locations

58th Annual Meeting

October 28 - October 31, 2027

San Antonio, Texas

59th Annual Meeting

October 26 - October 29, 2028

Salt Lake City, Utah

60th Annual Meeting

October 25 - October 28, 2029

Baltimore, Maryland

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Registration

Registration Desk A&B on the Fourth Floor

Hours of Operation

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

All Star Media

Atrium Foyer on the Four Floor

SUPPORT THE AIER!

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

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

AIER Silent Auction!

AIER will once again be hosting a silent auction at the Annual Meeting. Many valuable and unique items will be available to bid on. All proceeds from the silent auction go to AIER. The silent auction will be set-up on the 4th floor.

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

Contributions can be also be made online at **www.AAPL.org**.

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

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

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

Merchandise for Sale

	Price
AAPL Logo Hat	**$25.00**
AAPL Logo Tie	**$30.00**
AAPL Logo Scarf	**$30.00**
AAPL Logo Pet Bandana	**$10.00**

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

A MESSAGE TO PHYSICIAN ATTENDEES

Continuing Medical Education

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

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

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

1. Not practicing forensic psychiatry at the highest level attainable based on current knowledge of the fundamentals of the field.

   Need: Improvement in knowledge of civil, criminal, and correctional forensic psychiatry.

2. Lacking the knowledge of content or technique to teach psychiatrists the fundamentals of forensic psychiatry in the most effective ways.

   Need: Knowing new content and effective ways to teach forensic psychiatry.

3. Lacking the ability to conduct or assess research in forensic psychiatry.

   Needs: 1. Knowing how to do research or 2. Knowing the outcomes of research in forensic psychiatry and how to apply those outcomes to forensic practice.

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

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

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

1. Service, including treatment of forensic patients, development of service delivery strategies, and enhancement of consultative abilities at the interface of psychiatry and the legal profession;

2. Teaching, including new methods of training of forensic psychiatrists and classification of the tasks and functions of forensic psychiatrists; and

3. Research, gaining access to scientific data in area that form the basis for practice of discipline.

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

Thank you in advance.

Kaustubh G. Joshi, MD
Chair, Education Committee

AMERICAN ACADEMY OF PSYCHIATRY AND THE LAW CONTINUING MEDICAL EDUCATION MISSION STATEMENT

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

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

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

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

The scope of the Academy's educational activities includes forensic psychiatric aspects of civil, criminal, and correctional issues, and other related topics.

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

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

Adopted: September 5, 2008

FINANCIAL DISCLOSURE/CONFLICT OF INTEREST

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

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

All speakers have been advised of the following:

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

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

FINANCIAL DISCLOSURE/CONFLICT OF INTEREST, *continued*

Program and Education Committee Members

All individuals in control of the content of this meeting have completed the ACCME's Standards for Integrity and Independence document to disclose any financial relationships that they have had in the past 24 months with ineligible companies.

The following Program and/or Education Committee members have disclosed financial relationship(s) with ineligible companies and have agreed to recuse themselves from the planning activity if these financial relationships create a conflict of interest.

Name	Sessions	Ineligible Companies	Nature of the Financial Relationship
Kayla Fisher	Planner (Education/Program Committee Member)	Carelon Behavioral Health	Stock/Salary
Elias Ghossoub	Planner (Education/Program Committee Member)	Hikma Pharmaceuticals	Speaker
Phillip Resnick	Planner (Education/Program Committee Member)	Armstrong Labs	Speaker

FINANCIAL DISCLOSURE/CONFLICT OF INTEREST, *continued*

Annual Meeting Presenters

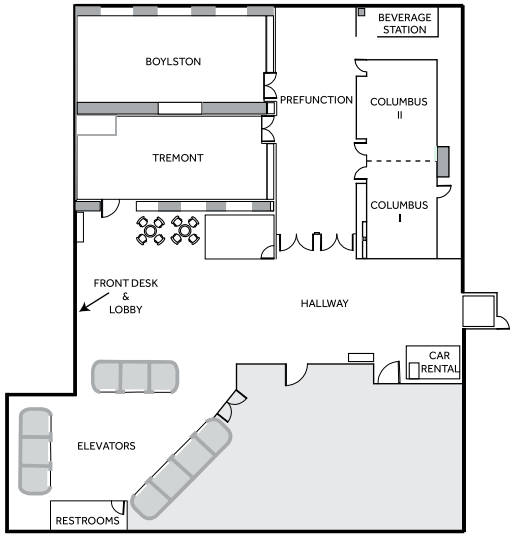
All presenters completed the ACCME's Standards for Integrity and Independence document to disclosure financial relationships that they have had in the past 24 months with ineligible companies.

The following Annual Meeting presenters have disclosed financial relationship(s) with ineligible companies. Review of presentation materials by the American Academy of Psychiatry and the Law Education Committee revealed no evidence of these relationship with regard to their Forensic Review Course presentation(s). All of these presentations will be monitored by a member of AAPL's Education Committee and/or a member of other approved AAPL committees.

Name	Sessions	Ineligible Companies	Nature of the Financial Relationship
Rebecca Brendel	A Teen on Trial: Peer Review of Evidence, Ethics, and Effective Testimony, Diversity, Equity, and Inclusion in an Era of Controversy	Osmind — community advisory board (2023) — stock options — deminimis value	Advisor
Philip J. Candilis	Ethics in Forensic Psychiatry: Recording the Past, Shaping the Future, The Challenge of "Objective" Risk Assessments: What Do We Know and What Remains Unknowable?, 2025 AAPL Annual Business Meeting, The Role of Advocacy in AAPL's Mission, Vision, and Values, Diversity, Equity, and Inclusion in an Era of Controversy, The Aurora Theater Shooting: Expert Testimony, Ethics, and the Role of Forensic Psychiatrists	Dow, Merck, Pfizer, Cigna	Stocks/Stock Options
Richard "Ryan" Darby	Gray Matter and White Collars: Navigating Neuropsychiatric Dimensions of Financial Crime in Older Adults	Alector – independent consultant	Consultant
Kayla Fisher	Navigating Changes to Civil Commitment in The Golden State: Beyond the Lanterman-Petris-Short Act, Child Murderers and Culpability of Parents: An Emerging Legal Precedent?, Trauma on Trial: Discerning Neuroscience from Pseudoscience	Carelon Behavioral Health	Employee, Stocks/Stock Options
Rohn Friedman	Theory and Practice: Medical Malpractice and the ALI's 2024 Restatement [Third] of Torts	Abbott Labs, Abbvie, Johnson & Johnson, Solventum	Stocks/Stock Options
Elias Ghossoub	Burning Desire: An Update on Pyromania and Arson	Hikma Pharmaceuticals	Speaker
Martin Katzman	Stimulants in Prison: Controversy, Data, and Solutions	Eisai, Idorsia, Abbvie, Lundbeck, Otsuka, Takeda	Advisor, Speaker, Researcher
Phillip Resnick	School Shooters: The Strengths and Limitations of the Forensic Assessment, The Aurora Theater Shooting: Expert Testimony, Ethics, and the Role of Forensic Psychiatrists	Armstrong Labs	Speaker

FLOOR PLANS

FIRST FLOOR



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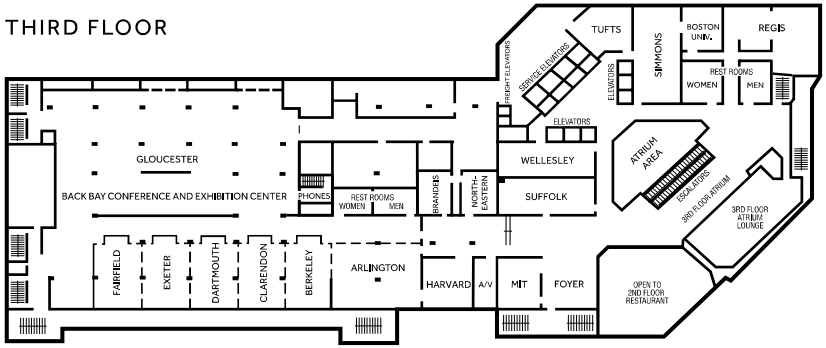

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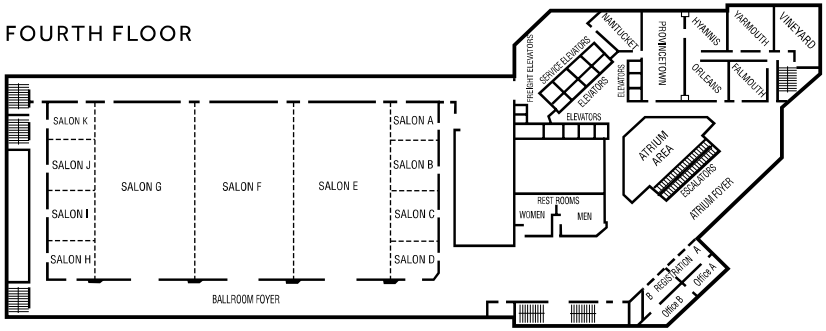

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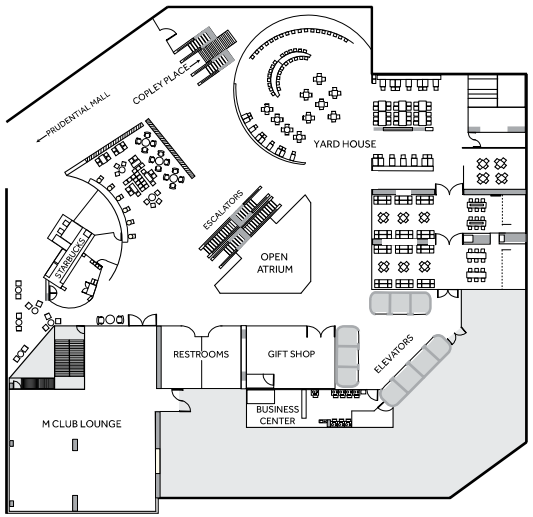

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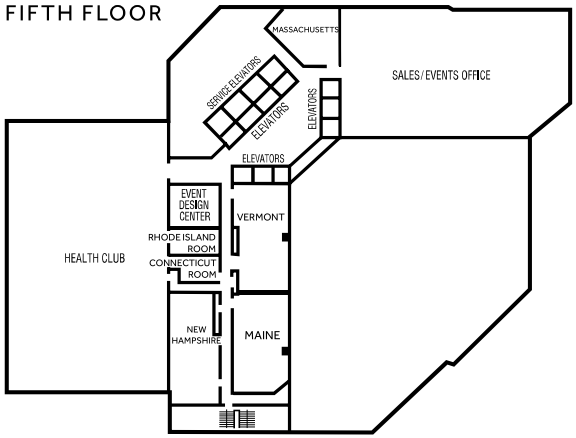


SPECIAL EVENTS

Tuesday, October 28, 2025	Time	Location
Self-Assessment Exam Committee Meeting	9:30 AM - 3:00 PM	Provincetown (Fourth Floor)
Self-Assessment Exam Dinner	7:00 PM - 9:00 PM	Willow & Ivy
Wednesday, October 29, 2025		
AIER Board of Directors Meeting	7:30 AM - 8:30 AM	Salons A-D (Fourth Floor)
AAPL Executive Council Meeting	9:00 AM - 2:00 PM	Salons A-D (Fourth Floor)
Council Meeting with Committee Chairs	5:30 PM - 6:30 PM	Provincetown (Fourth Floor)
ADFPF Meeting	6:30 PM - 8:00 PM	Atrium (Third Floor)
Women of AAPL (WAAPL)/Diversity, Equity, Inclusion (DEI)	8:00 – 9:00 PM	Tremont - 1st Floor
Thursday, October 30, 2025		
Past Presidents' Breakfast	7:00 AM - 8:00 AM	Provincetown (Fourth Floor)
Dessert Bar	12:40 PM - 1:00 PM	3rd Floor Atrium (Poster area)
Distinguished Speaker Lecture	1:00 PM - 2:00 PM	Salons A-E (Fourth Floor)
Panel	7:00 PM - 9:00 PM	Salons A-E (Fourth Floor)
Friday, October 31, 2025		
Research Committee Breakfast	7:00 AM - 8:00 AM	Hyannis (Fourth Floor)
Rappeport Fellows' Breakfast	6:45 AM - 8:00 AM	Provincetown (Fourth Floor)
AAPL Business Meeting *(AAPL Members Only)*	8:00 AM - 9:45 AM	Salon E (Fourth Floor)
Dessert Bar	12:40 PM - 1:00 PM	3rd Floor Atrium (Poster area)
Distinguished Speaker Lecture	1:00 PM - 2:30 PM	Salons A-E (Fourth Floor)
Reception/Masquerade Party	6:30 PM - 8:30 PM	Gloucester - 3rd Floor
Saturday, November 1, 2025		
ECP/Fellows' Breakfast *(current fellows and ECP years 1-7)*	7:00 AM - 8:00 PM	Provincetown (Fourth Floor)
Dessert Bar	12:40 PM - 1:00 PM	Salon E Foyer
Distinguished Speaker Lecture	1:00 PM - 2:00 PM	Salons A-E (Fourth Floor)
Midwest AAPL Chapter Meeting	6:30 PM - 7:30 PM	Provincetown (Fourth Floor)

Coffee Breaks Will Be Held Third Floor

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

OPENING CEREMONY

Thursday, October 30, 2025 | 8:00 AM – 9:45 AM

8:00 WELCOME AND INTRODUCTIONS

Ryan C. Wagoner, MD
President

8:00 PRESENTATION OF RAPPEPORT FELLOWS

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

Jake Arbon, MD
University of Utah, Salt Lake City, Utah

Gary Graca, MD
Columbia University, New York, New York

Rathisha Pathmathasan, DO
Ohio State University Wexner Medical Center, Columbus, Ohio

Dennis Curry, MD
University of Western Ontario, Canada

Tinsley Grimes, MD
Case Western University Hospitals, Cleveland, Ohio

Rachel Polcyn, MD
University of Utah, Salt Lake City, Utah

8:05 AWARD PRESENTATIONS

Charles L. Scott, MD
Chair, Awards Committee

Red Apple Award
Karen B. Rosenbaum, MD

Howard V. Zonana, MD Best Teacher in a Forensic Fellowship Program
Renée M. Sorrentino, MD

Young Investigator Award
Lindsay Poplinski, DO

Golden Apple Award
William H. Reid, MD, MPH

Seymour Pollack Award
Steven K. Hoge, MD

2024 Poster Award
Sungsu Lee, MD, PhD

OPENING CEREMONY, *continued*

8:10 **CHARLES C. DIKE DIVERSITY SCHOLARSHIP AWARD**

Charles C. Dike, MD
Immediate Past President of AAPL

Morgan Taylor Deal, MD
Bushra Khan, MD, MPH

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

Renée L. Binder, MD
President, AIER Board of Directors

8:25 **SILENT AUCTION ANNOUNCEMENT**

Britta Ostermeyer, MD, MBA

8:30 **OVERVIEW OF THE 2025 PROGRAM**

Ariana Nesbit Huselid, MD and Abhishek Jain, MD
Co-Chairs, 2025 Annual Meeting

8:40 **INTRODUCTION OF THE PRESIDENT**

William J. Newman, MD

8:45 **PRESIDENT'S ADDRESS**

Ryan C. Wagoner, MD

9:45 **ADJOURNMENT**

AWARDS

Red Apple Award

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

Karen B. Rosenbaum, MD

Karen B. Rosenbaum, MD, DFAPA is a Clinical Assistant Professor at NYU Langone Health, where she teaches in the New York Forensic Psychiatry Fellowship didactic program, which includes fellows from NYU, Albert Einstein, Columbia, and UMDNJ. She also serves on the faculty at New York-Presbyterian/Weill Cornell Medical Center, where she teaches psychiatry residents. Board-certified in general psychiatry, forensic psychiatry, and addiction medicine, she maintains a full-time private practice in New York, in both clinical and forensic psychiatry.

Dr. Rosenbaum graduated magna cum laude and was Phi Beta Kappa with a B.A. in Psychology from Barnard College, Columbia University, where she also pursued a minor in Music at the Manhattan School of Music. She earned her medical degree from the University of Chicago Pritzker School of Medicine, receiving the Joseph Collins Foundation Scholarship all four years. She completed her residency in psychiatry at New York Presbyterian Hospital/Weill Cornell and a forensic psychiatry fellowship at UCLA. In addition, she has pursued advanced training in psychotherapy through two two-year programs, and in 2020 she completed a one-year certificate program in Global Mental Health through the Harvard CME program, which included a two-week residency in Orvieto, Italy.

Dr. Rosenbaum is committed to expanding her cultural understanding, having visited over 30 countries. She has conducted Asylum evaluations for the Human Rights Clinic at Columbia Law School since 2018 and last month she spoke to us on Forensic Asylum Evaluations for the Friday AAPL Expert Series.

Dr. Rosenbaum has been an active member of AAPL since joining in 2005 during her fourth year of residency. Since 2011, she has presented at every AAPL annual meeting. Over the last twenty years, she has been a member of multiple committees including Early Career Forensic Psychiatry Committee, Ethics Committee, Cross-Cultural Committee, Government Affairs Committee, Peer-Review Committee, Addictions Committee, and Women's Committee.

Dr. Rosenbaum's committee Chair positions include Liaison to Forensic Sciences Committee from 2011-2017, and she is the Co-chair of the Media and PR Committee since 2021.

From 2017 to 2023, Dr. Rosenbaum served on Council as councilor, secretary, and vice president. She was co-program chair for the 2022 annual meeting in New Orleans and has contributed to several presidential task forces, including Understanding Disparities in Evaluations and Addressing Our Biases in Forensic Practice and Goals and Values. She is currently a member of the Task Force on Organizational Collaborations, a joint initiative of President Dr. Ryan Wagoner and incoming President Dr. Phillip Candilis.

Dr. Rosenbaum serves on the editorial boards of both JAAPL and the AAPL Examiner, and her scholarly work includes numerous articles, editorials, and media reviews in these and other publications. With a passion for exploring psychiatric themes in media, she is currently pursuing an MFA in Film and Television Writing at Emerson College, where she is expected to graduate in May 2026.

Besides her dedication to AAPL, Dr. Rosenbaum is A Distinguished Fellow of the APA. She is also heavily involved in the American Academy of Forensic Sciences (AAFS), where she has served in numerous positions including Section. Chair and Academy Program Chair and is currently serving her second term on the board.

AWARDS, *continued*

Golden Apple Award

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

William H. Reid, MD, MPH

William H. Reid, MD, MPH has made remarkable contributions to AAPL and the field of forensic psychiatry for decades. His love for this organization is captured in his paraphrasing an old Texas saying as follows: "I wasn't born in AAPL but I got here as soon as I could."

Dr. Reid completed his undergraduate degree in psychology and his medical degree at the University of Minnesota, in Minneapolis. He pursued his psychiatry internship and residency at the University of California, Davis and his masters in public health at the University of California, Berkeley. His pursuit of knowledge continued as he further completed a postgraduate program in Administrative Psychiatry at Wright State University and the Governor's Executive Development Program with the University of Texas LBJ School of Public Affairs and Graduate School of Business.

Dr. Reid has held numerous academic positions, including current appointments as Professor of Psychiatry at the University of Texas Dell Medical School, Clinical at Texas Tech University Medical School and Adjunct Professor at UT Southwestern Medical School.

Dr. Reid has been a leader in numerous national organizations with dedication to improving the fields of both general and forensic psychiatry. Within AAPL, he has served as AAPL President, on the Executive Council, as well as chair and member of a long list of AAPL Committees. He served on the APA Council of Psychiatry and the Law, Committee on Judicial Action, Isaac Ray Award Committee, and the Manfred Guttmacher Award Board, and chaired the Committee on Psychiatric Administration and Management. He was also a consultant for the APA Task Force for the Treatments of Bipolar Disorders and Treatment Guidelines for Bipolar Disorder. His awards include the Seymour Pollack Award and the Guttmacher Award.

Dr. Reid may be most well-known for his prolific academic contributions to the field of general and forensic psychiatry. He has been an author/editor/co-editor of 18 books, 13 monographs, 46 book chapters, and over 150 articles, columns, and research reports. He has given over 200 national and international presentations during his career. In addition, he has produced numerous video presentations, and online materials for practitioners and trainees (including his website **PsychAndLaw.org**). Dr. Reid has been a member of several forensic and other journal editorial boards over the years and is currently working with Dr. Alan Felthous to co-edit a special issue of Behavioral Sciences and the Law on radicalization. He is recognized as an international expert on issues related to psychiatry, law and terrorism.

Throughout Dr. Reid's incredibly busy forensic practice academic career, he has maintained active clinical, teaching, and clinical-administrative roles.

AWARDS, *continued*

Dr. Howard V. Zonana Award for Best Teacher in a Forensic Fellowship Program

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

Renée M. Sorrentino, MD

Dr. Renée M. Sorrentino's practice is devoted to the treatment and evaluation of paraphilias and sexual offenders, as well as the hormonal treatment of paraphilias. Fifteen years ago, she started the first multidisciplinary center for the treatment of sexual offenders in New England. Her vision was to incorporate the evidence-based principles of sex offender recidivism by offering biological and psychological treatment modalities. In this capacity, Dr. Sorrentino has trained colleagues, psychiatry residents, and fellows. Acknowledging a deficit in residency training, Dr. Sorrentino has been instrumental in adding electives in paraphilic disorders to five of the Massachusetts residency programs. Additionally, Dr. Sorrentino lectures on the forensic evaluation of individuals who commit sexual offenses in many of the forensic psychiatry fellowship programs nationally.

In 2022, Dr. Sorrentino was awarded the Advancement of the Profession award by the Massachusetts Psychiatric Association related to her work with paraphilias and individuals who sexually offend. Over the past twenty years, Dr. Sorrentino has mentored numerous trainees and fellows in both the area of the paraphilias and forensic psychiatry. For the past three years, she has been teaching in both the Massachusetts General Brigham and the University of Massachusetts Forensic Psychiatry Fellowship Programs.

AWARDS, *continued*

Seymour Pollack Awards

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

Steven K. Hoge, MD

Steven K. Hoge, MD, is currently the Director of the Columbia-Cornell Forensic Psychiatry Fellowship Program and Clinical Professor of Psychiatry, Columbia University. He has held several academic positions. He was Professor of Psychiatry at the NYU School of Medicine and Director of Forensic Psychiatry at Bellevue Hospital and headed a research institute in forensic psychiatry at the North Shore-Long Island Jewish Health System/Albert Einstein College of Medicine. Dr. Hoge was the Medical Director of the Institute for Law, Psychiatry, and Public Policy at the University of Virginia Schools of Law and Medicine. At the University of Massachusetts Medical Center, he founded the Forensic Evaluation Clinic.

Dr. Hoge has a long history of service to the APA and AAPL. He has been a member of the Committee on Judicial Action and the Council on Psychiatry and the Law, which he twice served as chair. He has co-authored numerous policy documents, including APA Task Force Reports on the Use of Psychiatric Diagnoses in the Legal Process and Dangerous Sex Offenders. On behalf of the American Psychiatric Association, he testified before the Government Operations Committee in the U.S. Congress regarding proposed health care privacy legislation. He has been an advisor to the APA on the formulation of the DSM-IV and DSM-5. In addition, he served as a member of the American Board of Psychiatry and Neurology Subspecialty Board on Forensic Psychiatry. Dr. Hoge served in AAPL in various roles including Councilor and Secretary.

Dr. Hoge has conducted original research on psychiatric patients' rights and civil commitment. He was a principal investigator in the MacArthur Foundation's Network on Mental Health and the Law, where he headed projects related to the use of coercion in psychiatric treatment and adjudicative competence.

AWARDS, *continued*

Charles C. Dike Diversity Scholarship Awardees

Morgan Taylor Deal, MD

Morgan Deal, MD is a forensic psychiatrist and Senior Clinical Instructor at the University of Colorado School of Medicine. He completed his medical degree and residency training at The University of Texas McGovern Medical School, followed by a forensic psychiatry fellowship at the University of Colorado. He works at the Colorado Department of Corrections (CDOC), providing treatment to individuals with severe and persistent mental disorders in residential treatment programs while conducting forensic assessments. Before his position at the CDOC, Dr. Deal treated individuals with severe and refractory mental disorders within the Colorado state hospital system and helped with implementing a new inpatient competency restoration program. He participated in the American Psychiatric Association (APA)'s Judges and Psychiatrists Leadership Initiative and later served as a psychiatric trainer for judges and lawyers. Dr. Deal is a member of the APA's Council on Psychiatry and the Law (CPL) and co-chairs CPL's correctional psychiatry workgroup. Dr. Deal was most recently appointed to APA's clinical expert team (CET) as an expert for SMI CalAdviser.

Bushra Khan, MD, MPH

Bushra Khan, MD, is a first-generation Pakistani-Canadian, clinician and researcher. She recently completed her postgraduate training in Spring 2025 and commences independent practice as a forensic psychiatrist with a focus on outpatient care, assessments and research later this year.

Dr. Khan medical school at the Michael G. DeGroote School of Medicine at McMaster University and completed her residency in General Psychiatry (2018-23) and subspecialty training in Forensic Psychiatry (2023-25) at the University of Toronto.

During her training, Dr. Khan was a dedicated clinician-scientist and concurrently completed a Master of Public Health in Quantitative Methods at Harvard University as a Frank Knox Memorial Fellow in her final year of General Psychiatry residency. Her graduate research examined the Centers for Disease Control and Prevention's Youth Risk Behaviour database and investigated the mental health and social outcomes of children who were precariously housed. She was awarded the Dr. Fang-Ching Sun Memorial prize at graduation for this work. While at Harvard, Dr. Khan also served as an Oval Office fellow at the John F. Kennedy School of Government in preparation for her foray into public life and politics.

As well, Dr. Khan was awarded several highly prestigious international fellowships including the American College of Psychiatrists (Laughlin Fellowship, 2024-25), the American Psychiatric Association (Public Psychiatry Fellowship & Vice-Chair, 2021-23; Research Colloquium for Junior Psychiatric Investigators, 2024-25), and the American Academy of Psychiatry & the Law (Rappeport Fellowship, 2022-23).

Dr. Khan's research formerly focused on underserved communities with individuals experiencing homelessness and in relation to forensic psychiatry, culture and syndemics. As she transitions to independent practice, she continues to pursue her independent research that examines gender bias as it pertains to expert witness testimony in legal settings. Through her desire for a nuanced responsiveness to intersectionality in forensics and the justice system, she plans to pursue doctoral training in organizational behaviour, strategy and cognitive bias in the future. In late 2025, she will commence independent practice as a forensic psychiatrist with a focus on outpatient care, assessments and research.

Dr. Khan is honored to be selected for the Charles Dike Scholarship by the AAPL Diversity Committee and looks forward to contributing to AAPL through committee engagement and scholarly work. Finally, she is immeasurably grateful for the steadfast support of her mentors (Drs. Hasanen Al-Taiar, Maryana Kravstenyuk and Sandy Simpson), her parents, her partner and her cat (Ron Swanson).

RAPPEPORT FELLOWS

Jake Arbon, MD

University of Utah
Salt Lake City, Utah

Dr. Jake Arbon is currently a fourth-year resident at the University of Utah in Salt Lake City. With a foundation in clinical and academic medicine, Dr. Arbon is cultivating a career at the intersection of psychiatry, education, and forensic evaluation. He holds an MD from the Mayo Clinic Alix School of Medicine and an MS in the Science of Health Care Delivery from Arizona State University. His growing expertise in forensic psychiatry is reflected in his roles as a court-appointed criminal competency evaluator, forensic record reviewer, and author of a residency-wide forensic education series. Dr. Arbon has presented nationally on topics such as neuromodulation, ethics, and interstate forensic regulation, and he has published peer-reviewed research on telemedicine, sleep, and psychiatric ethics. He is an active member of the American Academy of Psychiatry and the Law, serving on both the Technology and Membership Committees. His commitment to service is evident in his volunteer work with asylum seekers and disabled veterans, and he is certified as a bilingual Spanish provider. Dr. Arbon's academic leadership includes past adjunct faculty appointments teaching anatomy and physiology, and he was recently elected Chief Resident. Dr. Arbon is grateful to receive the Rappeport Fellowship. His Rappeport Fellowship mentors are Dr. Steve Noffisinger and Dr. Joseph Penn.

Dennis Curry, MD

University of Western Ontario
Ontario, Canada

Dr. Dennis Curry is a fifth-year psychiatry resident at Western University in London, Ontario, Canada. He completed his medical degree at Dalhousie University in Halifax, Nova Scotia, and holds a Master of Science in Biology from the University of Waterloo and a Bachelor of Science from Cape Breton University. Dr. Curry has distinguished himself through clinical, scholarly, and teaching contributions, particularly at the interface of psychiatry and the law. His forensic psychiatry training includes rotations at the Centre for Addiction and Mental Health in Toronto, Ontario and the Southwest Centre for Forensic Mental Health Care in St. Thomas, Ontario where he has conducted court ordered assessments and expert testimony. His research explores ethical, legal, and scientific questions surrounding criminal responsibility, fitness standards, correctional psychiatry, and the philosophy of desert. He has presented at national conferences, including the Canadian Academy of Psychiatry and the Law, and has published in the Journal of Forensic Sciences and the American Journal of Psychiatry: Resident's Journal. Dr. Curry has received multiple residency honors, including formal accolades for his clinical care, teaching, and research activities. Following completion of his general psychiatry program, Dr. Curry plans to pursue subspecialty training in forensic psychiatry in Canada. His Rappeport Fellowship mentors are Dr. Gary Chaimowitz and Dr. Ryan Hall.

RAPPEPORT FELLOWS, *continued*

Gary Graca, MD

Columbia University
New York, New York

Dr. Gary Graca is currently a fourth-year resident and concurrent public psychiatry fellow at Columbia University College of Physicians and Surgeons and the New York State Psychiatric Institute in New York City. He attended the University of Michigan for medical school and as an undergraduate and master's student in public policy. While in Michigan, he worked for two years in Michigan's prisons as part of a consent decree monitoring office focused on medical and mental healthcare. He then worked for more than eight years at the Civil Rights Division of the U.S. Department of Justice investigating, prosecuting, and monitoring reform in state institutions, jails, prisons, and police departments with a focus on deinstitutionalization under the Americans with Disabilities Act. He is interested in policy and clinical services that divert people with psychiatric disabilities from arrest, incarceration, and institutionalization. His Rappeport Fellowship mentors are Dr. Britta Ostermeyer and Dr. Renée Sorrentino.

Tinsley Grimes, MD

Case Western University Hospitals
Cleveland, Ohio

Dr. Grimes is currently a fourth-year resident at University Hospitals, Case Western Reserve University in Cleveland, Ohio, where she is a Chief Resident. She completed her BA in English from the University of California, Los Angeles, where she was selected to be a Regents Scholar and graduated with the highest departmental and university honors. She earned a master's degree in child studies at Vanderbilt University, where she completed a master's project on adolescents' right to refuse antipsychotic medication in juvenile justice settings. She also joined the Vanderbilt Center for Biomedical Ethics and Society as a clinical ethics intern and discovered a passion for patient care at the intersection of medicine, ethics, and the law. While in medical school at the University of Pittsburgh, she was selected to be a member of the Gold Humanism Honor Society and began work on a master's degree in bioethics from the University of Pittsburgh. She earned her degree while in residency, after successfully defending her thesis on the ethical limitations of the duty to warn. It was working on this project that first inspired her to pursue a career in forensic psychiatry. She has published and presented on topics with relevance to both ethics and forensics, including reproductive capacity assessment, neonaticide, and ethics in threat management. She plans to attend forensics fellowship after residency. Her Rappaport Fellowship mentors are Dr. Ryan Wagoner and Dr. Jacquelyn Landess.

RAPPEPORT FELLOWS, *continued*

Rathisha Pathmathasan, DO

Ohio State University
Wexner Medical Center
Columbus, Ohio

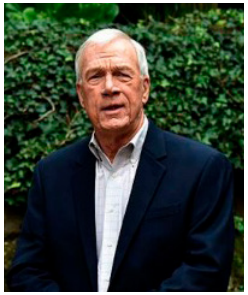
Dr. Rathisha Pathmathasan is a fourth-year psychiatry resident at The Ohio State University Wexner Medical Center, where she serves as Chief Resident. She earned dual bachelor's degrees in Pharmaceutical Sciences and Biology from The Ohio State University in Columbus, Ohio. After graduation, she dedicated a year of service to AmeriCorps City Year, contributing 1,700 hours of tutoring and mentoring 9th-grade students at an underserved urban school. Dr. Pathmathasan received her Doctor of Osteopathic Medicine from the University of Pikeville Kentucky College of Osteopathic Medicine, where she was elected Vice President of the Student Government Association and represented her school at the Council of Osteopathic Student Government Presidents. She was selected for the Edwin V. Valdiserri Correctional Public Psychiatry Fellowship by the American Psychiatric Association. She pioneered an innovative art class for patients awaiting competency restoration at a state hospital, integrating creative therapies with clinical care. As the founder of the Mindful Living Planner, Dr. Pathmathasan created a wellness initiative designed to support student mental health. Her research explores how cultural factors influence behavior and violence, aiming to improve forensic psychiatric evaluations and treatment outcomes. Dr. Pathmathasan plans to pursue a forensic psychiatry fellowship after residency. Her Rappeport Fellowship mentors are Dr. Chinmoy Gulrajani and Dr. Sara West.

Rachel Polcyn, MD

University of Utah
Salt Lake City, Utah

Dr. Rachel Polcyn is a fourth-year resident and co-chief of the research track at the University of Utah. She graduated magna cum laude from the University of Southern California with a Bachelor of Arts in neuroscience and later earned her medical degree from the Medical University of South Carolina. Her current research focuses on crisis intervention and suicide prevention among justice-involved individuals, with particular interest in ethical practice, using AI to incorporate social determinants of health in treatment planning, and expanding access to neuromodulation in the carceral setting. She has co-authored multiple peer-reviewed publications and presented nationally on topics ranging from neuroinflammation in spinal cord injury to area deprivation and response to threat. In addition to her academic work, Dr. Polcyn has extensive clinical experience in emergency psychiatry and has conducted forensic record review in cases involving carbon monoxide poisoning and guardianship disputes. She remains active in medical education and mentorship and has held leadership roles in clinical, educational, and policy initiatives. Outside of medicine, she is committed to community engagement through volunteering with adaptive sports programs and enjoys ceramics as a creative outlet, valuing connection across diverse settings. Dr. Polcyn plans to continue building on this work after residency through a fellowship in forensic psychiatry and continued research endeavors. Her Rappeport Fellowship mentors are Dr. Vivek Datta and Dr. Cathy Lewis.

DISTINGUISHED SPEAKERS



Thursday, October 30, 2025

WALTER V. ROBINSON

The Clergy Sexual Abuse Scandal - Traumatic for All

Walter Robinson is Editor At Large at the Boston Globe, where his high impact stories about local, national and international events have graced the front page since 1972. Since 2007, he has also been Distinguished Professor of Journalism at Northeastern University and the Edith Kinney Gaylord Visiting Professor in Investigative Journalism at the Walter Cronkite School of Journalism at Arizona State University.

Robinson led the Boston Globe Spotlight Team that won the 2003 Pulitzer Prize for Public Service for its investigation of the sexual abuse of children by Catholic priests.

The Spotlight Team's groundbreaking investigation exposed a decades-long cover-up that, in Boston alone, shielded the crimes of nearly 250 priests. Twenty years later, the team's work continues to spark similar disclosures across the country and around the world. Spotlight's investigation was made into the 2015 Academy Award-winning film, "Spotlight," starring Michael Keaton as Robinson.

In the mid-1970s Robinson covered politics and government for the Globe, and went on to cover the White House during the Reagan and first Bush Administrations. He covered the presidential election in 1984 and was the newspaper's lead reporter for presidential elections in 1988 and 1992. In 2000, he did investigative reporting on that year's candidates.

In 1990 and 1991, Robinson was the paper's Middle East Bureau chief during the first Persian Gulf War. In 1992, Robinson became the Globe's city editor, and then for three years the metro editor. In the late 1990s, he was the Globe's roving foreign and national correspondent, and spent much of that time reporting on artworks looted by the Nazis that ended up in American museums; and the illicit international trade in looted antiquities. For his reporting on antiquities, the Archaeological Institute of America gave Robinson its first-ever Outstanding Public Service award.

As a Northeastern journalism professor, Robinson and his investigative reporting students produced 26 Page One investigative stories for The Boston Globe. At the Cronkite School, his students produced 13 investigative reports in just four years.

Before joining the Globe in 1972, he served four years in the US Army, including a year in Vietnam as an intelligence officer with the First Cavalry Division.

Robinson is a 1974 graduate of Northeastern University. He has been awarded honorary degrees by Northeastern and Emerson College. He is a board member of the New Bedford Light and the Plymouth Independent. He is a past board member of the New England First Amendment Coalition and the Plymouth Public Library Foundation. He has been a journalism fellow at Stanford University, and a Pulitzer Prize juror four times. Robinson is co-author of the 2002 book, "Betrayal: Crisis in the Catholic Church."

DISTINGUISHED SPEAKERS, *continued*

Friday, October 31, 2025

MAX SCHACHTER

Turning Pain into Purpose - A Father's Journey to Make Schools Safer After the Parkland School Shooting

Max Schachter is a national school safety advocate. His son Alex is one of the 17 victims murdered in the Parkland school shooting on Valentine's Day 2018. Max is the founder and executive director of Safe Schools for Alex 501(c)(3). Their mission is to provide most current school safety best practices and resources to students, parents, school districts and law enforcement so that all children can learn in a safe environment.

Since the heartbreaking day that changed Max's life forever, he has been advocating for policy change at the highest levels of the United States government. He has worked alongside members of congress, leaders of all major federal agencies, and Presidents of the United States to make schools safer. Max has testified as a subject matter expert before the United States House and Senate and multiple state legislatures. In August 2018 he advocated for the creation of a federal agency to house national school safety best practices. In June 2019, Max's vision became a reality when President Trump created the Federal School Safety Clearinghouse at SchoolSafety.gov. In July 2022 Max attended the White House ceremony where President Biden announced the most significant gun safety legislation in 27 years, the Bipartisan Safer Communities Act, which made SchoolSafety.gov permanent and law.

Max has also worked to improve the safety and security of Florida's 2.4 million students through his appointment to the Marjory Stoneman Douglas (MSD) High School Public Safety Commission. The MSD commission, established by former Governor Rick Scott, was tasked with leading the statewide investigation into the Parkland school shooting and developing recommendations to protect Florida's children.

Max has advised the Federal Bureau of Investigation Behavioral Threat Assessment Center, the U.S. Secret Service National Threat Assessment Center, and the Ohio Attorney General's Office on threat assessment policies and procedures. He is a member of the National Sheriffs' Association School Safety and Security Committee and the International Association of Chiefs of Police Mass Violence Peer-to-Peer Advisory Team. In June 2019, Max was awarded the U.S. Department of Justice Attorney General Citizen Volunteer Service Award by Attorney General William Barr.

Max has been interviewed by many local and national media outlets including CNN, MSNBC, Fox, ABC, NBC, CBS, and Dr. Phil. He has given keynote presentations to many school districts, law enforcement organizations, and local, state, and federal agencies detailing the lessons learned and best practices developed in the aftermath of the Parkland school shooting along with his journey from anguish to advocacy.

DISTINGUISHED SPEAKERS, *continued*

Saturday, November 1, 2025

MAURA GROSSMAN, JD, PHD

From AI to Generative AI to Deepfakes - What on earth does this have to do with me?

Maura R. Grossman is a Research Professor and Director or Women in Computer Science in the School of Computer Science at the University of Waterloo, in Ontario, as well as an eDiscovery attorney and consultant in Buffalo, New York. Previously, she was of counsel at Wachtell, Lipton, Rosen & Katz, where for 17 years, she represented Fortune 100 companies and major financial institutions in civil litigation and white collar criminal and regulatory investigations, and advised the firm's lawyers and clients on legal, technical, and strategic issues involving eDiscovery and information governance, both domestically and abroad.

Maura is a well-known and influential eDiscovery lawyer. She was described in Who's Who Litigation E-Discovery Analysis as "'sensational' according to her peers and . . . a 'go-to' in the area," and by Chambers & Partners USA Litigation: E-Discovery as "the best-known person in the area of technology- assisted review; a superstar among superstars." Maura's scholarly work on TAR, most notably, Technology-Assisted Review in E-Discovery Can Be More Effective and More Efficient Than Exhaustive Manual Review, published in the RICHMOND JOURNAL OF LAW AND TECHNOLOGY in 2011, has been widely cited in case law, both in the U.S. and abroad. Her longstanding contributions to eDiscovery technology and process were featured in the February 2016 issue of The American Lawyer and in the September 2016 ABA Journal – where she was recognized as a 2016 Legal Rebel. In 2017, Maura was one of 10 additions to the ABA's list of Women in Legal Tech; was named to the Fastcase50 list, which honors "the year's smartest, most courageous innovators, techies, visionaries, and leaders in the law"; and was honored by ACEDS and Women in eDiscovery as one of the "women who have served as pioneers and innovators in eDiscovery and legal technology."

Maura has been a court-appointed special master, mediator, and expert to the court in multiple high-profile federal cases. She has provided eDiscovery training to federal and state court judges, by invitation of the court, and has testified several times before the Advisory Committees on the Federal Rules of Civil Procedure and the Evidence Rules. Maura is currently an adjunct professor at Osgoode Hall Law School of York University and an affiliate faculty member of the Vector Institute. She has taught over a dozen courses on eDiscovery at Columbia, Georgetown, Pace, and Rutgers–Newark law schools.

Maura was a member of the Steering Committee of The Sedona Conference Working Group 1 on Best Practices for Electronic Document Retention and Production from 2012 to 2018, and presently serves as a member of the Steering Committee of the Seventh Circuit Council on Electronic Discovery and Digital Information. She has been involved in the National Institute of Standards and Technology's Text Retrieval Conference ("TREC") since 2008; in 2010 and 2011, as coordinator of the Legal Track, and in 2015 and 2016, as coordinator of the Total Recall Track. Maura serves on the Balsillie School of International Affairs Artificial Intelligence and Human Rights Advisory Board, as well as the Georgetown Advanced eDiscovery Institute, the Benjamin N. Cardozo School of Law's Data Law Initiative, and the Arizona State University-Arkfeld eDiscovery and Digital Evidence Conference.

Maura graduated with an A.B., magna cum laude, from Brown University. She earned M.A. and Ph.D. degrees in Psychology from the Derner Institute of Advanced Psychological Studies at Adelphi University, and a J.D., magna cum laude, Order of the Coif, from the Georgetown University Law Center. While at Georgetown, Maura served as Executive Notes and Comments Editor of the Georgetown Law Journal.

THURSDAY, OCTOBER 30, 2025

POSTERS **TIME: 7:00 AM - 8:00 AM** **ROOM: ATRIUM LOUNGE - 3RD FLOOR**

POSTER SESSION A

Description: Join us for coffee and fascinating poster presentations addressing a wide variety of topics in Forensic Psychiatry.

CME Check-In Code: 17LSC **CME Credit Value:** 1

T1 A Novel and Interactive Approach to Teaching General Psychiatry Residents the Fundamentals and Neurobiology of Psychopathy

PRESENTERS

Laura Kenyon

LEARNING OBJECTIVES

1. Participants will be able to conceptualize and design a didactic like the one presented to bolster education about psychopathy in general psychiatry residency training.
2. Participants will be able to identify the novel teaching techniques portrayed and brainstorm how they can be applied in didactics.

DESCRIPTION

Although psychopathy is strongly associated with a higher risk of engaging in violent and criminal behavior and an important role of psychiatrists is to perform violence risk assessments, formal didactics on psychopathy are generally limited in general psychiatry residencies. Psychopathy and psychopaths are extensively portrayed in the media, and much is known about the neurobiology of psychopathy. Developing the ability to recognize psychopathic traits and have a general understanding of the neurobiological underpinnings could therefore be essential for trainees. To address this, we created a two-hour didactic appropriate for any PGY which uses novel and highly interactive teaching methods to engage trainees in identifying psychopathic traits and to understand a neurobiological model of psychopathy. An example of a novel technique utilized includes showing trainees a 20-minute video of a person who was arrested for a heinous crime being interrogated by the police and having trainees identify possible psychopathic traits, discussed in both small and large group formats. We also give trainees the opportunity to gain comfort with the PCL-R by having them complete it for themselves privately. We show well-respected TEDTalks which highlight our key learning objectives. We also engaged a medical student in the creation of the didactic who developed a 3-minute, animated video distilling a complex hypothesis about the neurobiological causes of psychopathy. This didactic has been highly regarded by trainees and adaptations of it can easily be integrated into teaching other concepts.

POSTERS **TIME: 7:00 AM - 8:00 AM** **ROOM: ATRIUM LOUNGE - 3RD FLOOR**

T2 Are We Addressing Trauma? Improving Interventions for Jail Populations

PRESENTERS

Liad Maslaton

LEARNING OBJECTIVES:

1. Improve understanding of trauma-related diagnoses in jail settings
2. Understand the need for trauma-related care for incarcerated individuals in jails
3. Highlight targeted populations in jails that would benefit from trauma-informed care

DESCRIPTION

Justice-involved individuals experience disproportionately high rates of traumatic exposures, with histories of adverse childhood experiences (ACE), interpersonal violence, and systemic marginalization contributing to their involvement in the legal system. A study examining Illinois state prisoners found that almost a quarter of male prisoners met criteria for PTSD. Compared to prison populations, jail populations are especially vulnerable due to high turnover rates, fewer resources, and the inherent trauma related to carceral settings and initial incarceration period. A 2023 longitudinal study conducted by the Columbia University Justice Lab of New York City justice-involved individuals found that nearly 90 percent of individuals had one ACE and nearly half had three or more ACEs. However, it is unclear how many of justice-involved individuals in jails are treated for trauma-related disorders. Research also suggests that untreated symptoms of trauma may contribute to recidivism in young males released from state prisons, highlighting the importance of early intervention. NYC Health and Hospitals, Correctional Health Services (CHS) provides health services for those incarcerated in the New York City jail system. CHS providers conduct a five-question trauma screening during the medical intake workflow as part of their mental health assessment. Trauma screenings are helpful in identifying patients most in need of trauma-related interventions. These individuals may include (1) individuals in jails who screen positive for trauma (2) individuals in jail who screen positive for trauma and are diagnosed with a trauma-related disorder, and (3) individuals in jail who screen positive for trauma and have a severe mental illness (SMI). This last group of patients may offer insights into the best practices of trauma-related treatment while concurrently treating primary psychotic or mood disorders. Comparing trauma screening results with treatment data may help identify patients that may require further trauma-related services. Interventions to improve access to care for trauma-related disorders can include in-system reminders to conduct more specialized trauma screenings, supplementary trauma-informed care education to staff, and specialized treatments targeting trauma symptoms. This presentation emphasizes the need for trauma screens in jail settings, updated workflows and treatment options, and highlights the importance of early intervention in justice-involved individuals experiencing trauma-related symptoms.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

T3 Beyond the Lecture: Podcasts as a Tool for Teaching Landmark Cases

PRESENTERS

Janine Klar

LEARNING OBJECTIVES:

1. Explore the benefits of using non-traditional methods like podcasts to teach learners about landmark cases.
2. Investigate whether a podcast created to teach landmark cases is able to effectively teach learners key concepts.
3. Consider strengths and weaknesses of using non-traditional teaching methods such as podcasts in forensic psychiatry education.

DESCRIPTION

Forensic psychiatry education has historically relied on traditional methods like lectures and readings to teach learners about the landmark cases. Podcasts have, in recent years, been increasingly incorporated into medical education as a flexible, engaging alternative to traditional teaching methods. In this project, we explored the possible educational impact of podcasts, supported by a study assessing knowledge before and after listening to episodes. Participants completed a pre-test, listened to an episode created to teach them about a specific landmark case, and took a post-test to measure knowledge gains. We aimed not only to explore the benefits of using podcasts to teach learners key concepts, but also to highlight how non-traditional methods can modernize forensic psychiatry education and enhance learner engagement.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

T4 Cannabis Use Amongst Physicians: Rules and Regulations

PRESENTERS

Michael Hower, Michael Smith, Samuel House, Spandana Akkaraju

LEARNING OBJECTIVES:

1. Clarify individual state medical board guidelines concerning physicians using cannabis.
2. Compare state medical board guidelines to legal directives concerning cannabis usage in states.
3. Explore guidelines suggesting how to test physicians for active, current use of cannabis as opposed to previous use while not on duty.

DESCRIPTION

Recreational cannabis use is becoming increasingly common within the U.S. with an estimated 42.4% of American adults aged 19-30 having used at least once in 2023 (1). Additionally, the prevalence of cannabis use at least once among medical doctors and students is around 37%, with 1.1% of this population noting daily use (2). Some physicians may feel a false sense of security due to the state laws not specifically mentioning healthcare workers as “safety-sensitive occupations,” however, they may be subject to legal and state medical board-related consequences for using cannabis. There is a paucity of data for understanding the legality and consequences for this use among physicians. With the increasing legalization of recreational cannabis use, it can be hard for physicians to understand whether or not cannabis use can constitute a risk to their ability to practice. With this study, we hope to create a comprehensive review of the guidelines concerning physicians using cannabis according to each state medical board in the U.S.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

T5 Conditional Release Outcomes in Arkansas: Evaluating Reintegration and Recidivism Under ACT 911

PRESENTERS

Lindsey Wilbanks, Varenya Nallur

LEARNING OBJECTIVES:

1. Identifies disparities in outcomes for justice-involved individuals with severe mental illness by analyzing revocation patterns and prolonged supervision under Arkansas's ACT 911.
2. Compares lengths of forensic supervision under ACT 911 with typical incarceration to evaluate the impact on patient reintegration outcomes.
3. Analyze 10-year ACT 911 trends to explore links between original charges, revocations, and long-term supervision to inform data-driven policy reforms.

DESCRIPTION

Arkansas's Act 911 governs the conditional release and community-based management of individuals acquitted of their charges due to mental disease or defect, otherwise known as not guilty by reason of insanity (NGRI). This study presents a 10-year retrospective analysis (July 2014 to July 2024) of de-identified patient data under the conditional release program. We aim to analyze overall trends regarding demographics, original charges, revocation rates, and length of involvement in the program. Next, we will identify any differences between patients who successfully complete the conditional release program and those who require revocation of their conditional release. Finally, we will compare lengths of supervision under the conditional release program with typical incarceration periods for similar offenses to evaluate the impact of the conditional release system on patient reintegration.

POSTERS **TIME: 7:00 AM - 8:00 AM** **ROOM: ATRIUM LOUNGE - 3RD FLOOR**

T6 Emergency Telepsychiatry and Civil Commitment Decisions: Evidence, Challenges, and Legal Considerations

PRESENTERS

Kirklan Kathe

LEARNING OBJECTIVES:

1. Identify the current evidence base and limitations for ED telepsychiatry in involuntary commitment decisions.
2. Improve understanding of how foreseeable harm, risk assessment, and evaluator variability apply in ED telepsychiatry evaluations.
3. Enhance awareness of how case law consistently applies qualified immunity, determination of negligence, and the role of a physician in ED telehealth assessments.

DESCRIPTION

Psychiatric emergencies are increasing, yet most are managed in non-specialized emergency departments (EDs). A 2020 study found 59% of ED's exclusively use telemedicine for psychiatric services. Telepsychiatry has become essential for expanding access to psychiatric evaluation in the ED. While studies support its ability to reduce costs and improve connection to services, its efficacy in civil commitment decisions remains unexplored. This presentation examines literature gaps concerning foreseeable harm, risk assessment, and variability of who performs a crisis evaluation in telepsychiatry. It reviews a North Carolina appellate court decision involving alleged negligence in an ED telepsychiatry evaluation. The decision upholds telepsychiatry's consistency in determining qualified immunity, negligence, and the importance of a physician's assessment. As ED telepsychiatry evaluations become pivotal for patient care access, their application in involuntary commitment decisions will inevitably increase. This presentation identifies limitations in current research, synthesizes the available evidence base, and examines where this may be applied in existing case law. For example, highlighting where high concordance between in person and virtual evaluators is noted by an appellate court, and examining its relevance in assessing negligence.

POSTERS **TIME: 7:00 AM - 8:00 AM** **ROOM: ATRIUM LOUNGE - 3RD FLOOR**

T7 Extreme Risk Protection Orders (ERPOs) and Physician's Duty to Protect: A Legal Review and Clinical Considerations

PRESENTERS

Kyle Webster, Lauren Bryant, Matthew Grover, Micah Iticovici

LEARNING OBJECTIVES:

1. Describe the contours of Extreme Risk Protection Order (ERPO) Laws in the United States.
2. Evaluate the clinical and ethical considerations for physicians implementing ERPOs.
3. Examine and describe the intersectionality between ERPO laws and the physician's duty to protect.

DESCRIPTION

As of 2025, 21 states and the District of Columbia have enacted Extreme Risk Protection Order (ERPO) or "red flag" laws, which allow courts to order the temporary removal of firearms from individuals deemed a danger to themselves or others. The contours of these laws vary by state. The definition of "petitioner" varies considerably. Several states authorize clinicians to directly file ERPOs, while others allow indirect petitions. However, some states limit filing rights to family/household members or law enforcement. Notably, only one state requires clinicians to report concerns regarding violence or suicide within their ERPO law framework. Moreover, there is significant interstate variability in the factors considered when granting ERPOs. ERPO laws raise questions which must be considered alongside the broader context of a clinician's Tarasoff obligations. Many states have statutes that mandate a clinician's duty to protect, while others have permissive statutes allowing limited disclosures to protect but do not mandate them. The critical question to address is whether filing an ERPO falls within a clinician's duty to protect. Clinicians should understand state-specific ERPO differences, as requirements can affect both the implementation and fulfillment of the order and the broader duty to safeguard at-risk individuals and the public.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

T8 Fragmented Care and Legal Accountability: A Decade of Psychiatric Malpractice Litigation in U.S. State Supreme Courts

PRESENTERS

Katie McLaughlin

LEARNING OBJECTIVES:

1. To demonstrate an understanding of the litigation that has arisen in the past decade due to a fragmented approach to mental healthcare in the United States.

DESCRIPTION

In the U.S., medical malpractice litigation serves as a key mechanism for addressing adverse outcomes and alleged negligence in healthcare. Review and critical analysis of psychiatric malpractice disputes that are elevated to the highest courts in each jurisdiction, namely state supreme courts, may provide increased understanding of the current challenges encountered in the delivery of high-quality psychiatric care. This study will present a qualitative analysis of state supreme court opinions (2014-2024) from all 50 U.S. states, specifically those involving psychiatric malpractice (analysis in progress). The overarching objective is to evaluate these cases for themes related to a fragmented approach to mental healthcare, including but not limited to gaps in discharge planning and coordination between inpatient and outpatient providers.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

T9 Hopping out of Jail and Into Diversion: 4 years of MHOP (Mental Health Offender Program) is Saving Lives and Money in Jacksonville, Florida

PRESENTERS

Massiel Montes de Oca

LEARNING OBJECTIVES:

1. To review the principles of jail diversion programs as alternatives to criminal justice case processing and incarceration by connecting people to community-based treatment and support services.
2. Highlight a Northeast Florida community partnership (MHOP) providing pretrial release from custody through diversion with an innovative plan of care that stabilizes defendants under court supervision.
3. Inform the forensic psychiatry community that implementing a community-based jail diversion program reduce costs and improves defendant care by reducing recidivism and hospitalizations.

DESCRIPTION

It is well known people with serious mental illness and substance use disorder are overrepresented in the criminal justice system. This population often navigates the world without access to adequate resources creating a costly cycle of frequent contact with the criminal justice system that strains communities. Jail diversion programs are meant to stop this by identifying and diverting adults with serious mental illness, substance use disorders, and cooccurring disorders to evidence-based treatments and supportive services in the community. The City of Jacksonville, the State Attorney's Office, the Public Defender's Office, Jacksonville Sherriff's Office, County Court Judges of the Fourth Judicial Circuit, LSF Health Systema, and the Sulzbacher Center came together and created the Mental Health Offenders Program (MHOP) to address the growing population of mentally ill offenders frequently arrested for misdemeanor charges. Through MHOP, severely mentally ill persons with repeat nonviolent misdemeanor charges were released from custody to the Sulzbacher Center, a Federally Qualified Healthcare Center in Jacksonville where they are provided with case management, psychiatric and medical treatment, therapy, housing assistance, disability processing assistance, and peer specialist services. Treating their mental illness and supporting their reintegration back into the community is done under the supervision of a dedicated court. Three years after the successful pilot, yearly data on the Mental Health Offender Program (MHOP)continues supporting the hypothesis that jail diversion programs are cost effective and more humane alternatives to the frequent bookings and longer than average pretrial wait times people with mental illness disproportionately experience. MHOP illustrates that through collaboration amongst stakeholders in the judicial system, law enforcement, and clinical arenas, that investment in a small-scale intervention yields big savings and informs funding decisions made behind closed doors.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

T10 Lost in Definition: How Neurocognitive Disorders Fit—or Don't—into Mental Illness Laws

PRESENTERS

Andre Elder, Cole Kiser, Eliyah Pollak, Gregory Iannuzzi, Ree Hong

LEARNING OBJECTIVES:

1. Identify states explicitly including or excluding dementia in definitions of mental illness.
2. Assess impacts on eligibility for mental health services and civil commitment.
3. Evaluate broader systemic consequences stemming from variations in legal definitions of mental illness concerning dementia and neurocognitive disorders.

DESCRIPTION

State statutes define mental illness in varying ways, with some explicitly excluding neurocognitive disorders or dementia. These definitions have significant implications for civil commitment, access to mental health services, and legal protections for individuals with cognitive impairments. To examine this variation, we conducted a 50-state review of current statutes to identify which states include or exclude dementia or neurocognitive disorders within their legal definitions of mental illness. Our analysis explores the policy consequences of these distinctions, particularly in terms of eligibility for mental health services, involuntary treatment, and broader systemic impacts. This knowledge helps psychiatrists practice forensic psychiatry at the highest attainable level by examining the consequences resulting from varying legal definitions of mental illness. It further improves transparency within forensic practice by helping psychiatrists operate more effectively in the differing legal frameworks established by different definitions of mental illness.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

T11 Mapping Uncertainty: A Multi-Dimensional Model for Assessing the Ethical Gravity of Psychiatric Assisted Dying Cases

PRESENTERS

Alexander Posell

LEARNING OBJECTIVES:

1. Identify limitations of traditional decisional capacity assessments in cases of psychiatric Assisted Dying (AD).
2. Apply a novel multidimensional model that integrates psychiatric phenomenology (state vs. trait suicidality) with contextual gravity (intent, physician role, illness severity).
3. Explore a sliding-scale threshold for capacity determinations based on the moral and clinical weight of the AD request.

DESCRIPTION

In this presentation, the term Assisted Dying (AD) will be defined as the involvement of healthcare professionals in facilitating the end of a patient's life, regardless of whether the lethal expedient is self-administered. In some jurisdictions,* AD is legal for individuals whose sole "irremediable" condition is a psychiatric disorder. In others, such an expansion has been proposed. The assessment of capacity in such situations is clearly of the utmost importance. Many have adopted language from the Appelbaum-Grisso (AG) model, but this was developed in the context of "standard" medical treatments, in a climate in which suicidality was generally assumed to indicate incapacity. Thus, it may not adequately serve in this newer milieu. This poster proposes a two-part framework aiming to enhance the clarity of evaluations in such contexts. The first component is a Trait–State Diagnostic Matrix, differentiating episodic, affectively-driven suicidal ideation ("State"-based) from chronic, refractory, and rationally-enduring suffering ("Trait"-based). The second is a novel Gravity Scoring Rubric, a multi-axis model addressing the perceived "stakes" of a request based on illness severity, physician role (passive ↔ active), and clinical purpose. By integrating these tools, we hope to develop a sliding-scale model in which the threshold for demonstrating decisional capacity rises in proportion to the moral and clinical weight of the intervention. For example, capacity requirements for voluntary cessation of futile treatment may be relatively modest, while active euthanasia for non-terminal psychiatric illness would demand exceptional rigor, narrative consistency, and enduring autonomy across affective states. *As of this writing: Belgium, Canada (postponed), Colombia, Germany, Luxembourg, Netherlands, Spain, Switzerland.

POSTERS **TIME: 7:00 AM - 8:00 AM** **ROOM: ATRIUM LOUNGE - 3RD FLOOR**

T12 Metadata in Practice: Understanding Applications in Forensic Psychiatry

PRESENTERS

Chandler Melton, Evan Vitiello, Rachel Hianik

LEARNING OBJECTIVES:

1. Understand the definition of metadata and its relation to psychiatric practice.
2. Increase awareness of the use of metadata in court proceedings, including in medical malpractice cases.
3. Further evaluate the role of the forensic psychiatrist in understanding and working with the findings present in metadata to more effectively function as an expert witness.

DESCRIPTION

The integration of the electronic health record (EHR) into clinical care has become commonplace over the last decade in medicine in the United States, with more than 90% of hospitals as well as most outpatient practices implementing this technology. Outside of routine clinical applications, each EHR produces unique metadata which is a set of data not readily apparent to end users. Metadata can best be understood as “data about data”, and it contains various information about a user’s interaction with the EHR which is many times in the format of an audit log. Thereby, metadata enhances transparency related to clinician access and use of the EHR. Recent studies are applying this data in a variety of ways including optimization and improving efficiency of patient care. Many clinicians do not understand the presence or applicability of this data. Furthermore, a recent review of legal proceedings revealed that metadata is admissible in medical malpractice cases, serving as a data audit for activity in the EHR. Importantly, no relevant literature is available on the intersection of psychiatry and metadata. Therefore, we seek to present a comprehensive summary of metadata and its possible uses in legal settings pertaining to psychiatric practice, including how forensic evaluators may need to understand this data as it becomes increasingly relevant in legal proceedings.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

T13 Navigating Countertransference in Jail and Prison Settings: Transparency, Cultural Competency, and Inmate Coping Strategies

PRESENTERS

Raza Tariq, Theresa De Freitas

LEARNING OBJECTIVES:

1. Recognize the role of countertransference and cultural competency in jail and prison settings
2. Identify challenges associated with diagnosing psychiatric patients in jail or prison settings who may be displaying coping mechanisms rather than psychiatric symptoms

DESCRIPTION

In jail and prison settings, clinicians often face diagnostic uncertainty when individuals refuse engagement, neglect self-care, and isolate. These behaviors often generate uncertainty: are they manifestations of severe mental illness, cultural expressions of distress, or intentional acts of protest and self-preservation? A study by Preston et al (2022) highlights how behaviors like withdrawal and isolation may be adaptive responses to the stressors of imprisonment rather than indicators of mental illness. We present a case of a 36-year-old Senegalese man incarcerated for allegedly assaulting an officer exhibiting isolation, food refusal, and severe self-neglect. While jail clinicians suspected psychosis, evaluations in an emergency department suggested volitional protest. This abstract urges clinicians to recognize and manage countertransference in forensic psychiatry, apply cultural competency in assessments, practice transparency in acknowledging the limits of psychiatric knowledge and distinguish psychiatric pathology from adaptive coping mechanisms when working with diverse incarcerated populations. Clinicians' countertransference can lead to over pathologizing behaviors shaped by cultural background and incarceration. Transparency about diagnostic uncertainty is essential, as self-isolation and silence may be strategic adaptations rather than illness. Cultural competency prevents misdiagnosis, particularly in a justice system disproportionately affecting minorities. Balancing clinical responsibility with cultural humility is key in forensic psychiatry. Transparency and recognition of non-Western coping strategies may improve ethical assessments and care. While cultural competence has been advocated, there remains a lack of practical implementation in forensic settings (Khan, 2022). This case highlights the need for forensic psychiatrists to refine evaluation skills and improve treatment approaches for incarcerated individuals from diverse backgrounds.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

T14 Perpetrators & Victims of Factitious Disorder Imposed on Another

PRESENTERS

Michele Cherro

LEARNING OBJECTIVES:

1. Define FDIA and its clinical significance.
2. Identify key characteristics of perpetrators and victims.
3. Recognize healthcare patterns to improve detection and management.

DESCRIPTION

Perpetrators & Victims of Factitious Disorder Imposed on Another Abstract Background: Factitious Disorder Imposed on Another (FDIA), previously known as Munchausen's by Proxy, is defined as the intentional induction or exaggeration of medical or psychological symptoms in another individual, typically a child. This disorder is a rare and severe form of maltreatment that is often underrecognized and underreported. A 2021 retrospective study identified 49 FDIA cases, with most perpetrators being female and having an average age of 38.4 years. However, epidemiological data on the victims, particularly children, remains limited. Objective: In this study, we aim to describe the demographic and clinical characteristics of FDIA victims using data from Epic Cosmos, a large publicly available & de-identified electronic health record (EHR) database. Methods: We will conduct a retrospective descriptive chart review utilizing Epic Cosmos, which aggregates de-identified data from over 296 million patients across multiple healthcare institutions. We will identify patients with an FDIA diagnosis as well as patients who are victims of factitious disorder imposed on them. We will retrieve the following: demographic data, clinical presentations, healthcare utilization patterns, and associated medical conditions. We will aim to construct a clinical profile of perpetrators and victims of FDIA to better inform detection and management strategies. 1. Feldman, M. D. (2018). Factitious disorder imposed on another: A review of literature on deception, abuse, and psychopathy. Psychiatric Clinics of North America, 41(3), 355-372. 2. Bérar A, Bouzillé G, Jego P, Allain JS. A descriptive, retrospective case series of patients with factitious disorder imposed on self. BMC Psychiatry. 2021 Nov 23;21(1):588. doi: 10.1186/s12888-021-03582-8. PMID: 34814866; PMCID: PMC8609835.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

T15 PTSD in Law Enforcement: Evolving Evidence and Implications for Disability Evaluations and Policy

PRESENTERS

Chinmoy Gulrajani, Rodrigo Fontenele

LEARNING OBJECTIVES:

1. Distinguish how PTSD manifests in relation to the occupational duties and role of police officers compared to those of other first responders and civilians.
2. Describe patterns of resilience and traumatization among police officers based on the type of traumatic exposure.
3. Evaluate the suitability of recent state legislation designed to address the increasing number of PTSD-related disability claims from law enforcement personnel.

DESCRIPTION

Recent research has challenged prior assumptions about posttraumatic stress disorder (PTSD) in police officers, revealing higher prevalence rates and distinct risk factors compared to other first responders. Moreover, rates of PTSD after incidents of civil unrest have received renewed attention in the context of escalating clashes between citizens and law enforcement, racial tensions, and anti-police sentiment. In the aftermath of the George Floyd protests of 2020, several states reported a marked increase in disability claims for work-related PTSD among police personnel, prompting political action to tackle strained public pension systems and a shrinking police workforce. In this poster, we explore the latest data on the risk factors, prevalence, course, prognosis, and occupational impairment of PTSD in police officers. Finally, we analyze the appropriateness of new legislation aimed at addressing the rise in disability claims from law enforcement officers, with a special focus on a recently enacted law in Minnesota.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

T16 Understanding Sex Offender Recidivism: SVP Policies, Risk Assessment, and Addressing Systemic Disparities

Sexually Violent Predator Statutes, Sex Offender Recidivism in Philadelphia County

PRESENTERS

Wes Lewis

LEARNING OBJECTIVES:

1. Define key terms related to sex offender recidivism and civil commitment laws.
2. Examine data on recidivism rates, risk factors, and racial/sexuality-based disparities.
3. Discuss treatment, risk assessment, and forensic psychiatry's role in sex offender management.

DESCRIPTION

This poster offers an overview of sex offender treatment and risk assessment, highlighting effectiveness, limitations, and opportunities for improved rehabilitation. It presents recidivism data and recent trends, outlines forensic psychiatry's role in guiding practice and policy, and examines the impact of sexually violent predator laws, particularly their disproportionate effects on minority populations.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

T17 Solitary Confinement Variations in the United States and Recent Reforms in Legislation

PRESENTERS

Abhilasha Khurana, Alan Tseng, Jennifer Kim

LEARNING OBJECTIVES:

1. To understand the current utilization of solitary confinement in various states.
2. To compare state laws on limitations of solitary confinement, especially on those with mental illness.
3. To introduce the dynamic legislative landscape with current state legislation proposals and challenges to current state legal standards.

DESCRIPTION

The use of solitary confinement in the United States raises concerns about its psychological impact on inmates. States have implemented varying standards and practices regarding its use, with some limiting days of use for specific populations such as those with mental illness. In recent years, proposed state legislative changes have aimed to limit or abolish solitary confinement, particularly for vulnerable populations such as those with mental illness, minors, and the elderly. This poster serves to report on the current state of solitary confinement laws, the disparities in state regulations and the proposed legislative changes in multiple states to change correctional practices, especially for those with mental illness.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

T18 Strickland v. Delaware County and the Current Landscape of Medication-Assisted Treatment in the Correctional Setting

PRESENTERS

Katie McLaughlin

LEARNING OBJECTIVES:

1. To demonstrate an understanding of the legal rights of incarcerated individuals with respect to the induction of medication assisted treatment (MAT) in the correctional setting.

DESCRIPTION

Despite high rates of substance use disorders among incarcerated individuals in the U.S., there continues to be a persistent need for widespread legal protection of access to medication-assisted treatment in the correctional setting. This poster focuses on the case of Strickland v. Delaware County, in which plaintiff filed suit in the Eastern District of Pennsylvania, alleging that Delaware County violated Title II of the ADA, the Rehabilitation Act, and the 14th Amendment when it failed to treat the plaintiff with methadone for his opioid use disorder. In 2024, settlement of the case required that the jail offer MAT both as induction and continuation. This settlement followed the U.S. Department of Justice filing of a Statement of Interest in the matter and seemingly represents the first case that has resulted in requirement of MAT induction. The case will be discussed in the context of recent trends in laws regarding MAT in the correctional setting.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

T19 The Cost of Time: Examining the Impact of Treatment Delays on Competency Restoration in Arkansas

PRESENTERS

Emily Waller

LEARNING OBJECTIVES:

1. To better understand the relationship between length of time of untreated psychosis and time to competency restoration in the forensic population.
2. To determine the legal and clinical implications of treatment delays and competency restoration.
3. To identify potential barriers to treatment of severe mental illness that exist within the Arkansas legal system.

DESCRIPTION

Defendants found not competent to stand trial, often due to a psychotic disorder, in Arkansas are issued an order for restoration of competency, which may occur as an outpatient on bond, while in the jail, or within the Arkansas State Hospital. The process of restoration of competency generally consists of education on legal proceedings and the defendant's charge(s) as well as psychiatric treatment, which should occur within ten months of the court order. Ideally, defendants would move quickly through this legal process and psychiatric care would begin; however, resource availability and treatment refusal often delay this process. While the relationship between delays in treatment and severity of psychiatric illness has been clearly identified in prior research (Penttila et al., 2014), the degree to which this impacts forensic proceedings has not been as thoroughly investigated. This study examines the relationship between length of time without adequate treatment and time to be restored to competence to stand trial in psychotic patients admitted to the Arkansas State Hospital for restoration services. We hypothesize that the longer it takes an individual to be admitted to the hospital, the longer competency restoration will take due to the extended length of time with limited access to appropriate treatment. The aim of this study is to clearly identify the detriments of delayed treatment in the forensic population within Arkansas and the potential factors that contribute to these delays.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

T20 The Interpersonal Dynamics of Victims and Perpetrators of Human Trafficking among Inpatient Psychiatric Patients

PRESENTERS

Ethan Faries

LEARNING OBJECTIVES:

1. Risk factors for human trafficking.
2. Prevalence of human trafficking in the inpatient psychiatric setting.
3. The link between human trafficking and trauma.

DESCRIPTION

The purpose of this study was to identify the types of relationships between victims and perpetrators of human trafficking and discuss risk factors for trafficking. A retrospective review of medical charts for 13 victims of human trafficking who were identified during admission to an inpatient psychiatric unit at a county hospital. Among this sample, the relative majority of patients had been trafficked by their romantic partners, and a history of childhood experiences with trafficking by family members was common among this sub-sample.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

T21 Vicarious Trauma Among Spanish Interpreters in Forensic Mental Health Settings

PRESENTERS

Nilsa Ricci

LEARNING OBJECTIVES:

1. Appreciate the impact that language access has on the treatment of patients in forensic settings.
2. Understand why Spanish interpreters are at risk for experiencing vicarious trauma and consider the potential ramifications.
3. Discuss strategies for mitigating the risk of vicarious trauma among Spanish interpreters.

DESCRIPTION

Individuals with limited English proficiency experience well-documented disparities in health outcomes. Through providing meaningful language access, interpreters help reduce these disparities. In the United States, Spanish is the second most spoken language. Spanish interpreters deliver culturally and linguistically appropriate interpretations from the first-person perspective. This process promotes direct communication but may blur the boundaries between self and non-self for the interpreter. In a previously conducted quality improvement project with Spanish interpreters at the University of Rochester Medical Center, our study team found that nearly all interviewed Spanish interpreters had experienced vicarious trauma. In addition, they reported very limited access to debriefing following intense clinical encounters. Similar findings have been reported among Spanish interpreters at other healthcare institutions. There are currently no peer-reviewed studies, however, examining vicarious trauma and debriefing accessibility among Spanish interpreters in forensic or correctional settings. Compared to healthcare settings, forensic and correctional settings are typically under-resourced and often require interpreters to vividly recount details of traumatic experiences in the first person. This research study investigates the vicarious trauma experienced among Spanish interpreters and their debriefing accessibility in New York forensic mental health settings. This study uses a semi-structured interview methodology adapted from our previously conducted quality improvement project, along with qualitative analysis of interview responses.

SPECIAL SESSION TIME: 8:00 AM - 8:45 AM ROOM: SALON E - 4TH FLOOR

Opening Ceremonies & Awards

PRESENTERS: Ryan Wagoner

DESCRIPTION: Join us as we celebrate the 2025 AAPL honorees.

CME Check-In Code: 66UVP **CME Credit Value:** 0.75

SPECIAL SESSION TIME: 8:45 AM - 9:45 AM ROOM: SALON E - 4TH FLOOR

Presidential Address: Transparency: Exploring Hard Truths and Finding Hope

PRESENTERS: Ryan Wagoner

CME Check-In Code: Z388J **CME Credit Value:** 1

PANEL DISCUSSION | TIME: 10:00 AM - 11:45 AM | ROOM: SALON C-D - 4TH FLOOR

Striving for Objectivity: Theory, Reality, and Practice of Being Transparent on Our Limitations

PRESENTERS

Evan Vitiello, Reena Kapoor, Sally Johnson

LEARNING OBJECTIVES:

1. Attendees will review the evolution of ethics guidelines in forensic psychiatry, including "striving for objectivity."
2. Attendees will explore the limits of commonly relied-upon "objective" sources of information in forensic evaluations, such as neuroimaging, psychological testing, and collateral interviews.
3. Attendees will enhance their evaluation skills through improved assessment of the sources of information relied upon in the evaluation process.

DESCRIPTION

The American Academy of Psychiatry and the Law's currently published Ethics Guidelines for the Practice of Forensic Psychiatry emphasizes that forensic psychiatrists should strive for objectivity, underscoring the importance of honesty and minimizing bias in forming objective opinions. This panel presentation will explore what is meant by "striving for objectivity" and then evaluate sources of information often presumed to enhance the objectivity of forensic psychiatric evaluations. We will examine key data sources that forensic assessments may utilize or incorporate, including the following: 1) the use of neurologic evidence, including brain imaging or electroencephalogram (EEG) findings along with potential limitations in their interpretation and applicability; 2) the challenges of using standardized psychological tests, particularly in cases where the normed population may not accurately represent the evaluee; and 3) the role of collateral records with consideration of evaluating the reliability of third-party data including who or how reliable the reporter is. We will then offer practical recommendations to help forensic psychiatrists navigate these challenges transparently and honestly while acknowledging potential limitations in the objectivity of available data.

CME Check-In Code: QD5UM **CME Credit Value:** 1.75

WORKSHOP TIME: 10:00 AM - 11:45 AM ROOM: SALON F - 4TH FLOOR

Blame Aunt Flo: Hormones and Forensic Psychiatry

PRESENTERS

Nina Ross, Renée M. Sorrentino, Richard Seeber II, Susan Hatters Friedman

LEARNING OBJECTIVES:

1. Assess the quality of research regarding hormones and mental health.
2. Explore cases where hormones are asserted to impact mental health and behavior.
3. Understand critical times of hormonal change and how they may impact mental health.

DESCRIPTION

The topic of hormones and their effects on bodies and minds is loaded with misinformation. Women of reproductive age, and particularly women of color, have historically been underrepresented and, at times, explicitly excluded from clinical trials, which has severely limited our understanding of hormones and their effect on health. In this panel, we will explore theories and evidence-based information about hormones and their role in mental health and forensic psychiatry. We will review the research on hormones and mental health, as well as the realities that have limited research in this field thus far and common misconceptions about hormones. We will review key times of hormonal change, including the pre-menstrual phase, pregnancy, the postpartum period, and perimenopause. We also will review the literature and cases about exogenous hormones, including those used for birth control, gender-affirming care, and paraphilias. We will explore how hormones and hormonal change may or may not impact mental health and perhaps criminal responsibility. Finally, we will provide recommendations for forensic psychiatrists tasked with evaluating conditions that may be, or may be asserted to be, impacted by hormones.

CME Check-In Code: 8DEDF **CME Credit Value:** 1.75

PANEL DISCUSSION TIME: 10:00 AM - 11:45 AM ROOM: SALON G - 4TH FLOOR

School Shooters: The Strengths and Limitations of the Forensic Assessment

PRESENTERS

Ashley VanDercar, Peter Ash, Phillip Resnick

LEARNING OBJECTIVES:

1. Identify risk factors for becoming a school shooter.
2. Identify the most important sources of collateral data when evaluating a potential school shooter.
3. Specify the advantages of utilizing a multidisciplinary approach when assessing a school shooting threat.

DESCRIPTION

There is no profile for who will become a school shooter. This is particularly true when assessing for mass, or rampage, shooters because these events are rare. Many of the potential "risk factors" are common in both non-shooter and shooter comparison groups. Most school shooting threats do not culminate in a shooting. Yet an overt threat is a notable risk factor. Retrospectively, those shooters that move from a threat to action tend to have had certain attributes (risk factors) and behaviors. Although these are not highly predictive, they are relevant to our assessments as psychiatrists. This panel will begin with a brief review of relevant concepts, including the definition of a school shooter and mass shooter. The moderator will briefly detail available data on prediction and prevention of targeted school shootings, drawing on Secret Service studies from the past twenty years. Thereafter, two forensic psychiatrists, each with decades of experience assessing school shooting threats, will detail their experiences, manner of assessing threats, and notable lessons learned in the process. They will discuss their views on school shooter typologies, risk factors, and threat assessment teams. As panelists detail their lived experiences, audience members will have an opportunity to weigh in, using both an interactive electronic response system and direct discussion to share how they would respond to real-life fact patterns. Audience interaction will occupy a third of the time. At the end of the panel, the moderator will summarize the lessons shared by the two panelists. She will also briefly discuss the recent phenomena of prosecution of parents after a mass school shooting.

CME Check-In Code: 38T3J **CME Credit Value:** 1.75

PANEL DISCUSSION | TIME: 10:00 AM - 11:45 AM | ROOM: SALON H-I - 4TH FLOOR

Ethics in Forensic Psychiatry: Recording the Past, Shaping the Future

PRESENTERS

Ariana Nesbit Huselid, Jacob Appel, Patricia Westmoreland, Philip J. Candilis, Richard Martinez

LEARNING OBJECTIVES:

1. Examine the evolution of forensic psychiatric ethics over the past 40 years
2. Showcase insights from interviews of forensic psychiatric experts who have shaped the field
3. Engage attendees in a forward-looking discussion on the trajectory of forensic psychiatric ethics, including a planned update to AAPL's Ethics Guidelines under future leadership

DESCRIPTION

Forensic psychiatric ethics has evolved significantly over the past 40 years as AAPL has grown from a small number of psychiatrists whose main activity involved expert evaluations and testimony in the justice system, to a diverse membership engaged in a variety of professional settings including community mental health centers, forensic hospitals, correctional settings, academic institutions, and more. AAPL's Ethics Committee undertook an AIER-funded project to document the perspectives of key thought leaders through a series of recorded interviews. This panel will present the outcomes of this initiative, including insights from 14 AAPL members and experts who have shaped forensic psychiatric ethics. Panelists will describe their methodology, including the selection of interviewees and thematic focus areas, and highlight why understanding the history and evolution of forensic psychiatric ethics is critical for our field. The panel will feature clips from these videotaped interviews, showcasing firsthand reflections on ethical challenges, theoretical frameworks, and shifts in forensic psychiatric practice. With one of the panelists (Dr. Candilis) serving as the incoming AAPL President and planning an update to AAPL's Ethics Guidelines, we will discuss how this project informs and intersects with the broader efforts to refine the goals and purposes of forensic psychiatry. By bridging past and future, this session will engage attendees in a dynamic conversation about the ongoing ethical evolution of forensic psychiatric practice.

CME Check-In Code: K8PFD **CME Credit Value:** 1.75

PANEL DISCUSSION TIME: 10:00 AM - 11:45 AM ROOM: SALON J-K - 4TH FLOOR

Burning Desire: An Update on Pyromania and Arson

PRESENTERS

Elias Ghossoub, Jennifer Piel, Kyle Webster, Margarita Abi Zeid Daou, Nathan Kolla

LEARNING OBJECTIVES:

1. To identify neurobiological correlates of pyromania
2. To understand similarities and differences in profiles of pyromaniacs and arsonists
3. To appreciate the criminal and civil legal implications of fire-setting behaviors

DESCRIPTION

Firesetting carries a significant health and financial burden worldwide. Indeed, it has led to hundreds of fatalities and physical and psychological injuries and an economic toll estimated at billions of USD. Pyromania constitutes a subtype of firesetting behaviors: individuals with this disorder set repeated fires and experience tension, arousal and gratification in connection with the behavior. Arson is another subtype and is defined as the criminal act of intentionally setting fire to a property. While a significant portion of them have diagnosable mental disorders, only a minority are diagnosed with pyromania. Although firesetting behaviors are the subject of keen interest among mental health professionals and the criminal justice system, research on the matter remains limited. This panel aims to discuss recent updates on pyromania and arson. We will present on the neurobiological correlates of firesetting behaviors in general. We will then discuss differences and similarities in characteristics of individuals with pyromania and arsonists, including novel data based on a large clinical dataset. Finally, we will discuss criminal and civil legal issues and implications of firesetting behaviors.

CME Check-In Code: MNDFQ **CME Credit Value:** 1.75

DISTINGUISHED SPEAKER PRESENTATION **TIME: 1:00 PM - 2:00 PM** **ROOM: SALON E - 4TH FLOOR**

The Clergy Sexual Abuse Scandal—Traumatic for All

PRESENTERS

Walter Robinson

DESCRIPTION

WALTER V. ROBINSON is Editor At Large at the Boston Globe, where his high impact stories about local, national and international events have graced the front page since 1972. Since 2007, he has also been Distinguished Professor of Journalism at Northeastern University and the Edith Kinney Gaylord Visiting Professor in Investigative Journalism at the Walter Cronkite School of Journalism at Arizona State University. Robinson led the Boston Globe Spotlight Team that won the 2003 Pulitzer Prize for Public Service for its investigation of the sexual abuse of children by Catholic priests. The Spotlight Team's groundbreaking investigation exposed a decades-long cover-up that, in Boston alone, shielded the crimes of nearly 250 priests. Spotlight's investigation was made into the 2015 Academy Award-winning film, "Spotlight," starring Michael Keaton as Robinson.

CME Check-In Code: KZZHN **CME Credit Value:** 1

WORKSHOP TIME: 2:05 PM - 3:45 PM ROOM: SALON C-D - 4TH FLOOR

Respecting Autonomy in Anorexia Nervosa: When are We Honoring the Values of the Patient vs. Colluding with the Eating Disorder Pathology?

PRESENTERS

Allison Nitsch, Leah Brar, Patricia Westmoreland

LEARNING OBJECTIVES:

1. Appreciating the nuances of evaluating capacity in patients with anorexia nervosa
2. Understanding the role of involuntary treatment in anorexia nervosa
3. Delineating the risks and benefits of forced nutrition in anorexia nervosa

DESCRIPTION

In November 2024, a teenage patient with anorexia nervosa (AN) in the care of the National Health Service in the United Kingdom, was sedated, intubated and placed on a ventilator to receive court-ordered nutrition. This case has sparked international debate regarding about the risks of such an extreme form of involuntary treatment and has renewed debate regarding the risks and benefits of involuntary treatment for patients with AN. While nutrition is essential for recovery from AN, inherent to the definition of this disorder is patients' lack of insight into the nature and extent of their illness and their inability to appreciate the risks inherent to continued starvation and/or purging. Despite this, physicians (both psychiatrists and non-psychiatrists) who don't regularly care for patients with AN are frequently unfamiliar with the nuances of evaluating decisional capacity around refusal of nutrition refusal. This lack of knowledge frequently results in honoring the autonomy of the eating disorder, rather than the autonomy of the person, and can have deadly consequences. Conversely, the risks of involuntary treatment (especially forced nutrition) should be carefully evaluated even when a court is willing to mandate such treatment. As physicians practicing at ACUTE, the only medical stabilization unit for severe eating disorders in the United States, we are frequently faced with having to determine our patients' decisional capacity. We are also tasked with weighing the risks and benefits of involuntary treatment. During this workshop, Dr. Westmoreland will introduce the panelists and provide a brief overview of the history of involuntary care for patients with eating disorders as well as the risks and benefits thereof. Dr. Nitsch will present case vignettes of patient with anorexia nervosa (AN) refusing nutrition despite risk of overt medical complications. Dr. Brar will present her approach to assessing decision capacity to refuse treatment for AN as it pertains to the case vignettes. Audience members will be asked for their perspective on the case vignettes. Dr. Nitsch will reveal outcome of the case vignettes.

CME Check-In Code: P37TN **CME Credit Value:** 1.75

PANEL DISCUSSION TIME: 2:05 PM - 3:45 PM ROOM: SALON F - 4TH FLOOR

Stimulants in Prison: Controversy, Data, and Solutions

PRESENTERS

Anthony Tamburello, Gunter Lorberg, Martin Katzman, Tia Sternat

LEARNING OBJECTIVES:

1. Address the stigma surrounding psychostimulant use in prison settings related to potentiality of substance abuse and increased aggression.
2. Examine neurobiological mechanisms of ADHD, with respect to hedonic tone and its contributions to the development of criminality.
3. Discuss the costs and benefits of implementing the use of psychostimulants as treatment for ADHD among inmates, including the cautionary steps required to achieve a balance of outcomes.

DESCRIPTION

Approximately 26% of inmates are found to meet diagnostic criteria for ADHD, making this disorder highly prevalent in prison settings. Research has highlighted an increased display of verbal and physical aggression among inmates with ADHD, in addition to engaging in more extreme behaviour, and violent and non-violent infractions. Many have associated these findings with deficits in dopamine and norepinephrine, resulting in impaired reward processing and dysregulated attention. Although psychostimulants have been established as first-line treatment for ADHD, their implementation within the prison setting remains controversial, resulting in a massive undertreatment of ADHD among inmates. Historically, risks, such as drug diversions and substance abuse, have limited the use of stimulants within prison populations. Moreover, side effects such as aggression/hostility, abnormal behaviour, alterations in mood, and psychosis are all persistent concerns for the prison population. Thus, initiating a psychostimulant protocol in the prison requires considerable caution and effort to determine whether the risks are worth taking. Presenters will discuss concerns and risks associated with implementing psychostimulants within the prison environment. The role of hedonic tone in ADHD and its contribution to the development of externalizing behaviour and criminality will be highlighted. Additionally, discussions of the biological basis of criminality and ADHD, and the neurobiological mechanisms of psychostimulants targeting low hedonic tone will occur. Finally, presenters will address the balance between the benefits and risks associated with prescribing psychostimulants in prisons through current research and preliminary findings to provide future directions on safely using psychostimulants for the treatment of ADHD among incarcerated individuals.

CME Check-In Code: 1WJR4 **CME Credit Value:** 1.75

PANEL DISCUSSION | TIME: 2:05 PM - 3:45 PM | ROOM: SALON G - 4TH FLOOR

Importance of the APA-AAPL Connection: Recent Updates from the APA Council on Psychiatry & Law and Committee on Judicial Action

PRESENTERS

Ariana Nesbit Huselid, Danielle Kushner, Reena Kapoor, Richard Martinez

LEARNING OBJECTIVES:

1. Learn about the components within the Council of Psychiatry and Law that advocate for AAPL Goals and Values.
2. Obtain knowledge on CPL's educational and advocacy efforts related to Medical Aid in Dying, insanity defense, firearm regulation, carceral psychiatry, and other topics important to AAPL members.
3. Review the Committee for Judicial Action's involvement in amicus briefs related to gender dysphoria treatment, the insanity defense, and other litigation important to AAPL Members.

DESCRIPTION

AAPL members play a critical role in shaping the work of the American Psychiatric Association's (APA) Councils that address forensic issues, particularly the Council on Psychiatry & Law (CPL) and Committee on Judicial Action (CJA). This panel, composed of current APA Council and Committee chairs and members, will present the mission and goals of these groups and their recent work products in several key forensic areas. Dr. Richard Martinez, current CPL Chair, will present recent work related to Medical Aid in Dying legislation and the implications of the Dobbs decision as examples of council work process and products. CJA Chair, Dr. Kapoor, will review the committee's involvement in recent amicus briefs related to insanity defenses, gender dysphoria treatment, and other forensic topics. Dr. Huselid will review recent CJA work related to the insanity defense and firearm legislation. Dr. Kushner will present the CPL Carceral Workgroup's initiatives, including several recent position statements and resource documents regarding key issues in the provision of care in jail and prison facilities, along with the recently developed Carceral Psychiatry Curriculum for residency programs. This review of CPL's work strives to highlight the importance of the connection, exchange of ideas and mutual benefit between AAPL and APA. This session will emphasize the vital collaboration between these two organizations, demonstrating how APA's legal and legislative work complements AAPL's educational mission. By participating in both organizations, forensic psychiatrists can enhance their impact in an evolving medico-legal landscape.

CME Check-In Code: ZDHPF **CME Credit Value:** 1.75

PANEL DISCUSSION TIME: 2:05 PM - 3:45 PM ROOM: SALON H-I - 4TH FLOOR

Understanding African American Microcultures in Forensic Assessment

PRESENTERS

Brittany Penson-Prothro, Lauren Chatham

LEARNING OBJECTIVES:

1. Provide an overview of African American microcultures
2. Examine how forensic examiners may misinterpret cultural practices during CST and other forensic evaluations
3. Enhance examiners knowledge on distinguishing between behaviors and beliefs that are cultural markers from those that are indicators of mental health concerns.

DESCRIPTION

The growing presence of sociopolitical groups, such as the sovereign citizen movement, has prompted considerable research on how these groups are assessed in forensic settings, particularly in competency to stand trial evaluations. However, much of the existing literature focuses on predominantly white microcultures, leaving a significant gap in understanding African American microcultures that forensic examiners may encounter. These microcultures, which include, but are not limited to, Hoteps, Black Hebrew Israelites, Washitaw Nation, and Moorish Americans, often hold beliefs and values that can be misunderstood or pathologized. Yet, these beliefs may be deeply rooted in cultural identity rather than indicative of mental illness. Without an accurate understanding of these groups, forensic professionals risk misinterpreting cultural practices, ideaologies, and beliefs, as symptoms of mental health disorders, potentially leading to unnecessary treatments, hospitalizations, or delays in court proceedings. This paper aims to provide a descriptive profile of the distinguishing features of individuals from various African American microcultures to assist forensic examiners in recognizing these cultural markers, ensuring more accurate assessments, and minimizing harm in the criminal justice process.

CME Check-In Code: Z4ANB **CME Credit Value:** 1.75

WORKSHOP TIME: 2:05 PM - 3:45 PM ROOM: SALON J-K - 4TH FLOOR

Can Loose Lips Sink Ships? Navigating Fears of Physician Transparency in Clinical Settings

PRESENTERS

Abhishek Jain, Joy Stankowski, Justin Pope, Layla Soliman

LEARNING OBJECTIVES:

1. Appreciate various clinical practice situations in which transparency of information is recommended or required.
2. Recognize the challenges and stress involved in navigating these situations.
3. Learn ways of managing practice and personal wellbeing.

DESCRIPTION

Honesty is an ethical cornerstone in clinical practice. Being transparent, however, can be challenging for physicians to navigate when there is a real or perceived threat to their career or personal wellbeing. This can be particularly complex as psychiatrists have a duty to protect patient privacy, but may be encouraged or required to reveal details of care in various circumstances. In this workshop, panelists will review the ethical and legal realities in three areas of clinical practice that require some degree of physician transparency. The first panelist will explore requests for information from employers, such as in peer reviews, Root Cause Analyses, or Morbidity and Mortality committees. The second panelist will focus on requirements established by federal law and regulatory agencies, including the Cures Act and Centers for Medicare and Medicaid. The third panelist will discuss sharing clinical information with patients and their families, with a particular focus on apology laws and liability concerns. The last panelist in the workshop will present outcomes from a national malpractice organization and provide a perspective on the reality of transparency fears. The workshop will conclude with exploring practical recommendations as well as suggestions for managing stress and complexities of being transparent with clinical information.

CME Check-In Code: B3AVL **CME Credit Value:** 1.75

RESEARCH-IN-PROGRESS TIME: 4:00 PM - 6:00PM ROOM: SALON C-D - 4TH FLOOR

Research-In-Progress - Session A

DESCRIPTION: Join us for these updates on Research-in-Practice in the Forensic Psychiatry field.

CME Check-In Code: 8N1VP **CME Credit Value:** 2

Roommate Troubles: The Current State of Gender-Based Housing Segregation on Forensic versus Civilian Inpatient Psychiatric Units

PRESENTERS

Raina Aggarwal, Rijul Asri

LEARNING OBJECTIVES:

1. To characterize current practices for transgender and gender minority patient housing on forensic inpatient psychiatric units, especially in comparison to civilian units.
2. To identify and understand the policies, laws, and other factors that determine forensic housing and room assignments for transgender and gender minority psychiatric inpatients.
3. To formulate methods of optimizing forensic inpatient psychiatric housing practices that promote gender-affirming care for transgender and gender minority patients.

DESCRIPTION

It is well-documented that gender-affirming care (GAC) improves overall mental health outcomes for transgender and gender minority individuals. In the inpatient psychiatric setting, the issue of GAC arises in numerous ways, including patient room assignments and housing segregation. Previous studies suggest that housing or room assignments incongruent with a patient's gender identity can exacerbate psychological stress and psychiatric illness. Recently, some hospitals and health systems have issued statements advocating for gender-congruent housing within civilian inpatient psychiatric units; yet there remains a paucity of data about these policies overall and how facilities implement this in practice. There is even less information about gender-based housing segregation on forensic inpatient psychiatric units. The 2022 revision of the Bureau of Prisons' Transgender Offender Manual states that prisons should provide housing placement consistent with gender identity; it also recommends against single room housing for all individuals, including transgender individuals, unless there are specific safety concerns requiring isolation. However, nearly half of states are non-adherent with these policies, and there is no guidance or data on how prison housing policies should translate to inpatient forensic psychiatric units. To characterize the current state of housing segregation in forensic versus civilian acute inpatient psychiatric units, we conducted a nationwide study of hospital policies about gender-based room assignments. We collected data on hospital and unit policies; we generated descriptive statistics and analyzed the data to determine how characteristics of hospitals and units, especially forensic status, affect housing assignments. Through this study, we first aim to compare housing practices on forensic versus civilian psychiatric units. We will then explore the underlying state and federal forces that determine how psychiatric units house patients based on gender; our primary goal during this phase is to characterize why forensic unit housing assignments may differ from civilian counterparts, potentially impacting patient care. Finally, we will identify generalizable ways in which to optimize housing practices to promote GAC and mental health outcomes for transgender individuals, especially on forensic inpatient units.

RESEARCH-IN-PROGRESS TIME: 4:00 PM - 6:00PM ROOM: SALON C-D - 4TH FLOOR

Risk Factors for Conduct Disorder in Adolescent Females: A Systematic Review

PRESENTERS

Keely Murphy

LEARNING OBJECTIVES:

1. Identify key risk factors associated with the development of conduct disorder in adolescent females.
2. Discuss how sex-specific risk profiles may inform early identification and intervention strategies for youth with conduct disorder
3. Evaluate current gaps in the literature and their implications for intervention in clinical and forensic settings.

DESCRIPTION

Background Research on conduct disorder (CD) has increasingly focused on the identification of modifiable risk factors. However, these approaches are often developed based on male populations, with limited attention to sex-specific developmental pathways. This systematic review explores existing literature to identify risk factors most strongly associated with the development of CD in adolescent females. A clearer understanding of these sex-specific risk factors may inform both primary prevention efforts and secondary prevention strategies aimed at early identification and intervention. Methods This review is being conducted in accordance with PRISMA guidelines. A systematic search of MEDLINE, PubMed, PsycINFO, and Embase was completed for studies published in English between January 1, 1979 and March 15, 2025, using predefined search terms. Studies were included if they examined risk factors for conduct disorder in adolescent females aged 10 to 17. Eligible study designs include cohort, case-control, and cross-sectional studies; case series and case reports were excluded. Cross-sectional studies are being included to identify variables associated with CD, though they will not be interpreted as evidence of causality. A total of 4,639 titles and abstracts are being screened by two independent reviewers, with a third reviewer available to resolve conflicts. Pending completion of full-text review, eligible articles will be assessed for risk of bias using the Joanna Briggs Institute critical appraisal checklist. Preliminary Results To date, 459 abstracts have been screened, and 10 articles have been identified for full-text review. Data extraction and synthesis are ongoing. Final results will be presented at the AAPL Annual Meeting. Implications This review addresses a critical gap by examining risk factors for the development of conduct disorder in adolescent females, a group historically underrepresented in psychiatric research. Findings will contribute to a more comprehensive understanding of behavioural disorders across a variety of contexts and may help support earlier, more targeted strategies for primary prevention and early intervention.

RESEARCH-IN-PROGRESS TIME: 4:00 PM - 6:00PM ROOM: SALON C-D - 4TH FLOOR

Legal Challenges to Forensic Telehealth Assessments Post COVID-19

PRESENTERS

Jennifer Piel

LEARNING OBJECTIVES:

1. Review possible legal challenges to forensic telehealth assessments
2. Understand the confrontation clause and how it applies to forensic assessments and testimony
3. Become familiar with attitudes of legal professionals on the use of telehealth assessments

DESCRIPTION

The use of telehealth assessments in forensics mental health is not new. Its use multiplied during the COVID-19 public health emergency. To keep the court system running during the COVID-19 public health emergency, the use of technology was widely utilized for many aspects of legal proceedings, including tele-forensic assessments and virtual courtroom testimony. As part of a larger and ongoing research project, the author has surveyed and directed focus groups of legal and court personnel about their attitude toward more widespread adoption of tele-forensic assessments following the COVID-19 public health emergency. With public safety now less of an issue, some have wondered about increased legal challenges based on due process rights and reliability of telehealth evaluations in comparison to in-person assessment. It is useful for forensic mental health experts to understand attitudes toward the current use of tele-forensic assessments and possible legal challenges related to their use. This presentation will review results related to both civil and criminal cases and factors considered by both attorneys and courts in whether to utilize or accept tele-forensic assessments.

RESEARCH-IN-PROGRESS TIME: 4:00 PM - 6:00PM ROOM: SALON C-D - 4TH FLOOR

Forensic Psychiatry 101: Are Psychiatry Residents Prepared for Forensic Challenges?

PRESENTERS

Fatema Kapadia

LEARNING OBJECTIVES:

1. Appreciate the importance of forensic psychiatry training in general psychiatry residency programs
2. Understand the structure of forensic psychiatry education in general psychiatry residency programs in various settings within the state of New York in comparison to ACGME and AAPL guidelines
3. Discuss innovative strategies and practical recommendations for improving forensic education among residents by involvement of forensic psychiatrists

DESCRIPTION

The intersection between psychiatric practice and the legal system is a key aspect of general psychiatric care. Psychiatrists frequently engage with legal concepts such as clinical decision-making capacity, the right to refuse treatment, civil commitment, and treatment over objection. These responsibilities require not only clinical expertise but also a working knowledge of legal standards and procedures. Additionally, a significant number of individuals with mental illness are involved in the criminal justice system, and the need for psychiatric involvement in medico-legal issues continues to grow. Given this rising demand, most psychiatrists, regardless of specialty interest, will encounter legal considerations in their practice. However, many will not seek out formal forensic training. Therefore, improving forensic education for general psychiatry residents is essential. The ACGME's 2023 requirements state that residents must gain experience in evaluating patients for potential harm to self or others, commitment, decisional capacity, disability, and competency. The guidelines emphasize structured clinical and didactic exposure but lack specificity regarding the amount and type of training required. As a result, residency programs vary widely in how forensic education is implemented. To provide comprehensive guidance to psychiatric residency programs, the American Academy of Psychiatry and the Law (AAPL) published the 'Practice Resource for Forensic Training in General Psychiatry Residency Programs' in 2019, offering guidance for standardized forensic training. The adequacy of forensic training in general residency programs has not been evaluated since the above guidelines were published. Therefore, we are conducting a survey-based cross-sectional study of 43 general psychiatry residency programs across New York State. We will assess how programs implement ACGME requirements and compare their approaches to the AAPL Practice Resource. This session will present findings from the above study and explore innovative strategies to strengthen forensic training. It will also highlight a resident-driven initiative to build a forensic curriculum, supported by program leadership and off-site forensic faculty.

RESEARCH-IN-PROGRESS TIME: 4:00 PM - 6:00PM ROOM: SALON C-D - 4TH FLOOR

Competence to Stand Trial Evaluation Training in Forensic Psychiatry Fellowships

PRESENTERS

David Annas, Faiz Kidwai

LEARNING OBJECTIVES:

1. Appreciate which formal assessment tools are taught during training and with what frequency, the range and average number of CST evaluations completed by trainees.
2. Appreciate the skill with which CST evaluations were performed, and how often fellows testify in such hearings.
3. Appreciate the most common errors committed by trainees in CST evaluations and aspects of the evaluation that trainees struggle with the most.

DESCRIPTION

Competence to Stand Trial (CST) Evaluations are the most common requested evaluation that forensic mental health experts are asked to opine on. In many jurisdictions these are performed by non-forensically trained professionals, due to the lack of access to specialized experts. Even among graduates of fellowship programs, there are many who can make fundamental errors in these evaluations. This fact emphasizes the importance of all trainees being adequately taught and supervised on how to do these correctly, so as to minimize errors in evaluations or opinions. Additionally, board-certified forensic examiners may be required to help train others in areas lacking access to experts, but where the benefits of getting evaluations done in a timely manner outweighs the risks of general psychiatrists being responsible for the bulk of these evaluations. In order to determine the current state of forensic psychiatric training in regard to CST evaluations, we sought out the opinions of faculty regarding barriers to effective training, the average number of supervised evaluations performed, opinion on the degree of skill of graduates, and recommendations for what an ideal structure of training would look like (such as a minimum number of evaluations per fellowship year, the types of CST done, and the methods of report writing for the court). Additionally, we sought the opinions of non-fellowship faculty with experience for their opinions on the current state of CST evaluations in practice. Of the 159 board-certified forensic psychiatrists who responded to the question, more than 85% reported encountering at least one-quarter (25% or more) of non-supervisee-prepared CST reports that contained fundamental errors. In this session we will present the results of the survey, including – but not limited to – number of respondents, demographic information, years of experience, opinions on the various aspects of forensic psychiatry fellowship training, and opinions on the best ways in which to improve expertise for those who perform these evaluations. The presenters include a former deputy director with over 6 years in training forensic fellows and an early career forensic psychiatrist just out of training. This study has been granted a waiver from the Nathan Kline Institute/Rockland Psychiatric Center Institutional Review Board (Study #2132610-1).

PANEL DISCUSSION | TIME: 4:00 PM - 6:00 PM | ROOM: SALON F - 4TH FLOOR

A Teen on Trial: Peer Review of Evidence, Ethics, and Effective Testimony

AAPL Committee Sponsor: Child and Adolescent Psychiatry and the Law

PRESENTERS

Anne McBride, Ariana Nesbit Huselid, Jason Pickett, Rebecca Brendel, Stephen Noffsinger

LEARNING OBJECTIVES:

1. Review the components of effective expert testimony
2. Evaluate the role of adult psychiatrists in assessing children and adolescents in forensic contexts, including considerations related to the concept of juvenile psychopathy;
3. Identify and apply ethical responsibilities of forensic psychiatrists to expert witness engagement, including in high publicity situations.

DESCRIPTION

On March 19, 2024, 14-year-old Carley Gregg murdered her mother and attempted to murder her stepfather in Brandon, Mississippi. Gregg plead not guilty by reason of insanity, and Dr. Pickett served as the prosecution's psychiatric expert. This panel will provide an examination of the case, focusing on the forensic evaluation and testimony and ethical considerations involved. Dr. Huselid will describe the purpose and principles of peer review. Dr. Pickett will describe his experience and provide a self-assessment of his evaluation and testimony. Videoclips of Dr. Pickett's testimony will be shared with the audience. Drs. McBride and Noffsinger will review Dr. Pickett's testimony and consider several questions, including supportive evidence for Dr. Pickett's opinion, the implications of attorneys observing forensic evaluations, when and whether adult psychiatrists should evaluate children and adolescents, the controversy regarding juvenile psychopathy, and Dr. Pickett's manner of communicating with the jury. Dr. Brendel will address the ethical responsibilities of forensic psychiatrists and how they apply when testifying as an expert witness and how high-publicity context may pose additional challenges requiring particular attention.

CME Check-In Code: TZ36U **CME Credit Value:** 2

WORKSHOP | TIME: 4:00 PM - 6:00 PM | ROOM: SALON G - 4TH FLOOR

Structured Assessments of Feigned Psychopathology: Elevate your Evaluations

PRESENTERS

Charles Scott

LEARNING OBJECTIVES:

1. The audience participant will practice administering and scoring the M-FAST.
2. The audience participant will practice administering and scoring the SIRS-2.
3. The audience participant will practice writing up testing results of the M-FAST and SIRS-2.

DESCRIPTION

Feigned psychopathology is common in both criminal and civil forensic psychiatric evaluations. Two assessment instruments commonly used to assess feigned psychopathology include the Miller Forensic Assessment of Symptoms Test (M-FAST) and the Structured Interview of Reported Symptoms-2 (SIRS-2). This workshop will provide relevant background information for the M-FAST and SIRS-2, including both instruments' sensitivity, specificity and rate of false negatives and false positives. Dr. Scott will train attendees to assess feigned psychopathology using the M-FAST and SIRS-2 through interactive live administration and detailed guidance on scoring. Attendees will learn how to interpret scores and how to appropriately write up testing results in accordance with manual guidelines and ethical standards. Examples of combining clinical interview findings with testing findings will be provided using hypothetical examples. Attendees can record their completion of this course as evidence to support they have sought the necessary knowledge, skills, training, and expertise to independently administer these tests.

CME Check-In Code: CZBIS **CME Credit Value:** 2

PANEL DISCUSSION | TIME: 4:00 PM - 6:00 PM | ROOM: SALON H-I - 4TH FLOOR

Gray Matter and White Collars: Navigating Neuropsychiatric Dimensions of Financial Crime in Older Adults

AAPL Committee Sponsor: Geriatric

PRESENTERS

Dale Panzer, Lauren Robinson, Richard "Ryan" Darby, Sherif Soliman, William "Connor" Darby

LEARNING OBJECTIVES:

1. Evaluate the latest advancements in neuroimaging, biomarkers, and forensic neuropsychiatry to determine their admissibility and reliability in legal contexts.
2. Utilize forensic psychiatric frameworks to evaluate competency, criminal responsibility, and mitigation in older adults with neurocognitive disorders facing financial crime allegations.
3. Apply forensic ethical principles in the evaluation of neurocognitive disorders in legal settings, ensuring transparency, fairness, and adherence to professional standards.

DESCRIPTION

As the U.S. population ages, the intersection of neuropsychiatric disorders and financial crime presents growing challenges for the criminal justice system, particularly as defendants invoke dementia-related claims at various stages of legal proceedings. With evolving scientific advancements, clarity is needed to distinguish admissible evidence from what is unreliable and to establish best forensic practices. Joined by a forensic neurologist, this panel will explore the complexities of evaluating older adults accused of financial crimes, with a focus on malingering assessments, neuroimaging, and biomarker evidence in forensic evaluations. Through real-world cases, we will examine the legal and forensic implications of using dementia as a defense, addressing criminal responsibility, mitigation strategies, and financial exploitation. Ethical challenges and the need for forensic transparency will be central to the discussion. To bridge theory and practice, the panel will offer structured guidance for forensic clinicians, outlining best practices for evaluating financial crime cases, testifying in court, and differentiating defense consultations from court-ordered evaluations.

CME Check-In Code: 1V59I **CME Credit Value:** 2

PANEL DISCUSSION TIME: 4:00 PM - 6:00 PM ROOM: SALON J-K - 4TH FLOOR

The Challenge of "Objective" Risk Assessments: What Do We Know and What Remains Unknowable?

AAPL Committee Sponsor: Human Rights and National Security

PRESENTERS

Hira Hanif, Krista Ulisse, Mikel Matto, Philip J Candilis, Shilpa Krishnan

LEARNING OBJECTIVES:

1. Critically evaluate the limitations of forensic risk assessment tools, including their interpretation in legal settings and their potential misuse in high-stakes cases involving national security.
2. Identify and analyze the influence of cultural, racial, and gender biases on the development, application, and outcomes of structured risk assessments.
3. Describe innovative approaches to bridging the gap between group data and individual evaluations, including models that enhance transparency around the value judgments inherent in forensic risk assessment.

DESCRIPTION

Forensic risk assessment tools are widely used to evaluate the likelihood of future violence and recidivism. While these structured tools are routinely employed in forensic mental health settings, there remains considerable uncertainty about the extent and quality of evidence supporting their predictive performance, particularly in cases of political, sexual, and youth violence – cases with human rights or national security implications. Despite their widespread use, questions persist about their accuracy, reliability, and applicability across diverse populations, particularly in cases where cultural, racial, and gender biases may impact outcomes. Forensic psychiatrists are expected to provide clear, data-driven opinions, yet must also be transparent about the limitations of these assessments and the potential consequences of misinterpretation. This panel will critically examine the limitations of forensic risk assessments, explore the current state of research on their predictive validity, and discuss strategies for improving transparency in expert testimony. Dr. Krishnan will provide an overview of commonly used risk assessments tools, their theoretical foundations, and the current literature on their predictive performance, A member of APLS, Dr. Krishnan is part of a effort by AAPL president Ryan Wagoner to improve collaborations across forensic organizations. Dr. Hanif will discuss how courts interpret risk assessment findings and explore legal precedents where tool limitations were either challenged or overlooked. Dr. Matto will discuss the cultural, racial, and gender biases within forensic risk tools and what steps can be taken to identify and address biased applications. Dr. Ulisse will discuss the high-stakes use of risk assessments in domestic terrorism and asylum cases: the role of forensic psychiatry, the ethical dilemmas involved, and the consequences when tools are used without transparency or scrutiny. Dr. Candilis will introduce two novel models that address one of forensic psychiatry's fundamental problems: the nomothetic vs, idiographic problem, applying population data to individual cases.

CME Check-In Code: MDC6R **CME Credit Value:** 2

SPECIAL SESSION | TIME: 7:00 PM - 9:00 PM | ROOM: SALON E - 4TH FLOOR

The Salem Witch Trials: Intersection with Forensic Psychiatry

PRESENTERS

Renée Sorrentino, Susan Hatters Friedman, Andrew Howie, Fernando Espi Forcen, Marilynne K. Roach,

EDUCATIONAL OBJECTIVES:

1. Understand the psychological factors in the Salem witch trials
2. Understand the role of the social climate in the Salem witch trials, and the contemporary implications
3. Identify the implications of forensic psychiatry in interpreting the Salem witch trials

DESCRIPTION

Salem, Massachusetts, a coastal city, 16 miles north of Boston, is a national attraction, drawing visitors from across North America and beyond, especially during the Halloween season—due to the Salem witch trials of 1692. In 1692 and 1693, nineteen colonists were hanged and one man was crushed to death related to accusations of witchcraft. The Salem Witch Trials represent a significant historical time marked by mass hysteria, social upheaval, and legal implications. This pivotal moment in American history highlights the intersection of societal fears, mental health, and resultant erosions in scholarly and legal scrutiny. This panel will explore the implications of the Salem Witch Trials for forensic psychiatrists by examining the role of hysteria, religion, mass paranoia, and the social dynamic that contributed to the trials. The panel includes forensic psychiatry, divinity, and historical perspectives. Forensic psychiatrist Renee Sorrentino will be joined by Susan Hatters Friedman and Andrew Howie (who together authored a JAAPL article about the Salem Witch Trials); psychiatrist-historian Fernando Espi Forcen, who authored Monsters, Demons, and Psychopaths; and local historian and author Marilynne K. Roach. Roach was a sub-editor contributing to the definitive Records of the Salem Witch-Hunt, a member of the Gallows Hill Group that verified Proctor's Ledge as the true location of the 1692 hangings (named by Archaeology Magazine as one of the top ten discoveries of 2016), and has authored several books about the Salem Witch Trials. The discussion will address how the Salem Witch Trials serve as a cautionary tale for forensic psychiatrists with contemporary implications.

CME Check-In Code: 4OPJ1 **CME Credit Value:** 2

FRIDAY, OCTOBER 31, 2025

POSTERS **TIME: 7:00 AM - 8:00 AM** **ROOM: ATRIUM LOUNGE - 3RD FLOOR**

Posters - Session B

DESCRIPTION: Join us for coffee and fascinating poster presentations addressing a wide variety of topics in Forensic Psychiatry.

CME Check-In Code: HL3BC **CME Credit Value:** 1

F1 Addressing Incel-Related Issues in Forensic Psychiatry: Initial Risk Evaluation, Legal Implications, Psychiatric Comorbidities, and Their Management

PRESENTERS

Ali Khadivi, Ravleen Kaur Suri, Sakshi Prasad, Sasidhar Gunturu, Tejasvi Kainth, Vasudha Sharma

LEARNING OBJECTIVES:

1. We aim to understand the associated behaviours and violent tendencies among the incel population to effectively screen and manage patients who present in clinical settings
2. We aim to understand the psychiatric comorbidities and legal implications of the incel population
3. To study the role of a Forensic Psychiatrist to manage self-identified involuntary celibates.

DESCRIPTION

Background and aims Incel, a portmanteau of ‘involuntary celibate,’ has been popularized by online subcultures as a self-identification for individuals seeking sexual or romantic relationships but facing ongoing challenges in finding willing partners. With the rise of ‘inceldom,’ escalating rhetoric, and a significant impact on mental health, it is common to encounter such individuals in psychiatric practice. We aim to understand the associated behaviours, psychiatric comorbidities, and risk factors to effectively screen and manage patients with incel ideology who present in clinical settings Methods We searched PubMed, PsycINFO, and Scopus using the keyword “incel,” yielding 310 studies. The exclusion criteria included non-English, and inaccessible studies. After removing duplicates (84 articles), we screened the abstracts and conducted a full-text analysis, resulting in 46 studies being included as primary sources. Additional sources from a) an open-source Google search covering incel forums, news articles, and blogs, and b) references from primary sources contributed to the secondary sources.

The initial search led to a total of 124 nonduplicate resources—26 focused on incel linguistics and beliefs, 27 on history and evolution, 36 on incel violence, 23 on biopsychosocial pathophysiology, and 19 on psychiatric comorbidities—included for this review. We present this population's sociodemographic factors, psychiatric comorbidities, and legal implications. Results The literature review indicated that Incels are primarily young, socially isolated males who encounter economic and social challenges. They often experience significant psychiatric comorbidities, including depression, anxiety, and cluster B personality disorders. Furthermore, a notable association exists between Autism and self-identified Incels. The nihilism and hopelessness linked to inceldom lead them to consider suicidality as a means to escape this 'lookism' society. Their misogynistic, ideology-driven violence frequently targets women and "normies" online and has resulted in multiple mass homicidal incidents. Discussion Given the high prevalence of psychiatric co-morbidity, psychiatrists are likely to encounter patients with incel ideology in various civil and forensic settings. Alongside conducting a comprehensive psychiatric evaluation, an empathetic understanding of their misogynistic beliefs is essential to determine the seriousness of the threat incels may pose. Effectively managing incels entails both pharmacological treatments for underlying psychiatric conditions and psychotherapeutic interventions, such as Narrative Therapy, Cognitive Behavioral Therapy, and Rational Emotive Behavioral Therapy, to address their extremist beliefs. Conclusions Both general and forensic psychiatrists need a multifaceted and comprehensive approach that combines psychiatric evaluation, legal consideration, and targeted interventions to effectively address psychiatric disorders, extremist beliefs, and the potential risk for violence and suicide when dealing with an involuntary celibate in any clinical setting.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

F2 Artificial Intelligence in Competency to Stand Trial Evaluations: Ethical Considerations and Clinical Applications in Forensic Psychiatry

PRESENTERS

Hira Rehman

LEARNING OBJECTIVES:

1. Identify the potential applications of AI technologies, particularly Natural Language Processing and Machine Learning in enhancing Competency to Stand Trial evaluations.
2. Evaluate the ethical and legal implications of integrating AI into forensic assessments, including concerns around bias, privacy, and judicial admissibility.
3. Summarize current literature on AI-assisted forensic tools and discuss future directions for ethical implementation in psychiatric and legal systems.

DESCRIPTION

Artificial intelligence (AI) is starting to change how forensic psychiatry works, especially when it comes to Competency to Stand Trial (CST) evaluations. These assessments often depend on expert judgment, which can vary and lead to inconsistent outcomes. New tools like natural language processing (NLP) and machine learning (ML) can help by analyzing speech, behavior, and clinical data to support more consistent, data-driven decisions. This poster discusses how AI can assist in CST evaluations while also pointing out the challenges, which, include concerns about fairness, explainability, data privacy, and whether AI-generated reports can be trusted in court. While AI has the potential to improve accuracy and reduce bias, it isn't a fix-all. It must be used carefully, with oversight and strong ethical standards. The poster also highlights key research and offer ideas for how AI might be responsibly integrated into future forensic psychiatric practice.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

F3 Brady in 2025 and the Impact of Failure to Disclose Witness Mental Health Information

PRESENTERS

Katie McLaughlin

LEARNING OBJECTIVES:

1. To analyze recent U.S. court cases that apply the Brady rule in determining whether failure to disclose witness mental health information is a due process violation.
2. To inform forensic psychiatrists of their legal obligations to both witness privacy and transparency of witness mental health information

DESCRIPTION

There have been a number of recent U.S. court cases underscoring the legal consequences of failing to disclose witness mental health history as a violation of due process rights in accordance with the Brady rule, which requires prosecutors to disclose exculpatory evidence. In this poster, we will present thematic analysis of recent cases including Glossip v. Oklahoma (2025); State v. Warren (2024); and Commonwealth v. Conforti (2023), all of which resulted in findings of constitutional violations due to failure to disclose or correct false information regarding the mental health information of a key witness. Analysis will focus on the judicial reasoning in each case along with the relevant lessons regarding obligation to disclose witness mental health information. The overarching objective is to inform forensic psychiatrists about their legal obligations to both witness privacy and transparency of witness mental health information.

F4 Comparing the Costs and Benefits of ECT, rTMS, and TAU for Treatment-Resistant Depression in Incarcerated Patients

PRESENTERS

Jake Arbon, Rachel Polcyn

LEARNING OBJECTIVES:

1. To evaluate treatment costs and compare efficacy of ECT, rTMS, and pharmacotherapy for achieving remission from treatment-resistant MDD in incarcerated populations.
2. To address barriers to care for patients in the carceral setting.
3. To propose an evidence-based and economically informed clinical approach to treatment-resistant MDD in the correctional system.

DESCRIPTION

Serious mental illness (SMI) is 4-10 times more prevalent among incarcerated individuals than the general US adult population, and at baseline, SMI, including major depressive disorder (MDD), significantly increases suicide risk (RR = 5.1, 95% CI = 1.9-13.8). While electroconvulsive therapy (ECT) and transcranial magnetic stimulation (rTMS) are both evidence-based, effective, and FDA-approved interventions for treatment-resistant MDD, they remain underutilized in correctional settings, partly due to financial constraints. However, to our knowledge, the costs and benefits associated with ECT and rTMS in this setting have never been formally evaluated. This study aims to address this gap by using a Markov model to assess the economic costs and remission outcomes of an acute series of ECT versus rTMS versus evidence-based pharmacotherapy for an acute episode of treatment-resistant MDD in the carceral setting. We hypothesize that rTMS will provide the most cost-effective approach. Three evidence-based treatment pathways were developed based on clinical algorithms and expert consensus as follows: (1 - rTMS) following SSRI failure, second SSRI/SNRI, augmentation (Lithium/Abilify), and TCA/Mirtazapine; (2 – expedited rTMS) following SSRI failure and a second SSRI/SNRI trial; (3 - ECT) following SSRI failure, second SSRI/SNRI, augmentation, and TCA/Mirtazapine. Over a 12-month time horizon, the average per-person cost was $2087.80 for rTMS (73.5% remission), $2886.86 for expedited rTMS (62.9% remission), and $4891.30 for ECT (66.57% remission). The incremental cost-effectiveness ratios (ICERs) for achieving remission were -$7,509.99 (rTMS versus expedited rTMS) and -$40,222.38 (rTMS versus ECT), indicating that rTMS is the most cost-effective strategy. One-way sensitivity analyses highlighted rTMS costs and remission probability as key factors when comparing rTMS and expedited rTMS, while ECT and rTMS costs were primary drivers in the rTMS versus ECT comparison. These findings support rTMS as a cost-effective option for achieving remission from treatment-resistant MDD in the carceral setting. Future studies should be conducted to validate these findings in real-world contexts and expand our evidence base for clinical decision-making in correctional facilities.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

F5 Cycling Through the System: A Visual Timeline from Arrest to Conviction of a Person with Serious Mental Illness Who is Not Competent to Stand Trial

PRESENTERS

Elizabeth Owens

LEARNING OBJECTIVES:

1. Define competency to stand trial.
2. Review the existing process of competency restoration.
3. Visualize areas in the system with potential for delays that extend an individual's time in jail during their criminal proceedings.

DESCRIPTION

Many justice-involved individuals have serious mental illnesses (SMI) that can impact how they move through the criminal justice system. These individuals often spend much longer in jail than individuals without SMI facing similar charges at least in part due to concerns that arise around their competency to stand trial. While active psychiatric symptoms do not inherently make an individual not competent to stand trial, they often correspond such that individuals who are appropriately psychiatrically treated are more often found competent to stand trial. Here, we will visually depict the movement of a representational individual with SMI (based on real-world examples) from arrest through conviction to demonstrate the interplay among multiple factors including the location of the individual (jail, forensic hospital for acute treatment, or state forensic hospital for restoration of competency), medication adherence (and whether court-ordered or voluntary), degree of psychiatric symptoms, and legal competency status of the individual. Our aim is to bring attention to the common problem of individuals cycling through this system, note areas of active research, and elucidate additional areas for potential interventions to streamline this process for individuals with SMI.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

F6 Divine or Delusional: Legal and Clinical Challenges in Medication Refusal

PRESENTERS

Alexis Dame

LEARNING OBJECTIVES:

1. Distinguish normative religious and spiritual beliefs from psychotic delusions in treatment refusal.
2. Evaluate the existing literature on psychosis and religious or spiritual preoccupations in treatment refusal.
3. Explore clinical and legal strategies for managing treatment refusal in psychotic patients.

DESCRIPTION

This poster examines the legal and clinical challenges of distinguishing religious and spiritual beliefs from psychotic delusions in treatment refusal cases. Through a case study of a psychotic patient who declined medication on religious and spiritual grounds, we explore the implications for patients' rights and involuntary commitment, highlighting the limited literature guiding these complex decisions.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

F7 Emerging Trends in Jail-Based Psychiatric Care

PRESENTERS

Brett Pearce, Steven Thurber

LEARNING OBJECTIVES:

1. Participants will gain a better understanding of the growing need for psychiatric care within the judicial system
2. Participants will gain an understanding of the demographic shifts leading to the need for more specialized care of inmates
3. Participants will better understand the need for specialized training that reflects the complexity of jail-based care

DESCRIPTION

In recent years, jails have assumed a growing role in the delivery of psychiatric care. Over the past two decades, the proportion of incarcerated individuals receiving treatment has risen significantly. One major urban facility reported that over half of its detainees were receiving some form of mental health care as of 2023 (1). These figures reflect both expanded services and the increasing clinical demands placed on correctional systems. Simultaneously, jail populations appear to be growing more medically and psychiatrically fragile. Elevated rates of homelessness, untreated illness, and in-custody mortality have been documented across multiple jurisdictions (2,3). A national study found that over 15 percent of jail inmates had been homeless in the year before arrest—many times higher than the general population (2). Suicides and drug-related deaths have contributed to a sharp rise in jail mortality, underscoring the clinical urgency faced by providers (3). Demographic shifts are further complicating the landscape. Older adults now represent a larger share of the jail population, bringing with them chronic illnesses and cognitive impairments that challenge traditional custodial models (4). At the same time, juveniles in adult jails have declined due to legal reforms, though their presence still raises unique concerns (5). Recent efforts in New Orleans reflect the broader movement toward reform. Following a federal consent decree, the Orleans Justice Center expanded its psychiatric services, introduced specialized mental health units, and began referring to incarcerated individuals as “residents”—a symbolic shift toward a more therapeutic model (1). Yet resource limitations persist, with reports of understaffing and treatment delays despite these reforms (6). Professional organizations are responding to these trends. The American Academy of Psychiatry and the Law (AAPL) has issued best-practice guidelines for prescribing in correctional settings and emphasized the need for training that reflects the complexity of jail-based care (7,8). Calls to enhance general psychiatry residency education with structured exposure to correctional environments have grown louder, suggesting that training itself must adapt alongside the population it seeks to serve.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

F8 Factitious Disorder Imposed on Another (FDIA) with Psychiatric Symptoms and Its Forensic Implications

PRESENTERS

Anne-Marie Hathaway, Viki Katsetos

LEARNING OBJECTIVES:

1. Identify the clinical features of Factitious Disorder Imposed on Another (FDIA) and FDIA psychiatric symptoms, distinguishing it from other forms of mental illness.
2. Discuss potential psychological and legal consequences for victims, including wrongful psychiatric hospitalization, loss of autonomy, and long-term mental health effects.
3. Discuss forensic psychiatry principles that enhance transparency in evaluations in legal and clinical settings.

DESCRIPTION

Factitious Disorder Imposed on Another (FDIA) with psychiatric symptoms is a complex psychological condition where an individual falsely attributes, fabricates, or induces mental illness in another person. Unlike traditional FDIA, which involves physical symptoms, this variant can lead to wrongful psychiatric hospitalizations, forced treatment, and long-term psychological harm to victims. Perpetrators often manipulate mental health professionals, legal systems, and family members to maintain control over the victim or gain attention. Forensic psychiatrists play a crucial role in detecting inconsistencies, evaluating caregiver motives, and preventing misdiagnosis. Given the subjective nature of psychiatric assessment, transparency in forensic evaluations is critical to distinguishing genuine psychiatric illness from imposed deception. This poster explores the clinical manifestations, psychological impact, legal consequences, and forensic challenges associated with FDIA with psychiatric symptoms.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

F9 Handcuffs and Hospital Beds: Examining Law Enforcement Presence and Policies in Psychiatric Emergency Settings for Patients Under Arrest

PRESENTERS

Alexander Ortiz

LEARNING OBJECTIVES:

1. Describe law enforcement policies used in psychiatric emergency departments for individuals under arrest, including the use of handcuffs, shackles, and continuous bedside police presence
2. Evaluate the potential negative therapeutic and psychological impacts of law enforcement presence and physical restraints on patients in the psychiatric emergency room setting
3. Illustrate the modern real-world implications of these policies through case examples from a high-volume Brooklyn psychiatric ER that regularly evaluates and treats pre-arraignment individuals

DESCRIPTION

Psychiatric emergency programs serve as critical entry points to mental health care, including for individuals diverted after arrest (either directly from the street or the precinct) due to psychiatric decompensation. In New York City, per-arraignment individuals brought to psychiatric emergency rooms by NYPD often remain under 24/7 police supervision and are commonly handcuffed to their bed and shackled throughout their hospitalization. While intended for security, these forensic practices raise important concerns about their compatibility with therapeutic goals and their broader impact on patient care. This poster presents a targeted literature review examining the effects of law enforcement presence and physical restraints in psychiatric emergency settings and in healthcare settings in general. We explore existing research on how such interventions influence the psychological safety, autonomy, and engagement of both forensic patients and non-forensic patients present in the same shared emergency department. To complement the literature, we have included real-world case examples from a public, high-volume Brooklyn psychiatric emergency room that regularly receives pre-arraignment individuals. These real-world cases illustrate the potential demoralizing and distressing effects that constant handcuffing and police presence can have on both the restrained individuals and the surrounding civil patients. Other patient concerns include exacerbation of paranoia, refusal to engage with the treatment team, physical harm to the patient, concerns about patient privacy, and challenges to maintaining a therapeutic milieu. These findings encourage policies governing the interface of law enforcement and psychiatric care in emergency settings to provide an appropriate balance between therapeutic benefit and safety. Potential recommendations for minimizing harm while maintaining safety include including further inter-agency collaboration and increased consideration of individualized risk-based security practices.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

F10 Human Trafficking Prevention and Support for Foreign-Born Survivors through Collaboration Between Mental Health Providers and Immigration Lawyers

PRESENTERS

Cassie Wicken, Luke Frazier

LEARNING OBJECTIVES:

1. Describe human trafficking of foreign-born individuals and barriers to their identification and support.
2. Describe a mental health need identification and referral pipeline for human trafficking survivors utilizing immigration law firms.
3. Discuss how immigration law offices, mental health providers, and community organizations can collaborate to prevent human trafficking and identify and serve foreign-born survivors.

DESCRIPTION

Background: Human trafficking is a public health crisis. Victimization is associated with high rates of psychiatric conditions such as Major Depressive Disorder and PTSD. Members of the non-permanent resident, non-US citizen (NPNU) population are particularly vulnerable to becoming victims of human trafficking. In the NPNU population, fear, especially fear of deportation, is a major barrier to engagement with mental health and social service providers. Stigma related to mental health care further deters trauma survivors from seeking care. Research and interdisciplinary strategies for identifying and linking NPNU trafficking victims to mental health and other services are urgently needed. Methods: This is retrospective observational study of a mental health need identification and referral pipeline for human trafficking survivors utilizing immigration law firms in Maryland and Alabama. Two immigration law firms screened NPNUs seeking legal consultation for human trafficking. Lawyers advised identified survivors of their potential eligibility for a T Visa (a lawful immigration status and pathway to lawful permanent residency), screened survivors for unmet mental health needs, linked survivors to psychotherapy, helped survivors report their trafficking to law enforcement, and helped survivors apply for T Visas. Results: Twelve NPNU individuals were identified for the first time by a service provider as having a history of being trafficked, when they presented for immigration legal services while living in Maryland from 2017 and 2024 (8) or Alabama from September to December 2024 (4). All seven individuals who completed T Visa applications had unmet mental health needs and were successfully linked to longitudinal psychotherapy. Among the six completed T Visa cases with known outcomes, all were approved. Conclusion: Immigration law firms are ideally positioned to identify and link trafficking survivors to mental health care while also improving legal statuses. Drawing from these findings, we discuss how immigration law offices, mental health providers, and community organizations can collaborate to prevent human trafficking and identify and serve foreign-born survivors.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

F11 Love and Loss: Unraveling the Financial Exploitation of the Elderly in Romance Scams

PRESENTERS

Rathisha Pathmathasan, Sana Chughtai

LEARNING OBJECTIVES:

1. To better understand the physical, social, and psychological impacts of involvement in long-term financial scams.
2. To investigate existing tools and their appropriateness in the screening and treatment of patients involved in financial scams.
3. To investigate the development of tools to help forensic psychiatrists in the assessment of financial capacity.

DESCRIPTION

Background: The elderly are at high risk for financial exploitation and abuse, both from trusted family members and from predatory financial scammers. Estimates indicate that one in 18 adults each year fall victim to a financial scam in the United States. The number for those who are cognitively impaired is likely higher (Burnes et al., 2017). In 2021, victims of financial fraud over the age of 60 lost an average of $18,000 each, with many losing over $100,000 (Ebner et al., 2023). Given this, it is vital that measures are implemented in clinical practice to screen for and prevent this form of exploitation. This is a case of a 66-year-old male with major neurocognitive disorder who fell victim to an online financial scam, resulting in years-long financial harm. Case Presentation: The patient in this case is a 66-year-old male who initially presented to the emergency department with a chief complaint of homelessness. He presented with no other acute concerns so was promptly discharged. Four days later, he returned to the emergency room as a level two trauma after reportedly falling off a bus bench and hitting his head. The laceration atop his head did not match the described method of trauma, raising suspicion. Further investigation revealed the patient traveled from North Carolina to Ohio to pursue a relationship with a local 33-year-old nursing student whom he met online three years prior. The patient was financially supporting the nursing student by sending her $300 per month. The patient flew to Columbus the year prior with the same intention of meeting this woman. He was unsuccessful then, returning to North Carolina without having met her. Hospital workup in combination with chart review supported a diagnosis of major neurocognitive disorder. No reversible or organic etiologies of neurocognitive dysfunction were identified. Magnetic resonance imaging of the brain revealed signs of encephalomalacia with gliosis involving the left frontal and parietal lobes. Cognitive testing indicated delayed response to stimuli, need for repetition to complete one-step commands, decreased awareness of errors, and decreased awareness of need for assistance. Neurology consultation further confirmed concern for a neurodegenerative disorder. The patient displayed poor insight into his role in the financial scam and was not able to engage in reality testing. With the help of family, the patient was eventually discharged from the hospital and returned to North Carolina. Conclusions: There is currently limited research, data, and literature into the role of screening and assessment tools used to help identify individuals at risk of victimization when it comes to financial fraud as well as appropriate management of patients who are victims of financial fraud. In this case, the patient presented to Columbus-area hospitals from North Carolina annually for a period of at least three years reporting homelessness and a goal of meeting up with his alleged scammer. Long-term involvement in these types of scams can result in significant physical, social, and psychological harm. Therefore, additional investigation is needed to mitigate risks associated with financial scams in the elderly, especially those with known cognitive deficits.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

F12 Medical Comorbidities of Psychiatric Illness in Jail: The Case of Self-Enucleation

PRESENTERS

Andrew Sudler, Loren Roth, Sandon Griffin

LEARNING OBJECTIVES:

1. Understand the epidemiology and medical consequences of self-enucleation in carceral settings.
2. Identify psychiatric and additional factors that may place patients at high-risk for self-enucleation in carceral settings.
3. Identify methods for preventing self-enucleation or mitigating morbidity and mortality from similar occurrences.

DESCRIPTION

Prior epidemiological research has demonstrated that rates of mental illness in carceral settings are often higher than they are in general populations[1]. This is true for many different types of psychiatric disorders, including psychotic disorders which are noted to have a prevalence of 4% among incarcerated populations.[2] Understanding the rates of mental illness in carceral settings is not only important for psychiatric treatment, but it is also informs our understanding of risk assessments and medical comorbidities related to psychiatric disease. Over the past seven years, our local county jail has experienced two episodes where a mentally ill patient has engaged in non-suicidal major self-mutilation via self-enucleation of their eyes. The data on this type of medical comorbidity is limited, but there are several case reports detailing similar occurrences in carceral settings[2-4]. Prior literature has hypothesized that the etiologies of self-enucleation may be numerous and even multifactorial, including decompensated psychosis, substance use, trauma, or a maladaptive coping mechanisms exacerbated by the stress of incarceration[4]. Regardless of the etiology, better understanding of this phenomenon and investigating methods to prevent it is critical for forensic psychiatrists who work in correctional mental health. Therefore, the purpose of our poster is to review the two episodes of self-enucleation that occurred in a county jail setting, discuss learnings for the healthcare system related to each of these events, and propose methods for preventing these occurrences in the future. References: 1. Puening, S., P. Weintraub, and T.M. Dunn, Psychiatric Consultation of the Incarcerated Patient: Clinical Presentations and Management. Psychosomatics, 2019. 60(4): p. 410-415. 2. Mariño, D.A., et al., BILATERAL SELF-ENUCLEATION IN THE FIRST PSYCHOSIS EPISODE IN A PERSON WITH DEPRIVED OF LIBERTY: CASE REPORT. 3. Reichstein, D., et al., Attempted auto-enucleation in two incarcerated young men with psychosis. Saudi Journal of Ophthalmology, 2015. 29(2): p. 172-174. 4. Davis, L.E. and S. Tripathi, A Case of Self-Enucleation in an Incarcerated Patient: Case Report and Review of Literature. Journal of forensic sciences, 2018. 63(6): p. 1908-1910.

F13 Mitigating Bias and Promoting Transparency in Forensic Psychiatry: A Novel Cognitive Tool to Evaluate Bias Detection

PRESENTERS

Jessica Kahwaji

LEARNING OBJECTIVES:

1. Identify key sources of bias in forensic psychiatric assessments by reviewing common factors that increase and decrease examiner bias.
2. Examine structured approaches to reducing bias in forensic psychiatric assessments, including the role of clinical vignettes, standardized psychometric tools, and training protocols.
3. Explore the use of BIAS-31 as a standardized cognitive tool to avoid or detect bias. Discuss the implications of bias on forensic assessments and expert testimony.

DESCRIPTION

Bias is inherent to all psychiatric assessments. Forensic psychiatrists may be susceptible to biases that can undermine the objectivity of evaluations and have implications on individuals and society from a legal context. This poster synthesizes findings from a systematic review of 30 studies examining factors that contribute to or mitigate bias in forensic evaluations. Identified risk factors include inconsistencies in legal and psychiatric terminology, countertransference, lack of standardized protocols, variations in professional training, and the use of certain psychometric tools. In contrast, structured methodologies such as forensic-specific psychometric tools and standardized assessment frameworks have been shown to enhance transparency in evaluation procedures, resulting in more consistent inter-rater reliability. As forensic psychiatry continues to evolve, incorporating structured assessment tools and cognitive bias training may be critical in improving the reliability of psychiatric testimony and forensic evaluations. This poster will therefore also explore the potential uses and limitations of BIAS-31, a standardized cognitive tool that forensic psychiatrists may use to avoid and detect biases in their practice. BIAS-31 employs simulated actor-clinicians and actor-patients to assess diagnostic reasoning and identify common cognitive fallacies. Group modeling analyses highlight variations in bias prevalence across forensic, inpatient, and outpatient settings. This tool has the potential to strengthen expert witness credibility, distinguish initial forensic evaluations from counter-reports, and reduce diagnostic errors in both clinical and legal contexts. Limitations of BIAS-31 will be discussed, including cultural generalizability concerns, as findings are based solely on clinicians in Spain, and limited psychometric validation, requiring further research to establish its reliability.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

F14 North Carolina Juvenile Sentencing Review Board: A Model for "Second Look" Evaluations and Forensic Psychiatry's Role

PRESENTERS

Chandler Melton, Evan Vitiello, Julie Hwang, Rachel Hianik, Sally Johnson

LEARNING OBJECTIVES:

1. Understand legal precedence and psychiatric perspectives on adults who committed crimes as juveniles
2. Discuss the forensic psychiatrist's role in "second look" evaluations
3. Analyze the formation of North Carolina's Juvenile Sentence Review Board and present results of petitions filed to the Board thus far

DESCRIPTION

Psychiatric guidance and landmark legal cases have established that youth who commit crimes are fundamentally different from adults. However, more than one thousand adult inmates in North Carolina are serving lengthy sentences for crimes they committed as juveniles. In 2021, North Carolina created the Juvenile Sentence Review Board (JSRB), a panel of criminal justice experts with the authority to review sentences and recommend clemency to the Governor. The Governor's executive order outlines specific factors the Board considers, including developmental immaturity, mental state at the time of offense, and risks the petitioner might still pose to society. While forensic psychiatrists are able to comment on the aforementioned factors, best practice guidelines for "second look" evaluations have yet to be established. We aim to discuss the JSRB, including its formation and scope, the legal precedence and psychiatric perspectives on adults who committed crimes as juveniles, as well as the forensic psychiatric evaluation process and challenges faced. Additionally, we will present available data from the Governor's Clemency Office related to the results of the JSRB.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

F15 Proposed Uses of Artificial Intelligence in Forensic Psychiatry

PRESENTERS

Lukas Kuhnel, Matthew Mitchell

LEARNING OBJECTIVES:

1. Cite some current uses of AI in medicine
2. Consider possible uses of AI in forensic psychiatry
3. Possible ethical concerns of AI applications in forensic psychiatry

DESCRIPTION

Artificial Intelligence (AI) is increasingly being recognized for its potential in medicine. We propose that it has potential to be especially useful in a forensic psychiatry setting. In this poster we examine some of the possibilities of AI use in forensic psychiatry and also the advantages, limitations, and possible ethical concerns of AI applications in charting, report editing, case law review, behavioral pattern analysis, and wearable monitoring.

F16 Race Against Time: Understanding Impact of Race in Length of Stay and Disposition Decisions Among Hospitalized Insanity Plea Acquittees

PRESENTERS

Eun Jin “Gloria” Yu

LEARNING OBJECTIVES:

1. Understand current data regarding racial disparities in length of stay and disposition decisions for NGRI patients to enhance knowledge in forensic psychiatric service delivery
2. Identify potential factors that may impact disparities in release outcomes
3. Identify areas for future research to address knowledge gaps in understanding and mitigating racial disparities in forensic mental health systems across different jurisdictions

DESCRIPTION

Over recent decades, forensic patients have increasingly occupied a larger proportion of state hospital beds in the United States. Concurrently, the duration of forensic hospitalization for patients adjudicated Not Guilty by Reason of Insanity (NGRI) has significantly increased in states such as New York. This trend raises important questions about the factors that impact length of stay (LOS) in this population. Understanding the intersection of race and forensic psychiatry is increasingly important, in light of well documented racial disparities in criminal justice populations and racial differences in psychiatric diagnoses and patient care. A recent study in North Carolina identified significant racial disparities in LOS and disposition outcomes among hospitalized NGRI patients. However, previous research on the association between race and disposition outcomes in the NGRI population has yielded conflicting results. Complicating this issue is the heterogeneity in laws across different states and evolving regulations governing NGRI patient care within states, such as variations in commitment procedures and release criteria. Furthermore, other demographic factors, such as gender and socioeconomic variables, may interact with racial factors to create a more nuanced picture. This poster presentation aims to synthesize existing literature on the impact of race on release from inpatient forensic settings across multiple states. We will analyze potential explanations for observed differences and explore how these findings may relate to different release criteria. We will also discuss the role of the HCR-20 in mitigating racial discrepancies in LOS among the NGRI population. Finally, we will identify areas for future research based on our findings, with the ultimate goal of improving equity and effectiveness in forensic mental health systems.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

F17 Should There Be More Uniformity in the Maximum Allotted Time for Competency Restoration for Murder Cases Between States?

PRESENTERS

Lukas Kuhnel, Matthew Mitchell

LEARNING OBJECTIVES:

1. Appreciate the differences in variation from state to state for the maximum time allowed for competency restoration and commitment before charges are dropped in murder cases.
2. Consider the arguments for and against greater uniformity between states in the laws regarding competency restoration timeframes in murder cases.

DESCRIPTION

States vary significantly in the maximum time allowed for competency restoration and commitment before charges are dropped. Although states cannot indefinitely commit criminal defendants who are incompetent to stand trial, Jackson v. Indiana refused to set a specific time frame for competency restoration. In murder cases, this raises key questions about equity, justice, and public safety. We highlight these variations state by state and ask whether greater uniformity is needed.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

F18 State V Hinckley: Can a Court Deny the Insanity Plea if Prima Facie Evidence of Mental Illness is Available?

PRESENTERS

Maria de Guadalupe Jimenez Ayasta

LEARNING OBJECTIVES:

1. Demonstrate understanding of Minnesota state's statute for a plea of not criminally responsible due to mental illness or cognitive deficit.
2. Review the roles and obligations of trial court judges in cases where a plea of Not Guilty by Reason of Mental Illness is raised.
3. Describe the variegated presentation of psychosis due to methamphetamine use and its impact on cases where a plea of Not Guilty by Reason of Mental Illness is tendered.

DESCRIPTION

In this poster, we present a recent opinion from the Minnesota Supreme Court and discuss its implications on the practice of forensic psychiatry in Minnesota. Mr. Tyler Joe Hinckley was charged with first-degree arson, second-degree burglary, and theft of a motor vehicle. He had a history of problems with methamphetamine use and was experiencing delusions of persecution at the time of the offense. Conflicting expert reports were submitted regarding the presence of a mental illness. The district court rejected Mr. Hinckley's plea for the mental-illness defense, concluding that Hinckley had offered insufficient evidence establishing that he was, at the time of the offenses, acting under a defect in reasoning caused by mental illness. On appeal, the Supreme Court of Minnesota addressed the question: Can the Court deny a plea of not guilty by reason of mental illness when there is prima facie evidence of a mental illness? We discuss the varied clinical presentation of methamphetamine associated psychosis and discuss the implications of this opinion, in cases where defendants experience psychosis due to methamphetamine use and raise the insanity defense.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

F19 Substance Use and Successful Insanity Defense in Florida

PRESENTERS

Benjamin Shuham, Christian Maxwell, Gregory Iannuzzi, Massiel Montes de Oca

LEARNING OBJECTIVES:

1. To examine the extent to which substance use precludes a successful insanity defense in Florida.
2. To learn how medical cannabis is considered in NGRI pleas.
3. To inform forensic examinations of criminal responsibility to better meet the needs of the court.

DESCRIPTION

Voluntary intoxication historically precludes the affirmative defense of not guilty by reason of insanity (NGRI). However, substance use is often comorbid in patients with primary mental disorders. In criminal cases where defendants both have a primary mental disorder and use substances, the trier of fact determines whether their NGRI plea is precluded by voluntary intoxication. This decision is typically made with input from expert testimony from forensic psychiatrists. This study will examine publicly available records for criminal cases in Florida where the defendant was adjudicated NGRI. Court records (especially expert reports and testimony) will be reviewed to determine: 1. Did the defendant use substances (defined as all scheduled substances and non-scheduled intoxicating psychoactive substances) within the 30 days prior to the offense? 2. If so, what reasoning and deliberation occurred that ultimately led to the NGRI plea being accepted? The purpose of this analysis is to help forensic psychiatrists learn where lay persons and courts place their threshold for attributing psychiatric symptoms to a defendant's substance use versus to a primary mental disorder. Emphasis will be placed on cases where a defendant receives medical cannabis since this is legal in Florida and applicable to other jurisdictions. Implications for forensic psychiatrists performing criminal responsibility evaluations will be discussed.

POSTERS **TIME: 7:00 AM - 8:00 AM** **ROOM: ATRIUM LOUNGE - 3RD FLOOR**

F20 Stalking Statutes in the United States: Implications for Forensic Psychiatrists

The Evolution of Stalking Statues and the Role of Forensic Psychiatrists in Stalking Cases

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PRESENTERS

Debra Pinals, Kyle Webster, Lina Shkokani, Matthew Grover

LEARNING OBJECTIVES:

1. Examine United States stalking statutes to identify variations across states and emerging legal trends.
2. Evaluate the extent to which stalking statutes incorporate mental health considerations.
3. Explore how stalking law frameworks shape the responsibilities and challenges faced by forensic psychiatrists involved in these cases.

DESCRIPTION

Legislation against stalking behaviors is relatively new, with California enacting the first anti-stalking law in 1990. Since then, all 50 states and the District of Columbia have implemented statutes criminalizing stalking behavior. These laws have evolved over time, with legal definitions and associated penalties continuing to vary across jurisdictions. In addition to its legal significance, stalking is now widely recognized as having important psychiatric implications. Victims of stalking are at risk of psychological harm, while stalking behaviors may be driven by underlying psychiatric conditions. Forensic psychiatrists may be called upon to assess either the victim or the perpetrator and provide expert opinions in legal proceedings. This presentation will review current stalking statutes, with a focus on legal definitions, criminal penalties, references to electronic means, and requirements for psychiatric evaluation or treatment. The goal is to enhance forensic psychiatrists' understanding of the legal framework governing stalking, and to support more informed assessments and expert testimony in these complex cases.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

F21 The Prevalence of Psychiatric Co-Morbidities in a Large Correctional Facility

PRESENTERS

Kehinde Obikoya

LEARNING OBJECTIVES:

1. Learners will know the prevalence of psychiatric disorders in carceral settings
2. Learners will know the types of psychiatric and substance use disorders found within correctional settings
3. Learners will understand at least one policy implication for the high rates psychiatric and substance use disorders in jails and prisons

DESCRIPTION

Introduction: Individuals with mental illness constitute 44% of the incarcerated population in jails and prisons, the largest mental healthcare providers in the U.S. We examined illness prevalence among >500 inmates at a large correctional facility in a populous city. Methods: We retrospectively reviewed intake forms of 507 patients sampled from 1,841 inmates seen at the facility by psychiatric providers in December 2020 and collected prevalence data of mental illnesses. Results: Participants were primarily male (67.3%) and/or Black/African American (54.2%), with average age of 36.08+/-10.95. Diagnostic prevalences were 22.7% for major depressive disorder, 25.9% for unspecified mood disorder, 10.1% for other unspecified depressive episode, 33.8% for anxiety disorder, 15.2% for schizophrenia, 12.4% for schizoaffective disorder, 5.72% for unspecified psychosis, 16.8% for alcohol use disorder, and 12.5% for opioid use disorder. Discussion: The prevalence of major depressive disorder fell within the 9 to 29% reported in Prins's meta-analysis, while Baillargeon et al. found a substantially lower rate of 4.2%. The schizophrenia prevalence was substantially higher than Prins's 2 to 6.5% and Baillargeon et al.'s 1.4%, perhaps attributable to more sensitive diagnostics. The prevalence of anxiety disorder was double the rate found by Bronson. The alcohol use disorder prevalence was lower than Fazel et al.'s 24%. The opioid use disorder prevalence fell between Maruschak's 15% and Bronson et al.'s 18.9%. These rates indicate an urgent need for coordinated healthcare interventions in this population.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

F22 What Do You Mean "Expert"? Testifying as a Psychiatry Resident

PRESENTERS

Olivia Hindera

LEARNING OBJECTIVES:

1. To identify training opportunities for psychiatry residents.
2. To describe resident experiences related to forensic psychiatry.

DESCRIPTION

In certain states and programs, psychiatry residents can be testifying as early as their first day of intern year, which provides residents with more authority over a patient's rights than they may realize. The training for testifying is often minimal and this results in a mismatch between a resident's competencies and the expectations of them as providers. This poster will review the experiences of residents who have testified and the tools used to prepare them with recommendations for future improvements to the curriculum.

SPECIAL SESSION | TIME: 8:00 AM - 9:45 AM | ROOM: SALON E - 4TH FLOOR

2025 AAPL Annual Business Meeting *(AAPL Members-Only)*

PRESENTERS: Ryan Wagoner, Philip J Candilis

DESCRIPTION: AAPL members are invited to join the AAPL leadership to discuss the business of the organization.

CME Check-In Code: S7TLZ **CME Credit Value:** 1.75

WORKSHOP | TIME: 10:00 AM - 11:45 AM | ROOM: SALON C-D - 4TH FLOOR

The Role of Advocacy in AAPL's Mission, Vision, and Values

PRESENTERS

Philip J. Candilis, Reena Kapoor, Ulari Dike, Viviana Alvarez-Toro, William "Connor" Darby

LEARNING OBJECTIVES:

1. Understand the history and process by which APA becomes involved as a "friend of the court" in major legal cases.
2. Review the evolution of AAPL's stance on advocacy as part of its mission, including its involvement in recent amicus briefs.
3. Consider the pros and cons of AAPL engaging more explicitly in advocacy and, if it does so, what the organization's priorities should be.

DESCRIPTION

Psychiatrists have played an integral part in shaping how the legal profession understands mental illness and, consequently, how the courts reach decisions regarding mental health-related cases. AAPL has traditionally relied upon the American Psychiatric Association (APA) to be its voice in the courts, viewing itself as an educational organization rather than an advocacy-focused one. With the adoption of a new AAPL statement on mission, vision, values, and goals in 2025, this stance may be changing. In this workshop, presenters will review the process of APA's involvement in judicial advocacy before turning to AAPL's role. A recent case involving the insanity defense in Georgia, in which APA and AAPL joined as amici, will be reviewed. These discussions will serve as a springboard to consider AAPL's newly articulated mission in advocacy, including advocating for the psychiatric profession and for the just and equitable treatment of individuals in the legal system. Panelists will discuss how and why AAPL's vision and values were revised, as well as the pros and cons of AAPL participating more explicitly in judicial advocacy. Audience participation in the workshop will be essential, particularly when discussing what role AAPL should play in the evolving legal/political climate and in identifying emerging legal questions important to the organization.

CME Check-In Code: MZBUG **CME Credit Value:** 1.75

PANEL DISCUSSION TIME: 10:00 AM - 11:45 AM ROOM: SALON F - 4TH FLOOR

Young Minds, Dark Traits: Insights and Gaps in Understanding Juvenile Psychopathy

PRESENTERS

Jake Arbon, Joshua Feriante, Peter Ash, Rachel Polcyn

LEARNING OBJECTIVES:

1. Define and describe the psychopathology and course of juvenile psychopathy
2. Explore relevant sentencing issues, case law, and correlation with psychopathy in adulthood
3. Review instruments, evaluation considerations, and current literature on biological correlates of juvenile psychopathy, including biomarkers, neuroimaging, and genetics

DESCRIPTION

Psychopathy is widely recognized as a disorder marked by deficits in empathy, callous-unemotional (CU) traits, manipulativeness, and persistent antisocial behavior. While adult psychopathy garners significant attention with a prevalence of 1% in the general population and 3% in forensic psychiatric samples (Werner), significant knowledge deficits persist regarding its developmental origins, trajectories, and long-term outcomes. These gaps hinder accurate diagnosis, prognosis, and treatment planning in adult and juvenile forensic settings. Emerging research increasingly focuses on issues of juvenile psychopathy, including the heterogeneity of psychopathology, the stability of CU traits over time, and the efficacy of targeted interventions. This shift aims to enhance risk assessment and identify intervention targets, particularly in juvenile populations. In forensic evaluations, psychiatrists are frequently tasked with assessing the rehabilitative potential of youth exhibiting psychopathic traits. However, limited empirical evidence underpins these judgments, and those labeled as “psychopaths” risk being deemed irredeemable due to assumptions of fixed, intractable deficits. This panel will synthesize current knowledge on the natural course of psychopathy across development, focusing on juveniles and adolescents. We will examine validated tools—such as the Psychopathy Checklist: Youth Version (PCL:YV)—for assessing interpersonal, affective, lifestyle, and antisocial dimensions. We will address their psychometric limitations and developmental appropriateness. This panel will explore legal considerations, including sentencing and placement decisions for juvenile offenders, in the context of psychopathy’s implications for culpability and rehabilitation. Finally, we will review advances in biological markers of psychopathy, including neurochemical profiling (e.g., cortisol, serotonin), genetic markers, and neuroimaging (MRI, EEG). These modalities offer promising insights into the biological correlates of psychopathic traits, yet their forensic utility remains constrained by gaps in reliability, cultural applicability, and clinical translation. By addressing these issues, we aim to mitigate the societal and individual burdens of juvenile psychopathy, enhancing outcomes for both justice-involved youth and the broader community.

CME Check-In Code: 85TLZ **CME Credit Value:** 1.75

PANEL DISCUSSION TIME: 10:00 AM - 11:45 AM ROOM: SALON G - 4TH FLOOR

Consultation and Controversy: Forensic Psychiatry at the Guantanamo Bay Detention Camp

PRESENTERS

Elspeth Ritchie, Ronald Schouten, Stephen Xenakis, Wells Dixon

LEARNING OBJECTIVES:

1. Attendees will appreciate the multiple, and sometimes controversial, roles played by forensic psychiatrists at Guantanamo Bay Detention Center.
2. Attendees will be able to identify ethical issues encountered in doing this work.
3. Attendees will understand logistical and professional challenges when working on these matters.

DESCRIPTION

Beginning in 2002, the U.S. Government began transferring captured enemy combatants in the "War on Terror" to Guantanamo Bay Naval Station (aka GTMO) to be detained indefinitely and to be tried by Military Commissions. The facility, the treatment of the detainees, and use of military commissions to charge and try the defendants gave rise to considerable litigation and questions about the availability to detainees of constitutional protections such as due process rights and habeas corpus. Forensic psychiatrists consulted to both the prosecution and defense. This panel will address ethical, professional, and logistical aspects of forensic consultation the legal system is unsettled and unfamiliar, the rights of defendants are limited, and defendants are held in an unprecedented carceral setting. Our goal is to educate colleagues regarding the challenges, hazards and rewards of this work, as well as the tenuous nature of constitutional rights that we have traditionally taken for granted.

CME Check-In Code: VYWBY **CME Credit Value:** 1.75

DEBATE **TIME: 10:00 AM - 11:45 AM** **ROOM: SALON H-I - 4TH FLOOR**

Should Psychiatrists Involuntarily Hospitalize People with Treatment-Resistant Mental Illness and Grave Disability?

PRESENTERS

Jeffrey Khan, Michael Rayel, Rocksheng Zhong, Tobias Wasser

LEARNING OBJECTIVES:

1. Review the principles and practices of civil commitment.
2. Examine the limitations of current civil commitment schemes.
3. Discuss the pros and cons of changing existing civil commitment practices for people with treatment-resistant mental illness and grave disability.

DESCRIPTION

Involuntary psychiatric hospitalization is permitted when people, as a result of mental illness, pose a danger to themselves or others or are gravely disabled, meaning that they are unable to provide for basic needs. Involuntary hospitalization is grounded in the principles of parens patriae—the state's duty to protect those who cannot protect themselves—and the state's police powers to protect public safety. Yet, as a form of preventive detention, it is also a highly intrusive intervention that curtails people's personal liberties. In this debate, we will discuss the ethics of involuntarily hospitalizing a certain subset of individuals: those with serious, persistent, and treatment-resistant psychiatric disorders who are gravely disabled rather than acutely dangerous and whose course of illness has not substantially changed despite multiple prior involuntary hospitalizations. Such persons are often caught in a revolving door cycle of short-term acute hospitalization, non-adherence to outpatient treatment, and rehospitalization or incarceration. Drs. Zhong and Wasser will argue that clinicians should cease involuntary hospitalizations of this group. When it becomes evident that the intervention can no longer achieve its therapeutic aims and instead imposes significant burdens to both the individual and society, we should no longer pursue it. Drs. Rayel and Khan will argue that involuntary hospitalization of this population nevertheless serves important goals. Its purpose is acute stabilization and not necessarily long-term change. Instead, hospitalization allows a reassessment of the person's diagnosis and prognosis, and any amount of time a person can be sheltered from at least some harm is a worthwhile pursuit. Furthermore, they will argue that the lack of long-term change in this population is not a call to stop hospitalizing this group, but to reform the structure of short-term hospitalization to improve outcomes. At the conclusion of the debate, audience feedback will determine the winner.

CME Check-In Code: M1W7D **CME Credit Value:** 1.75

PANEL DISCUSSION TIME: 10:00 AM - 11:45 AM ROOM: SALON J-K - 4TH FLOOR

Dementia in Forensic Psychiatry: A Practical Primer

PRESENTERS

Karen Reimers, Lauren Robinson, Manish Fozdar, Ren Belcher, Sherif Soliman

LEARNING OBJECTIVES:

1. Learn diagnostic criteria and phenomenology of dementia and mild cognitive impairment (MCI), and practical strategies for evaluating older adults
2. Identify red flags for cognitive impairment in geriatric forensic evaluations
3. Explore practical approaches to conducting geriatric forensic evaluations

DESCRIPTION

As our population ages, dementia-related questions are increasingly common in forensic psychiatric practice. Evaluators address capacity, criminal responsibility, and cognitive decline contemporaneously and retrospectively. Forensic psychiatrists increasingly encounter older adults with cognitive impairments, yet many have limited training in dementia assessment and management. Geriatric forensic evaluations involving dementia include grey areas, uncertainties requiring thoughtful judgment and application of informed professional expertise, and best practices informed by current evidence. This session provides a clear, practical primer on dementia. Participants will learn about key dementia phenomenology, forensic implications of dementia, and emerging scientific advances.

CME Check-In Code: J368Z **CME Credit Value:** 1.75

DISTINGUISHED SPEAKER PRESENTATION **TIME: 1:00 PM - 2:25 PM** **ROOM: SALON E - 4TH FLOOR**

Turning Pain Into Purpose

A Father's Journey to Make Schools Safer After the Parkland School Shooting

PRESENTER

Max Schachter

LEARNING OBJECTIVES:

1. Attendees will gain an understanding of the failures before, during, and after the Parkland School Shooting.
2. Measures implemented in Florida and across the federal government after Parkland to make schools safer.
3. Best practices and lessons learned from the Parkland School Shooting.

DESCRIPTION

This presentation by national school safety advocate Max Schachter brings you along his journey from pain into purpose after his 14 year old son Alex was murdered during the Parkland school shooting. Since the heartbreaking day that changed Max's life forever, he has been fighting for safer schools at the highest levels of the United States government. He speaks not only from the perspective of a school shooting victim's father; he is also a commissioner on the Marjory Stoneman Douglas High School Public Safety Commission which was tasked with investigating the tragedy and making recommendations to improve the safety of Florida's 4,000 schools. Max's pain has fueled his belief that school safety must be prioritized over education because we can't teach dead kids. His most impactful work to date has been bringing the Secretary of Education, FBI Director, Members of Congress, Vice-President Kamala Harris and hundreds of other school and law enforcement officials through the site of the Parkland School Shooting before it was demolished. Max could not save Alex but he believes schools are safer every time he presents the lessons learned from Parkland.

CME Check-In Code: 6XV1E **CME Credit Value:** 1.5

PANEL DISCUSSION | TIME: 2:30 PM - 4:00 PM | ROOM: SALON C-D - 4TH FLOOR

Assessing Decisional Capacity for Medical Aid in Dying and Physician Assisted Death: Perspectives from The United States and New Zealand

PRESENTERS

Andreas Kruse, Barry Wall, Christopher Manschreck

LEARNING OBJECTIVES:

1. Provide an overview of the current landscape of PAD (Physician Assisted Death) in the U.S. and New Zealand
2. Highlight the challenges psychiatrists face in assessing decision-making capacity for PAD
3. Draw from and share panelists own experiences with assessing complex end-of-life decision- making capacity

DESCRIPTION

Physician Assisted Death (PAD) is an umbrella term for the practice of prescribing or administering life-ending medications to a person who wishes to die in the setting of illness causing significant suffering. In recent years, PAD has become legal in several jurisdictions across the world. In Canada and several US states where it is legal, the practice is known as Medical Assistance in Dying (MAiD). Given the finality and complexity of PAD, psychiatrists' expertise in decision-making capacity (DMC) assessment is an essential component of MAiD practice. This is especially important considering the unique aspects of this practice, which is at the interface of the professions of psychiatry and the law, different states and jurisdiction having developed their own policies, procedures, and vocabulary, thus leading to potential complications and misunderstandings. Some institutions require a psychiatric assessment for all patients requesting PAD. In several US states, an assessment by a mental health professional is required when there is concern that DMC is compromised by a mental health condition. Differentiating requests for PAD from suicidal intent, assessing the impact of cognitive distortions, in the context of potential treatability of mental health conditions, as well as the complex interplay between cognitive deficits, cultural aspects, pain, and depression, are some of the challenges faced by psychiatrists when assessing DCM for PAD. Although there is a significant body of literature pertaining to the ethics of PAD, clinical guidance for assessing DCM in the context of PAS has been limited. To practically accomplish our learning objectives, this session will utilize a combination of didactic presentations, case-based discussions, and interactive audience participation. We will discuss how to apply the criteria of Appelbaum and Grisso to the critical setting of PAD requests, with an emphasis on adapting methods to diverse jurisdictional standards. Panelists will share real-world case examples to demonstrate the application of these criteria. In line with the ethical principle of honesty and striving for objectivity, panelists will share clinical strategies for mitigating common challenges and potential biases when assessing DMC for PAD. Our session will highlight challenges PAD capacity assessments pose, drawing from the experience of psychiatrists internationally, and at various stages of their careers. We encourage participation from attendees with experience in complex decision-making assessments. Our session will highlight challenges PAD capacity assessments pose, drawing from the experience of psychiatrists internationally, and at various stages of their careers. We will incorporate diverse perspectives through panelist presentations and facilitate a comparative analysis of legal frameworks and clinical practices. We encourage participation from attendees with experience in complex decision-making assessments and will dedicate time for open Q&A and experience-sharing sessions to foster a collaborative learning environment.

CME Check-In Code: GIHWN **CME Credit Value:** 1.5

PANEL DISCUSSION TIME: 2:30 PM - 4:00 PM ROOM: SALON F - 4TH FLOOR

Psychological Autopsy in Correctional Settings—Vital Tool for Suicide Prevention Efforts

PRESENTERS

Abhishek Jain, Adam Bernstein, James L. Knoll, IV, Joseph Penn

LEARNING OBJECTIVES:

1. Understand the use and importance of psychological autopsies in correctional settings.
2. Become familiar with the psychological autopsy as a foundational tool for correctional quality improvement, sentinel event reviews, and root cause analyses.
3. Recognize challenges and potential solutions to conducting correctional psychological autopsies.

DESCRIPTION

The psychological autopsy (PA) is a post-mortem investigative procedure used to assist in the classification of equivocal deaths. The PA has multiple uses, including research, quality improvement efforts, and forensic analysis in criminal and civil courts. The PA is used regularly in carceral settings to clarify root cause analyses and inform correctional suicide prevention efforts. This panel will discuss the methods and use of the correctional PA in large correctional settings. Panelists bring over two decades of experience conducting and utilizing the correctional PA. The panel will outline recommended methods, guidelines, challenges, and distinctive approaches. Report preparation and format will be delineated, and the use of PA findings by correctional suicide prevention teams will be discussed.

CME Check-In Code: CU2ZZ **CME Credit Value:** 1.5

PANEL DISCUSSION | TIME: 2:30 PM - 4:00 PM | ROOM: SALON G - 4TH FLOOR

From Apple Cider Vinegar to Scamanda—What We Know and Don't Know about SSDs, Factitious Disorder, and Medical Malingering

PRESENTERS

Herschel Wilde, Jordan Peacock, Rachel Polcyn, Trent Holmberg, Tyler Durns

LEARNING OBJECTIVES:

1. Improve knowledge base about Factitious Disorder.
2. Improve ability to properly assess individuals who have falsified symptoms or self-induced injury, particularly in forensic settings.
3. Increase awareness of the ethical issues and diagnostic limitations that exist in these cases.

DESCRIPTION

In recent years, there have been multiple highly publicized cases of individuals (Gypsy Rose Blanchard, Belle Gibson, Amanda Riley, Sherri Papini, etc.) who have faked illness and/or injury and successfully maintained the ruse over long periods of time. Such cases have attracted a large pop culture following as well. A developing trend seems to be an increased tendency for authorities to bring criminal charges related to the actions of these individuals, once the deception is identified. This raises the possibility that forensic psychiatrists will be asked to asses these individuals, particularly if a diagnosis of Factitious Disorder is made, and that diagnosis is going to be put forward as a mitigating factor at sentencing. Factitious Disorder Imposed on Self (AKA Munchausen's Syndrome), and Factitious Disorder Imposed on Another (AKA Munchausen by Proxy) are included in the DSM's section on Somatic Symptom and Related Disorders, because it is believed that these conditions relate to "illness perception and identity." In practice, differentiating between Factitious Disorder and Malingering can be challenging, as it involves not only identifying that the symptoms or injuries are intentionally fabricated, but also identifying the individual's motive to fake illness or injuries. In this panel, we will utilize some of the recent highly publicized cases to illustrate the approach to, and the difficulty with, making a correct diagnosis in these individuals. We will discuss differentiating between the other somatic symptom disorders and Factitious Disorder, in addition to differentiating between Factitious Disorder and Malingering. Arguments for and against Factitious Disorder as a mitigating factor in criminal cases will be presented. Clinical considerations, including co-morbidities, treatment approaches, and prognosis for Factitious Disorder will also be reviewed. There will also be a discussion of the potential positive and negative effects of the extensive media exposure and widespread pop culture/social media interest in some of these cases.

CME Check-In Code: HZ3Z7 **CME Credit Value:** 1.5

FLASH TALK TIME: 2:30 PM - 4:00 PM ROOM: SALON H-I - 4TH FLOOR

Flash Talks

DESCRIPTION: Join us for these quick takes on Forensic Psychiatry topics.

CME Check-In Code: L2VGQ **CME Credit Value:** 1.5

When Professional Approaches Conflict: Addressing the Challenges of Caring for Incarcerated Psychiatric Patients in a Hospital Setting

PRESENTERS

Eric Womboldt

LEARNING OBJECTIVES:

1. Demonstrate disparity in officer's response to medical treatments vs. psychological interventions
2. Identify methods for strengthening collaboration between treatment team and correctional staff in management of patient's behavioral concerns
3. Discuss possible hospital policy changes to better improve patient outcomes and overall safety for hospital staff and patients.

DESCRIPTION

Multiple medical specialties have published their accounts of the difficulties providing the standard of care in hospital settings for patients who are in custody (South, Haber, & Berk [2024]; Tahouni et al. [2015]). To our knowledge, reflections from behavioral health specialties on the concerns faced by incarcerated psychiatric patients in hospitals have not been as widely published. Although there are numerous concerns specific to the care of psychiatric patients, in this flash talk, we will highlight approaches that law enforcement utilizes for behavior health issues, then demonstrate how in the hospital setting this results in a significant departure from psychiatric and psychological standards of care followed by behavioral health teams. These issues include the following: 1) the employment of physical coercion and restraint of the incarcerated psychiatric patient by carceral staff compared to the use of emergency psychiatric medications by medical staff, 2) conflicts that arise when a psychiatric/psychological provider designate an intervention as a "treatment" when carceral staff consider the same intervention as a "privilege", and 3) highlighting the carceral staff's approach to interventions that utilize a punishment-based framework that lacks empirical evidence in enacting effective behavioral change. This division is especially pronounced when considering psychiatric/psychological interventions compared to medical interventions. In carceral settings the correctional staff are primary decision makers in determining if a psychiatric/psychological intervention is considered legitimate and whether that intervention should be employed for the patient. This creates notable conflict when psychiatric/psychological providers attempt to utilize evidence-based approaches to improve behavioral outcomes for psychiatric patients while ensuring safety for both the staff and patient. We make recommendations for hospital policy and practice changes that promote equitable and humane care of psychiatric patients in custody. We additionally provide recommendations for individual practitioners who are working within hospital systems, especially for the care of incarcerated patients.

FLASH TALK TIME: 2:30 PM - 4:00 PM ROOM: SALON H-I - 4TH FLOOR

A Call for More Dedicated Research into Delirium of the Incarcerated

PRESENTERS

Jeffrey Hauck

LEARNING OBJECTIVES:

1. Review delirium, its prevalence, risk factors, and precipitating events.
2. Understand the incarcerated population in the United States and their physical and mental health disparities.
3. Discuss why incarcerated people may be more at risk of delirium, and reasons why more research has not been conducted on this topic.

DESCRIPTION

Delirium is a common mental health condition encountered in hospitals that increases mortality, hospital length of stay, and healthcare costs. Incarcerated individuals have higher rates of known risk factors for delirium, including mental and physical illness, psychological distress, and stigmatization, and may be at increased risk of developing the condition. Despite this, there is a paucity of research in this specific area of psychiatry. We identified ethical concerns, feasibility with the electronic medical record, and stigmatization as reasons why adequate research into this population is limited. Nevertheless, we call on more dedicated research into delirium within the incarcerated population to enhance better care practices and advocate for these patients.

FLASH TALK TIME: 2:30 PM - 4:00 PM ROOM: SALON H-I - 4TH FLOOR

Chemical Castration in Sex Offenders: A Review of the Current Use of Medroxyprogesterone Acetate As Treatment for Sex Offending Behaviors

PRESENTERS

Alexander Ortiz

LEARNING OBJECTIVES:

1. Describe the pharmacological mechanism of Medroxyprogesterone Acetate (MPA) and its intended effects on reducing deviant sexual behavior in forensic sex offender populations
2. Examine the historical and current legal landscape and policies governing the use of MPA in sex offender management, including both voluntary and mandated administration
3. Analyze existing research findings on the effectiveness of MPA in reducing sexual urges and recidivism, and identify gaps in the current literature that would warrant further investigation

DESCRIPTION

Medroxyprogesterone acetate (MPA), a synthetic progestin anti-androgenic agent, has been used in forensic psychiatric settings as a means of reducing deviant sexual behavior, particularly among individuals convicted of sexual offenses. While not FDA-approved for this indication, its use has persisted for decades as part of broader efforts to manage recidivism in this complex population. This flash talk will explore how MPA functions biologically and how it has come to occupy a controversial but enduring place in sex offender treatment programs. Discussion will include a brief history of its introduction into forensic contexts and how current legal approaches—ranging from voluntary administration to mandated use—differ across jurisdictions. This presentation will also evaluate the existing literature on MPA's effectiveness in reducing sexual urges and re-offending, as well as highlight areas where the evidence remains inconclusive. Attendees will leave this session with a clearer understanding of how this medication fits into the modern landscape of pharmacologic management of sex offenders, and an appreciation for the need for further research to better inform future forensic policies and practices.

FLASH TALK TIME: 2:30 PM - 4:00 PM ROOM: SALON H-I - 4TH FLOOR

Moving Forward: Steps Towards Improving Juvenile Re-entry.

PRESENTERS

Olivia Hindera

LEARNING OBJECTIVES:

1. To identify short and long term outcomes of juvenile incarceration
2. To outline ways psychiatrists and other providers can support youth after release

DESCRIPTION

Over 25,000 American youth are detained in juvenile or adult correctional facilities. These youth experiences short and long term negative outcomes related to exposure to the criminal justice system, across a variety of domains including physical and mental wellbeing. Re-entry programs aim to reduce the impact of incarceration on youth and psychiatrists play a vital role in this process. This presentation will discuss juvenile re-entry programs and ways to support youth upon their release.

FLASH TALK TIME: 2:30 PM - 4:00 PM ROOM: SALON H-I - 4TH FLOOR

Deciphering Scatolia in Forensic Psychiatry: Diagnostic Challenges and Implications

PRESENTERS

Anuradha Shetty

LEARNING OBJECTIVES:

1. To distinguish among the various etiologies of scatolia on an inpatient forensics unit.
2. To discuss clinical management strategies for the various etiologies of scatolia.
3. To discuss the implications of understanding the various etiologies of scatolia on forensic evaluations.

DESCRIPTION

Scatolia (fecal smearing) has a wide range of etiologies that vary depending on the clinical context and patient population. In acute medical settings, it has been documented in some neurologic processes, such as seizures and dementia, as well as in some psychiatric conditions, such as schizoaffective disorder and catatonia. In forensic settings, scatolia has been observed as a sign of behavioral protest or as a rational, protective mechanism employed by incarcerated individuals. In this presentation, we discuss the various etiologies for scatolia that might be encountered on inpatient forensics units and highlight the importance of elucidating its underlying cause to guide appropriate treatment. We will examine a complex case involving a patient with an unknown past psychiatric history and one prior incarceration, who was admitted to an inpatient forensic unit following reports of canine-like behaviors and other signs concerning for catatonia while in jail. During the admission, he exhibited abnormal toileting behaviors, such as scatolia and coprophagia, which complicated the diagnostic picture. This case highlights the difficult nature of interpreting behaviors such as scatolia diagnostically on an inpatient forensics unit, particularly in patients with limited available history and broad differential considerations. Our discussion will focus on strategies for assessing the etiology of scatolia in forensic settings and will also focus on the potential contribution of a patient's forensic status to symptomatology. By addressing these points, the presentation will help forensic providers' ability to effectively manage such cases and understand the implications for forensic evaluations.

FLASH TALK TIME: 2:30 PM - 4:00 PM ROOM: SALON H-I - 4TH FLOOR

Bridging the Silence: Mental Health Equity for D/deaf Individuals in Secure Settings

PRESENTERS

Pratish Thakkar

LEARNING OBJECTIVES:

1. Language Deprivation Syndrome (LDS) and it's profound and lasting consequence
2. Unique challenges faced by Deaf individuals in the criminal justice system
3. Communication and language competency differences among deaf individuals:

DESCRIPTION

This presentation critically examines the provision of specialist mental health services for D/deaf individuals within high-security and carceral settings. Drawing on insights from Grampian Ward, a dedicated high-security unit for D/deaf male patients, we will explore both the successes and persistent challenges in delivering effective, culturally, and linguistically appropriate care. The discussion will highlight the indispensable role of British Sign Language (BSL) proficiency, adapted interventions, and, crucially, the recruitment and retention of D/deaf professionals. We will argue for the sustained specialization of such units, illustrating the profound impact of non-specialist environments on D/deaf patients. Furthermore, the presentation will address systemic barriers to identifying D/deaf individuals with mental health needs, particularly within the prison system, emphasizing the vital, yet often under-recognized, role of D/deaf prison in-reach services in promoting access and equity.

WORKSHOP TIME: 2:30 PM - 4:00 PM ROOM: SALON J-K - 4TH FLOOR

New Horizons in Addiction and the Law

PRESENTERS

Debra Pinals, Elie Aoun, Laurence Westreich

LEARNING OBJECTIVES:

1. Attendees will understand the interface between substance use disorders and the U.S. legal system.
2. Attendees will be able to analyze the specific challenges facing women with substance use disorders in the carceral system.
3. Attendees be able to apply standard employment law thinking to the evaluations of persons with substances use disorders.

DESCRIPTION

This session will review important issues affecting persons with Substance Use Disorders (SUDs) in their interactions with the Legal System. Drs. Aoun, Pinals, and Westreich will address cutting edge matters relevant to the vast majority of persons with SUDs, and the clinicians who treat them. Over the past several years, the practice of addiction psychiatry and addiction medicine have received increased attention because of an improving awareness of the dual diagnoses of SUD and co-occurring mental illnesses, and because of the recent U.S. opioid crisis. Moreover, medical practices are, of necessity, expanding to incorporate substance use treatment as part of mainstream clinical care. Anyone who works with people with substance use disorders (SUDs) knows that there are innumerable interfaces between SUDs and the law. Individuals with SUDs may find themselves facing legal issues- whether through arrest, incarceration, DUIs, child custody disputes, employment issues, or court-ordered drug testing, administrative, regulatory and legal systems often have a critical role in how substance problems are addressed, and the result is often quite difficult given the awkward fit between current scientific and medical views and the black and white provisions of often outdated laws. Only by understanding the basics of both SUDs and governing laws can the practitioner navigate both systems in a manner that is both evidence-informed and relevant to the matter at hand.

CME Check-In Code: N7PZZ **CME Credit Value:** 1.5

SCIENTIFIC PAPER TIME: 4:15 PM - 6:15 PM ROOM: SALON C-D - 4TH FLOOR

Scientific Papers - Session A

DESCRIPTION: Join us for these presentation on Scientific Papers on issues in Forensic Psychiatry.

CME Check-In Code: WA7CR **CME Credit Value:** 2

Clinical and Forensic Implications of Psychosis in Physicians

PRESENTERS

David Im

LEARNING OBJECTIVES:

1. To improve the confidence of psychiatric residents and faculty in treating physicians experiencing psychosis by highlighting common clinical challenges in this context and how to address them.
2. To facilitate more objective, higher-quality assessments by forensic mental health evaluators of physicians with psychosis via awareness of unique challenges and ways to address them.
3. To consider organizational changes to better support physicians facing severe consequences from actions committed during psychotic states.

DESCRIPTION

Over the last six decades, the mental health of physicians has received increasing interest, particularly regarding the occurrence of depression, anxiety, substance abuse, and burnout in physicians. Much less attention has been paid to the occurrence of psychosis in physicians. This session (1) summarizes a narrative review of the literature on the occurrence of psychosis in physicians, seeking to clarify its prevalence, nature, and associated treatment issues and organizational handling; and (2) considers unique forensic implications of physicians experiencing psychosis. Findings suggest that the occurrence of psychosis in physicians poses unique clinical (e.g., poor insight, antipsychotic side effects, countertransference and transference issues, forced medication) and forensic (e.g., emotional reactions to physician evaluees, organizational handling of psychotically-driven rule violations) challenges. This session will propose strategies, based on the existing clinical and forensic literature, to address these challenges. Physicians experiencing psychosis can recover if given proper treatment and support, which includes anticipating and effectively navigating associated clinical challenges. Moreover, this review will hopefully assist forensic mental health evaluators in conducting more objective assessments - including those with career-impacting ramifications - of this understudied population.

SCIENTIFIC PAPER | TIME: 4:15 PM - 6:15 PM | ROOM: SALON C-D - 4TH FLOOR

Negligence in Psychopharmacological Management in Pregnancy

PRESENTERS

Allison Horan

LEARNING OBJECTIVES:

1. Understand the legal standards involved in determining pharmaceutical negligence
2. Understand the legal standards involved in determining clinical negligence (also known as malpractice)
3. Develop a framework for exploring negligence in cases involving the treatment of peripartum mental illness

DESCRIPTION

Psychiatrist who treat mental disorders in pregnancy must navigate the risks associated with prescribing medication to pregnant and breastfeeding women alongside the risks associated with untreated mental illness. This session examines how U.S. courts have engaged with this complex landscape when tasked with evaluating allegations of clinician and pharmaceutical negligence in cases involving pharmacological management of maternal mental health disorders (MMHDs). We begin first with a review of the legal theories that form the basis of negligence lawsuits related to MMHDs. We then explore cases of both pharmaceutical negligence (which are usually pursued under the legal umbrella of product liability claims) and professional negligence (also known as malpractice), teasing apart how the courts' interpretation of liability when it comes to errors of omission and errors of commission has varied. We then provide an analysis of relevant themes in this area of case law with the goal of informing expert witnesses of considerations when called to opine upon issues related to negligence in the treatment of MMHDs.

SCIENTIFIC PAPER | TIME: 4:15 PM - 6:15 PM | ROOM: SALON C-D - 4TH FLOOR

The U.S. Supreme Court's Rahimi Decision: Legal Protective Measures to Prevent Homicide

PRESENTERS

Dominic Antony, Maureen Cranley

LEARNING OBJECTIVES:

1. Analyze the legal implications of the U.S. Supreme Court's Rahimi decision and its role in upholding firearm restrictions for individuals under domestic violence protective orders.
2. Examine the impact of the Rahimi ruling on preventing intimate partner violence-related homicides and its reinforcement of protective measures for survivors.
3. Evaluate how the decision aligns with historical firearm regulations and supports broader gun safety laws, including state-level Extreme Risk Protection Orders (ERPOs).

DESCRIPTION

This session will explore the U.S. Supreme Court's landmark decision in United States v. Rahimi, which upheld federal firearm restrictions for individuals under domestic violence protective orders. The discussion will focus on the legal and practical implications of the ruling, its impact on preventing intimate partner violence-related homicides, and the challenges of enforcing firearm restrictions at the state level. Attendees will gain insights into how this decision reinforces protective measures while highlighting the ongoing need for robust legal frameworks to address the intersection of domestic violence and gun control.

SCIENTIFIC PAPER | TIME: 4:15 PM - 6:15 PM | ROOM: SALON C-D - 4TH FLOOR

Overview of US and Canadian Law regarding Capacity to Sue

PRESENTERS

Graham Glancy, Priya Khalsa

LEARNING OBJECTIVES:

1. Summarize the legal developments in Canadian and US civil capacity;
2. Interpret the recent case law on capacity to commence a claim in civil proceedings;
3. Apply the case law and clinical recommendations to their practice.

DESCRIPTION

Competency is a legal term, determined by a judge. This judgement is generally made based on clinical evidence as well as non-clinical factors, contingent on statutory and case law. A judgement of incompetence removes an individual's rights of self-determination. While the term is often used in a global manner, competency is not a unitary construct [1,2]. An individual can be competent in one context but not another. In the civil arena, a Court can assign a substitute decision maker or guardian ad litem depending on the context. In criminal law, incompetency is termed unfitness which means an individual cannot stand trial or represent themselves at trial, or, in some jurisdictions, at any stage up to sentencing [3]. Most clinicians are familiar with this concept of fitness to stand trial in the criminal law context. In both Canada and the US, competency or "fitness" refers to a defendant's ability to understand the charges and proceedings against them and to effectively participate in their defense. This requirement helps ensure that a defendant can comprehend the purpose of the trial, the possible outcomes of the trial and assist their legal counsel in preparing a defense. In the civil context, competency is less clearly addressed, delineated, and understood. This presentation provides a comparative analysis of legal frameworks governing capacity to initiate civil proceedings in the United States and Canada, a topic that has received limited attention in the forensic psychiatry literature. The issue has gained renewed significance following a recent leading case in Canada, Carmichael v. GlaxoSmithKline Inc. [4], which has highlighted key legal and psychiatric considerations in determining capacity to sue. To provide a comprehensive understanding, we review similar case law in the United States, In Re Mirapex [5], and offer clinical recommendations pertinent to practitioners in both jurisdictions. Given the increasing intersection of psychiatric expertise and legal decision-making in civil litigation, we believe this discussion is both timely and valuable.

SCIENTIFIC PAPER TIME: 4:15 PM - 6:15 PM ROOM: SALON C-D - 4TH FLOOR

Retrospective Reviews of Deaths in ICE Custody: Identifying Gaps Substance Use Treatment and Suicide Prevention

PRESENTERS

Aaron Hemphill, II, Alicia Rolin, Elishama Petion, Jermaine Blakley, Kevin Xu, Stephanie Rolin

LEARNING OBJECTIVES:

1. To describe the legal statutes governing access to healthcare for individuals in ICE custody
2. To review deaths in ICE custody from 2017 to present day
3. To describe gaps in access to health care including mental health care for people in ICE custody

DESCRIPTION

Unlike people in correctional health settings who have a constitutionally protected right to health care, established in the 1976 Supreme Court Case Estelle v. Gamble, people in ICE custody do not have the same rights. Since individuals who are detained by ICE are facing civil (not criminal) proceeding, immigration detention by ICE is specifically considered to be non-punitive. Because of this distinction, the constitutional right to health care established for inmates in Estelle v. Gamble does not apply to individuals in ICE custody. While ICE has a Health Service Corps that they state “provide the safe delivery of high-quality healthcare to aliens in ICE custody”, there has long been concerns about the quality and adequacy of medical care provided by ICE. Objective: To characterize deaths of individuals in US Immigration and Customs Enforcement (ICE) custody. Methods: A retrospective review of publicly available data on individuals who died in ICE custody, between 2017 and mid-May 2025. Results: There were 69 deaths of individuals in ICE custody, from 2017 to mid-May 2025. Individuals were predominantly male (n=63, 91.3%) and were an average age of 45.0 years old (SD=12.9 years; range 21-74 years old). Twelve individuals died of suicide by hanging (n=12, 17.4%). Most of these individuals were never evaluated by either a psychiatrist/psychologist during their time in ICE custody. 27 deaths identified as involving likely substance use or related medical or psychiatric conditions. Among 27 individuals with likely substance use history, none received a documented diagnosis, referral, or evidence-based SUD treatment. Conclusions: Individuals in ICE custody die at a younger age than individuals in correctional settings (average age 64 years old). This analysis identified unmet mental health needs, especially assessment and treatment of substance use and suicide risk.

PANEL DISCUSSION TIME: 4:15 PM - 6:15 PM ROOM: SALON F - 4TH FLOOR

Raising the Profile of Forensic Psychiatry: Why Visibility Matters

AAPL Committee Sponsor: Media and Public Relations

PRESENTERS

Elizabeth Freedman, Joseph Penn, Karen B. Rosenbaum, Praveen Kambam, Ryan Wagoner

LEARNING OBJECTIVES:

1. To educate participants about why increasing AAPL's visibility among our peers matters.
2. To show the importance of forensic psychiatrists as leaders from an outsider's perspective
3. To educate participants on executive leadership skills that can be applicable to our profession.

DESCRIPTION

Forensic psychiatry plays a crucial role in the justice system and beyond, yet our field remains underrecognized and often misunderstood. Many outside AAPL are unaware of our expertise, while media portrayals frequently misrepresent our work. By increasing our visibility and clarifying our contributions, we not only strengthen our profession but also enhance public safety, workplace integrity, and access to expert psychiatric consultation. This session, led by an executive leadership expert, will explore how forensic psychiatrists can elevate their influence, shape public understanding, and expand their impact beyond traditional legal settings. The points that will be stressed during this session are the following: 1. Strengthening Our Profession – How increased visibility elevates forensic psychiatry's credibility and influence. 2. Enhancing Public Trust – The role of forensic psychiatrists in shaping accurate narratives about mental health and the law. 3. Expanding Our Impact – Opportunities beyond the legal system, from corporate risk assessments to policy advising. 4. Proactive Problem-Solving – How early psychiatric consultation can prevent crises in workplaces and institutions. 5. Ethics as a Competitive Advantage – Why AAPL's ethical standards make us uniquely positioned to be trusted voices in forensic psychiatry. This panel will explore how a more visible, engaged forensic psychiatry community benefits not just our profession, but society as a whole.

CME Check-In Code: YKGZ8 **CME Credit Value:** 2

PANEL DISCUSSION TIME: 4:15 PM- 6:15 PM ROOM: SALON G - 4TH FLOOR

Psychiatric Care is Not Torture: Bringing to Light the Truth of Failing to Treat

PRESENTERS

Charles Scott, Felice Carabellese, Jhilam Biswas, Lia Parente

LEARNING OBJECTIVES:

1. The audience participant will identify negative outcomes for delaying psychiatric care for those with serious mental illness.
2. The audience participant will learn an alternative model to treatment exemplified by the Italian forensic psychiatric care model.
3. The audience participant will list the limitations of the Housing First and Harm Reduction approaches to persons with a serious mental illness.

DESCRIPTION

Global perspectives on psychiatric care and treatment vary widely as many countries continue to navigate the complex socioeconomic challenges of providing care in varying legal contexts. Internationally, numerous nations are experiencing a rise in unhoused individuals with serious mental illness who often fail to recognize they have a mental illness and correspondingly refuse the very treatment that can relieve their suffering. This panel outlines alarming and increasing trends for negative outcomes in individuals with SMI who refuse treatment, both housed and unhoused. Dr. Jhilam Biswas will review systemic issues in psychiatric care, particularly the barriers to timely treatment and the ethical dilemmas involved in involuntary interventions for forensic psychiatric patients. Dr. Biswas will discuss difficulties managing care for those unaware of their illness, a phenomenon known as anosognosia. Dr. Charles Scott will review the failures of the Housing First and Harm Reduction approaches for unhoused individuals with schizophrenia with recommendations for an evidence-based and civilized path forward. Dr. Felice Carabelle will outline Italy's approach to addressing individuals in their forensic psychiatry system, which involves a transition from a detention model to a care-centered approach. Dr. Scott will conclude the panel with a rallying cry for forensic psychiatrists to help lead the way forward to advocate that involuntary treatment for individuals deteriorating from untreated psychosis is not torture. Dr. Scott will discuss how to facilitate transparent discussions with stakeholders on treating the most vulnerable through evidence-based interventions rather than false claims that psychiatric treatment is abuse.

CME Check-In Code: HF473 **CME Credit Value:** 2

PANEL DISCUSSION | TIME: 4:15 PM - 6:15 PM | ROOM: SALON H-I - 4TH FLOOR

The Rise of AI in Forensic Psychiatry: Ethical, Legal, and Clinical Considerations

AAPL Committee Sponsor: Technology

PRESENTERS

Alan Newman, Andrew Nanton, David Burrow, Jason Roof, Karen Reimers

LEARNING OBJECTIVES:

1. Evaluate AI tools for forensic practice, including record summarization, report generation, and courtroom applications.
2. Analyze AI-related risks, including bias, privacy concerns, deepfakes, and expert testimony credibility.
3. Establish best practices for AI integration while maintaining forensic integrity and mitigating deception risks.

DESCRIPTION

This presentation by the AAPL Technology Committee will examine the rapidly evolving role of artificial intelligence (AI), particularly large language models (LLMs), in forensic psychiatric practice. Attendees will receive a detailed overview of currently available AI tools, along with examples of their potential use in record summarization, forensic report generation, administrative tasks, and court-related preparations. The potential benefits of integrating AI, such as improved efficiency, enhanced clarity, and reduced administrative burdens, will be critically balanced against inherent risks, including compromised data privacy, implicit biases embedded in training data, and diminished critical reasoning skills among clinicians. Additionally, pressing ethical and legal concerns associated with AI-generated content will be presented, including detection of malingering assisted by AI, deepfake technologies used in evidence falsification, and challenges presented by AI-generated content in courtroom testimony and expert witness credibility. Finally, this presentation will address emerging regulatory frameworks and the need for professional guidelines designed to safeguard ethical forensic practice, ensuring forensic psychiatrists are prepared to navigate the complex intersection of technology, ethics, and the law.

CME Check-In Code: AYMFY **CME Credit Value:** 2

PANEL DISCUSSION TIME: 4:15 PM - 6:15 PM ROOM: SALON J-K - 4TH FLOOR

Diversity, Equity, and Inclusion in an Era of Controversy

AAPL Committee Sponsor: Diversity

PRESENTERS

Dhruv Gupta, Elie Aoun, Maryana Kravtsenyuk, Philip J Candilis, Rebecca Brendel

LEARNING OBJECTIVES:

1. Understand current challenges to the unique, interlinked concepts of diversity, health equity, inclusion, and belonging in forensic psychiatry.
2. Appraise the role and risks to professional medical societies like AAPL, as well as carceral and forensic facilities in continuing to engage in DEI.
3. Identify effective evidence-based strategies that establish, sustain, and assess workplace DEI and employee engagement in a new political environment.

DESCRIPTION

Minoritized populations are disproportionately represented in forensic mental health , and often experience disparities in their mental health disposition, treatment, and outcomes. As in other health care settings, medical education, and private industry, diverse, equitable, and inclusive practices (DEI) have emerged as a forensic priority. Nonetheless, there are limited resources and recent political headwinds from the Supreme Court, state, and federal governments that are skeptical of its importance. How to best address structural and systemic inequities, foster inclusive environments, and provide equitable care remains a challenge in the forensic setting. During this workshop, presenters will share strategies for enhancing DEI in forensic psychiatry, as well as highlight evidence-based best practices for promoting equitable care and evaluation. Drawing from AAPL, APA, and AMA guidance, presenters will discuss the importance of addressing the specific needs of marginalized groups and the recent barriers erected against them (especially reversals in minority business and grant applications, race and ethnicity in hiring, and cancellation of formal DEI programs). The influences on medical organizations to self-censor will be explored with specific examples. Speakers will provide ethical, administrative, and scientific frameworks that can still advance health equity and incorporate DEI into the planning, development, and implementation of educational and treatment initiatives within forensic mental health services. The importance of organizational commitment, recruitment of a diverse workforce, implementation of bias training, community engagement, development of culturally informed practices, and social justice efforts may still have a place in an era that appears increasingly less favorable to them. The workshop will provide opportunities for group analysis and discussion of strategies tailored to unique settings and challenges from outpatient and inpatient, to detention and incarceration.

CME Check-In Code: EJYAL **CME Credit Value:** 2

SPECIAL SESSION | TIME: 6:30 PM - 8:30 PM | ROOM: GLOUCESTER ROOM - 3RD FLOOR

2025 AAPL Masquerade Reception

Costumes not necessary — Masks Encouraged!

DESCRIPTION: Annual Meeting attendees are invited to join us at the AAPL Annual Meeting for a relaxed evening of mingling with colleagues and friends, music, seasonal bites, and lighthearted Halloween fun with an air of mystery.

SATURDAY, NOVEMBER 1, 2025

POSTERS **TIME: 7:00 AM - 8:00 AM** **ROOM: ATRIUM LOUNGE - 3RD FLOOR**

Posters - Session C

DESCRIPTION: Join us for coffee and fascinating poster presentations addressing a wide variety of topics in Forensic Psychiatry.

CME Check-In Code: CKXY6 **CME Credit Value:** 1

S1 An Updated Review of the Barriers and Benefits of Clozapine Use in Correctional Settings

PRESENTERS

Ananya (Suma) Yarrapureddy

LEARNING OBJECTIVES:

1. Understanding indications for clozapine use and appreciate its unique utility in treatment
2. Examine outcomes and barriers related to use in correctional and forensic settings
3. Explore ethical and legal considerations in the same settings and consider the impact of REMS discontinuation

DESCRIPTION

Forensic psychiatrists treating incarcerated individuals with severe and sometimes refractory psychotic disorders face unique challenges. Clozapine, an antipsychotic medication known to be an effective treatment for psychosis, has been historically underutilized in corrections in part due to barriers to access and strict regulations required for monitoring. In fact, one-third of state prisons do not have clozapine on their formularies; those that do offer clozapine treat a median of eight individuals per state. This poster will review the indications for clozapine use and its relevance to correctional care; explore the barriers to more wide-spread use in jails and prisons; weigh the ethical and legal considerations related to non-prescribing; and consider how more widespread use may increase transparency by equalizing care between correctional and community settings. Importantly, the poster will highlight the recent changes implemented by the FDA in February 2025 regarding monitoring parameters of clozapine (specifically, that the FDA has determined that the Risk Evaluation and Mitigation Strategies [REMS] is no longer necessary). Eliminating the mandatory reporting of blood tests to the REMS program is expected to decrease the burden on the health care delivery system and improve access to clozapine. We will explore how these changes may apply to jails and prisons who have historically not regularly relied on clozapine as a treatment measure.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

S2 Artificial Intelligence in Mental Healthcare: Mapping the Regulatory Landscape and Perspectives of Forensic Psychiatrists

PRESENTERS

Katie McLaughlin

LEARNING OBJECTIVES:

1. To identify key uses of artificial intelligence in mental healthcare and forensic psychiatry.
2. To understand the emerging legal, regulatory, and policy trends related to the use of artificial intelligence in mental healthcare.
3. To prepare forensic psychiatrists with insights and tools to apply their knowledge and expertise to discourse related to AI governance.

DESCRIPTION

Artificial intelligence (AI) is rapidly transforming mental healthcare in the U.S., with AI-powered tools increasingly used in digital therapy interventions, child welfare and criminal risk assessments, court proceedings, and more. Integration of AI in mental healthcare raises critical legal, regulatory, and ethical questions concerning transparency, oversight, and bias. As the role of AI continues to evolve, forensic psychiatrists must lead the discourse to ensure its application is aligned with best practices. This study (in progress) will combine a systematic review of peer-reviewed and gray literature with a nationwide survey of forensic psychiatrists, with the aim of mapping the current regulatory landscape as well as the perspectives of forensic psychiatrists. The overarching objective is to equip forensic psychiatrists with the insights needed to effectively engage in advocacy, policy, and governance of AI in mental healthcare.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

S3 Bridging the Gap: Enhancing Collaboration Between Jails and Hospitals

PRESENTERS
Danielle Kushner, Dayanna Martinez, Heather El-Amamy, Kevin Silverman, Saranyan Senthelal

LEARNING OBJECTIVES:

1. Implement strategies to enhance communication between hospitals and carceral settings for more effective referral procedures and continuity of care
2. Review the common misconceptions from hospital providers of justice-involved individuals seeking psychiatric care
3. Understand potential barriers to care when referring patients for inpatient psychiatric admission from a carceral setting

DESCRIPTION

The management of mentally ill individuals in the carceral setting has been a longstanding challenge due to the deinstitutionalization of psychiatric hospitals and increases in the incarcerated population (Yohanna, 2013). The limited availability of community resources and the rigid criteria for civil commitment have also contributed to the rise of mental illness in jails and prisons. The Substance Abuse and Mental Health Services Administration (SAMHSA) reported the prevalence of any mental illness in 2010 as 56% in state prisons, 45% in federal prison, and 64% in local jails, compared to 20% in the community (SAMHSA, 2012). The rising prevalence of mental illness has necessitated robust mental health services in correctional settings and increased psychiatric hospitalization referrals. Vogel and colleagues (2013) proposed the concept of “fitness for imprisonment” outlining an algorithm to assist in decision about hospital transfer based on psychiatric diagnosis, acute need for treatment, danger to self and others, and inability to comply with treatment. Although this concept has provided a useful framework, minimal discussion and data have been reported on the collaboration between jail and hospital providers and any related challenges when referring incarcerated individuals for involuntary psychiatric admissions. The need to refer patients for involuntary psychiatric admission is an often-encountered situation for psychiatrists providing treatment within carceral settings. Jails and prisons have unique patient presentations and clinical challenges that may be unfamiliar to hospital providers, including environmental stressors, factors related to housing areas, diversion concerns, and type of mental health care available (Norko et al., 2015). Individuals in the carceral settings may also limit disclosing past medical and mental health information. Evaluations of incarcerated patients can present with additional challenges due to misconceptions that individuals with a criminal history may be more violent and that their symptoms are primarily related to substance use, personality traits, or malingering (Phillips & Caplan, 2003; Coid & Ulrich, 2011). As a result, individuals referred from a jail or prison may need to meet a higher threshold of symptoms or illness to be involuntarily hospitalized compared to their civilian counterparts. This poster presents the collaboration in care of patients between New York City Health + Hospitals Correctional Health Services (CHS) and Elmhurst Hospital Center, where females are referred for forensic acute psychiatric hospitalization while detained in the NYC jail system. Targeted review of hospital referrals and admissions may offer a greater understanding of the complexity of the referral process. This collaboration strives to improve communications between institutions, enhance coordination of services, and reduce risk of treatment disruptions upon reentry into community settings. The findings from this collaboration can be extrapolated outside New York City to help carceral providers work more effectively with local hospitals and implement new strategies for managing referrals to a higher level of care. References Coid, J., & Ullrich, S. (2011). Prisoners with psychosis in England and Wales: diversion to psychiatric inpatient services?. International Journal of Law and Psychiatry, 34(2), 99-108. Norko, Michael A., et al. Hospitalization, Oxford University Press, New York, NY, 2015, pp. 141–145. Phillips, R. T., & Caplan, C. (2003). Administrative and staffing problems for psychiatric services in correctional and forensic settings. Principles and Practice of Forensic Psychiatry (ed 2). Edited by Rosner R. London: Hodder Arnold, 503-12. Substance Abuse and Mental Heath Services Administration (2012). Mental Health, United States, 2010. HHS Publication No. 12-4681. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from http://store.samhsa.gov/product/Mental-Health-United-States-2010/

SMA12-4681. Vogel, T., Lanquillon, S., & Graf, M. (2013). When and why should mentally ill prisoners be transferred to secure hospitals: a proposed algorithm. International journal of law and psychiatry, 36(3-4), 281-286. Yohanna, D. (2013). Deinstitutionalization of people with mental illness: causes and consequences. AMA Journal of Ethics, 15(10), 886-891.

POSTERS **TIME: 7:00 AM - 8:00 AM** **ROOM: ATRIUM LOUNGE - 3RD FLOOR**

S4 Collaboration Between Forensic Psychiatry and Forensic Psychology in an Academic Setting: Reducing Unknowns by Leveraging Unique Expertise

PRESENTERS

Aliana Abascal, Julia Preusch, Krista Ulisse

LEARNING OBJECTIVES:

1. Propose a collaborative model for forensic psychiatrists and forensic psychologists.
2. Enhance ability to effectively communicate another professional's findings and opinions during expert testimony.
3. Outline strategies for improved interdepartmental collaboration through case conferences and peer reviews.

DESCRIPTION

There are significant differences in training and expertise between forensic psychiatrists and forensic psychologists. We will explore the ways in which forensic psychiatrists and forensic psychologists can collaborate in training and forensic practice to provide higher quality services to the Courts. We will also explore how this collaboration can reduce unknowns in forensic assessment via multidisciplinary training which improves forensic psychiatrists' and forensic psychologists' knowledge base as well as allowing for leverage of unique skills in forensic practice. The Department of Forensic Psychiatric and Psychological Services at West Virginia University (WVU) uses a collaborative model that includes forensic psychiatrists and forensic psychologists within its faculty. We will explore several factors that we believe our model improves regarding forensic practice. Close collaboration between forensic psychiatrists and forensic psychologists allows for more thorough training of psychiatry residents and fellows as well as psychology graduate students, interns, and fellows. While we must be transparent regarding the limitations in our knowledge, this interdisciplinary approach yields more skilled professionals. We have found that our model yields stronger recommendations for the Courts, as the knowledge base of forensic psychiatrists and forensic psychologists, when combined, yields a more comprehensive answer to psycho-legal questions. For example, forensic psychiatrists may be more adept at medication treatment recommendations, as psychologists are not qualified to prescribe medications in most jurisdictions. Forensic psychologists may be more adept at psychological testing, including clarifying intellectual functioning, response style (i.e., test validity and malingering), and personality factors, as many of the standardized psychological testing instruments require additional training to administer and interpret. Despite these differences, we have found that both professions must have a strong working knowledge of the other profession's expertise. A collaborative model allows both specialties to enhance each other's knowledge base and be better prepared to explain a broader array of issues to the Court, both in written reports and expert testimony. Our experience has shown that this model is manageable from a billing and financial perspective.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

S5 Competency to Waive a Petition for Death Penalty Exemption Due to Serious Mental Illness

PRESENTERS

Amanda Dolan, Christopher Marett, Samantha Keller

LEARNING OBJECTIVES:

1. Understand Ohio's unique statute offering a mechanism to petition for death penalty exemption based on serious mental illness at the commission of aggravated murder.
2. Identify common challenges in the forensic psychiatric evaluation of competency to waive a petition for SMI relief.
3. Review how Ohio case law has addressed the issue of competency to waive a petition for SMI relief.

DESCRIPTION

Two states, Ohio and Kentucky, have enacted laws exempting people from execution when they had serious mental illness (SMI) at the time of their offense. Ohio's law, O.R.C. 2929.025, passed in 2021, allowed a one-year period for people already sentenced to execution to petition for the exemption. The law states that "if the person refuses to submit to an evaluation ordered under this division, the court shall issue a finding that the person is not ineligible for a sentence of death due to serious mental illness." Yet serious concerns have been raised in some cases regarding a person's competence to refuse to participate or to otherwise waive their petition for an exemption. Subsequently, there are still several cases in which the courts have stayed closure of the one-year exemption deadline while issues of competency are addressed. This poster will review aggregated data from a series of such cases from Ohio. Viewers will identify common challenges in the forensic psychiatric evaluation of this issue as well as an update on how Ohio case law has addressed the issue in light of a lack of statutory guidance.

POSTERS **TIME: 7:00 AM - 8:00 AM** **ROOM: ATRIUM LOUNGE - 3RD FLOOR**

S6 Diagnosis as Discrimination: Mental Health as Protected Grounds for Asylum Applications.

PRESENTERS

Yazan Nagi

LEARNING OBJECTIVES:

1. Discuss the basics of asylum applications.
2. Frame a medico-legal argument for the application to asylum based one's mental health or psychiatric disability.
3. Investigate past cases for asylum framed on the basis of mental health and why they failed.

DESCRIPTION

This session will explore the intricacies of the asylum process as it pertains to those living with mental disorders. It will also raise the question of whether this community, which often faces interpersonal and structural discrimination and violence, could be considered a persecuted social group, formulating the basis of an asylum application.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

S7 Denial, Defense, and Disposition: The Role of Pregnancy Denial and Expert Testimony in Neonaticide Case Law

PRESENTERS

Megan Shedd

LEARNING OBJECTIVES:

1. Describe the clinical and legal relevance of pregnancy denial in the context of neonaticide.
2. Analyze how U.S. appellate courts have addressed expert witness testimony, mental state defenses, and judicial outcomes in neonaticide cases from 1996 to 2024.
3. Evaluate the strengths and limitations of expert testimony on pregnancy denial in supporting insanity defenses, diminished capacity, or mitigation.

DESCRIPTION

Neonaticide, defined as the killing of a newborn within the first 24 hours of life, raises complex questions at the intersection of forensic psychiatry, maternal mental health, and criminal law. Although estimates vary, research suggests neonaticide occurs in approximately 1 to 8 per 100,000 births. Most perpetrators are young, unmarried women who do not receive prenatal care and deliver alone. These cases frequently involve pregnancy denial, a phenomenon in which a woman remains unaware of or emotionally detached from her pregnancy beyond 20 weeks gestation, and in some instances, until labor and delivery. Despite its relevance, courts have differed significantly in their willingness to recognize pregnancy denial as a valid construct and to allow expert testimony on its role in neonaticide. This poster presents findings from a review of eleven U.S. appellate cases of neonaticide decided between 1996 and 2024, exploring how courts have handled issues, including 1) admission and impact of expert witness testimony, 2) use of mental state defenses, 3) presentation of pregnancy denial as a mitigating factor, and 4) judicial outcomes. In particular, this session will highlight how forensic mental health testimony has been used, both effectively and ineffectively, to influence determinations of criminal responsibility and the broader legal treatment of neonaticide.

S8 Driving and Criminal Responsibility

PRESENTERS

Graham Glancy

LEARNING OBJECTIVES:

1. Participants will appreciate the diagnoses commonly seen in cases involving driving
2. Participants will know the case law involving cases where psychiatric diagnoses affect driving
3. Participants will be able to refine their assessments to include elements of driving in the assessment of criminal responsibility.

DESCRIPTION

Driving and insanity Forensic psychiatrists often see evaluees for assessments where the circumstances of the offence may involve driving directly or indirectly. These cases may include driving as the primary event, such as impaired driving, or a series of events in which driving is a part of the scenario. In this paper, we review cases in the US and Canada, involving driving to discover whether the active driving is taken into consideration in the court's analysis of the case. Defenses that arise in these cases may include substance use, PTSD, suicidal actions, sleep disorders, or psychosis. Having analyzed the cases, we suggest how a forensic psychiatrist may contribute to the analysis of these cases.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

S9 Environmental vs Antipsychotic Induced Hypothermia in an Incarcerated Patient from Jail

PRESENTERS

Eric Womboldt

LEARNING OBJECTIVES:

1. Identify pharmacological mechanisms of antipsychotic induced hypothermia.
2. Recognize environmental factors and unique vulnerabilities in a carceral setting that could contribute to hypothermia in patients with severe mental illness.
3. Discuss policy changes for recognition and prevention of hypothermia in incarcerated patients.

DESCRIPTION

Antipsychotics have a rare but serious potential side effect of hypothermia. The mechanism is thought to involve 5-HT2 and alpha-adrenergic receptor antagonism. We report the case of an incarcerated male with schizoaffective disorder, bipolar type who was known to strip himself naked while incarcerated and was admitted to the hospital after being found hypothermic in the jail. This patient has a history of multiple repeat hospitalizations from jail for similar episodes of hypothermia that resolved once hospitalized. There was initial concern that the patient's hypothermic episodes could have been antipsychotic induced from haloperidol so the patient's antipsychotic regimen was switched from haloperidol to risperidone. However, environmental factors appeared to play a more important role. Lack of adequate clothing, isolation, and low temperatures in poorly insulated cells were likely contributed to the patient's urgent hospitalization. In this poster we investigate the environmental issues that impact the health of incarcerated patients with serious mental illness as well as provide a literature review on antipsychotic induced hypothermia. We aim to also provide policy changes that encourage more humane and just treatment of patients with severe mental illness in a carceral setting.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

S10 He Served His Country, He Served His Time, but Did We Serve Him: The Case of a Vietnam Veteran with PTSD Hospitalized After 30 Years in Prison

PRESENTERS

Heidi Kiziah

LEARNING OBJECTIVES:

1. Outline prevalence of PTSD in incarcerated veterans.
2. Investigate the impact of PTSD on prison experience and criminal justice involvement.
3. Explore ways to prepare veterans with PTSD to re-enter society after serving time in prison.

DESCRIPTION

Post traumatic stress disorder (PTSD) is a debilitating disorder reported in 20% of older male veterans in state prisons. PTSD develops following a traumatic event and is characterized by intrusive symptoms, avoidance, negative alterations in cognition and mood, and changes in one's arousal and reactivity lasting more than one month and causing significant impact on one's functioning. In this poster we discuss the case of a 75-year-old male with untreated PTSD who became acutely destabilized following release from federal prison after serving more than a thirty-year sentence. The patient presented to the psychiatric hospital under law enforcement Baker Act for hiding under his bed and acting erratically shortly after arriving to his halfway house. As the patient entered a seemingly new society full of technology and advancement, he appeared to travel back in time to his combat experience. On evaluation, the patient was showing symptoms consistent with PTSD stating he felt as if he was back in Vietnam, hearing voices in his head to "kill mercilessly," and repeatedly outlining traumatic scenes from his time in combat. The objective of this poster is to outline the prevalence of PTSD in incarcerated veterans, investigate the impact of PTSD on prison experience and criminal justice involvement, discuss appropriate treatment of PTSD in prison, and explore ways to better prepare veterans with PTSD to re-enter society after prison sentences.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

S11 Incarceration Inequities: Unraveling LGB Criminogenic Risk

PRESENTERS

Maxwell Ackerman

LEARNING OBJECTIVES:

1. Understand the current state of the overrepresentation of incarcerated LGB people
2. Appreciate hypotheses on why this overrepresentation is occurring
3. Recognize different potential pathways to criminal-legal contact in the LGB population

DESCRIPTION

Lesbian, Gay, and Bisexual (LGB) individuals make up 2%–6% of the U.S. population but are overrepresented in incarcerated settings: 9.3% of men in prison, 6.2% in jail, 42.1% of women in prison, and 35.7% in jail identify as LGB1,2. This study explores factors contributing to their overrepresentation in the criminal legal system. Using data from the Patient Characteristics Survey by the New York State Office of Mental Health, we assessed social and clinical traits of individuals who access mental health services, with specific attention to those who identify as LGB and those who have active Criminal Legal System (CLS) involvement. Findings show LGB individuals receiving mental health care were not more likely to have a CLS status. Factors linked to CLS—including male gender, racial/ethnic minority status, housing instability, unemployment, substance use disorder (SUD), serious mental illness (SMI), and younger age—were similar across LGB and non-LGB groups. However, LGB-CLS individuals were more often female, had higher rates of education, and had higher rates of mood, anxiety, personality, and substance use disorders. Our study did not find the same CLS overrepresentation among the LGB clients we studied, possibly because they were already receiving psychosocial support, mitigating CLS risk. Differences within the CLS cohort suggest LGB individuals may have distinct pathways to criminal-legal contact. Understanding these differences can help tailor interventions to reduce risk.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

S12 Male Sexual Homicide Offenders: An Exploratory Latent Class Analysis of U.S. Murder Arrestees

PRESENTERS

Wade Myers

LEARNING OBJECTIVES:

1. Provide new research findings on the connection between homicide and sexual violence
2. Promote the exchange of ideas and experiences with psychiatrists interested in research
3. Encourage discussion of similar cases to enhance assessment skills

DESCRIPTION

Sexual homicide is a rare but persistent form of homicide that is driven by sexual motivation. It accounts for just under 1% of all U.S. murders. Reliable epidemiological data on sexual homicide are sparse. Moreover, researchers have proposed various sexual homicide offender classifications with no clear consensus reached to date. The study aimed to develop the first statistical classification of male single-victim sexual homicide offenders (SHOs) using the U.S. FBI's Supplementary Homicide Reports database over a 47-year period (1976-2022). A latent class analysis was computed to detect subtypes of male SHOs in the SHR sample of 3,204 offenders. The analysis identified six unique classes of SHOs: (1) young victim sexual murderers, (2) homosexual sexual murderers, (3) older victim sexual murderers, (4) female young adult victim sexual murderers, (5) white intra-racial sexual murderers, and (6) black intra-racial sexual murderers. Distinguishing features of these six classes were the offender-victim relationship, weapon choice, offenders' racial groups, victims' age and racial groups, and geographical urbanness level of the crime location. This empirically-derived offender classification can be informative to mental health and law enforcement professionals in their assessment of offenders and development of investigative strategies respectively.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

S13 Mental Health, Race, and Policing in Minneapolis

PRESENTERS

Hamdi Farah, Rodrigo Fontenele

LEARNING OBJECTIVES:

1. Demonstrate an understanding of how current police interactions negatively impact persons with mental illness and people of color disproportionately.
2. Evaluate the key tenets of the consent decree and assess potential challenges in its implementation for the City and MPD.
3. Identify ongoing systemic problems and need for reform in law enforcement interactions with individuals with mental illness and people of color.

DESCRIPTION

In the wake of the murder of George Floyd in Minneapolis by a law enforcement officer, the U.S Department of Justice (DOJ) led a two-year federal investigation into the City of Minneapolis and Minneapolis Police Department (MPD). The DOJ found that MPD's actions have disproportionately violated the constitutional rights of individuals with mental illness and people of color. In 2023, the city of Minneapolis entered into a consent decree with the DOJ in an effort to rectify problems highlighted in the DOJ's report. In recent times, similar DOJ investigations into police departments in other cities (for example Chicago, Memphis) have brought to the forefront inequities in the justice system as they pertain to interactions with law enforcement. Recent research has revealed that people of color and individuals with mental illness have a higher likelihood of death in encounters with law enforcement, highlighting the need for considerable reform in policing practices. In this poster, we will discuss findings from the DOJ investigation into MPD and the tenets of the subsequent consent decree. We will also discuss recent reforms in MPD that have been instituted as a result of the consent decree and problems that might persist despite the city's best efforts.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

S14 Navigating Changes to Civil Commitment in The Golden State: Beyond the Lanterman-Petris-Short Act

PRESENTERS

Armaan Zaré, Kayla Fisher

LEARNING OBJECTIVES:

1. Analyze how California's civil commitment laws have evolved to address gaps in psychiatric care, including reforms expanding commitment criteria and treatment access.
2. Equip forensic psychiatrists with historical and policy-driven insights to educate trainees on the intersection of civil liberties, public safety, and involuntary commitment.
3. Evaluate the outcomes of deinstitutionalization while evaluating the role of research-driven policy changes in shaping future psychiatric care models.

DESCRIPTION

California's evolving involuntary civil commitment and mental health legislation reflect a continued effort to balance civil liberties with public safety and the need for treatment. Since the first asylum was established in 1853, the Lanterman-Petris-Short (LPS) Act of 1967 launched the transition from institutionalization to community-based care of the mentally ill. However, unintended consequences such as homelessness and incarceration of individuals with severe mental illness have necessitated further legislative reform. This presentation will review the recent legal reforms which expand civil commitment criteria and access to psychiatric care. Research-driven policy changes along with anticipated clinical impacts of legislative reforms will be outlined. The presentation concludes by providing information on other states with similar or pending legislative reforms.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

S15 Partnering with Community Stakeholders to Improve Forensic Psychiatry Education in General Residency

PRESENTERS

Lizette Lara, Patricia Ortiz

LEARNING OBJECTIVES:

1. Identify forensic psychiatry education requirements in general residency training.
2. Learn new ways to involve general psychiatry residents in forensic psychiatry fields.
3. Understand the benefits of partnering with community stakeholders to improve quality of care and psychiatric education.

DESCRIPTION

It is widely accepted that there is a significant shortage of forensic psychiatrists in the United States. Similarly, the implementation of forensic psychiatry teaching in most psychiatry residency curriculums is minimal. In order to address both of these issues, Texas Tech University Health Sciences Center El Paso (TTUHSC EP) has implemented an innovative approach partnering with the local mental health authority and the Texas Judicial Commission on Mental Health (JCMH) to expand forensic learning opportunities to psychiatry residents. PGY-1s are engaged in structured education regarding civil commitment hearings and providing testimony. PGY-4s have the opportunity to participate in an elective with the county Assisted Outpatient Treatment (AOT) where they evaluate and treat justice-involved individuals and provide education to the court and other program providers in order to enhance the quality of the experience for the program participants. This poster will outline the programs including the various roles the resident physician serves, the multidirectional education provided to all participants, and benefits to stakeholders including the training program, county employees, AOT participants, and the patients themselves. The collaboration of resident physicians with the judicial system through this partnership has been a great opportunity for residents to enhance their learning in forensic psychiatry and motivate them to consider the subspecialty. It is also a great asset to the mental health court system to learn more about psychiatry and make informed decisions when it comes to participants with psychiatric illness. Participants and their families benefit from the services provided by gaining better understanding about their diagnosis and treatment plans, which should also lead to improved outcomes.

S16 Psychiatric Impact of Parental Legacy: The Mental Health Struggles of the Child of a Serial Killer

PRESENTERS

Gregory Iannuzzi, Kristy Matasavage

LEARNING OBJECTIVES:

1. Explore the psychiatric impact on a daughter whose father was convicted of serial murder.
2. Educate forensic psychiatrists to examine the effects of the violent crime on offender's family members to reduce recidivism of the offender, violence risk within the family, and to support healing.

DESCRIPTION

Serial murder is a rare event, accounting for less than one percent of annual murders in the US. Given its rarity, there is little known about the psychiatric impacts on family members of convicted serial murderers. Furthermore, existing literature examines the impact of the parent's violent crimes on children and young adults rather than older adult children. In this case, we report a 46-year-old woman with an uneventful upbringing and no psychiatric childhood history. At age 26, she learned that her father committed serial murder. She subsequently developed PTSD requiring trauma therapy. Twenty years later, she developed a delusional obsession with her father's murders. Her psychotic and affective symptoms escalated, as did her violence risk, resulting in civil commitment. Examination supported a psychiatric rather than medical or substance-induced etiology. Symptoms improved with risperidone and lithium, but some delusions and characterological pathology persisted at discharge. This case highlights important considerations regarding the intersection of trauma, genetics, and environmental influences in the development of severe psychiatric disorders. In this case, the patient's intense preoccupation with her father's actions served as both a traumatic and an identity-forming event, potentially triggering the onset of her psychiatric disorder. Forensic psychiatrists participating in this presentation will learn to comprehensively assess violent offenders including the impact of these crimes on offender's families, the offender's recidivism risk, the risk of violence in family members, and the impact on civil issues such as child custody. This fulfills AAPL's mission to practice forensic psychiatry at the highest level.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

S17 Reforming Competency Restoration in the State of Minnesota

PRESENTERS

Chinmoy Gulrajani, Christina Nyquist

LEARNING OBJECTIVES:

1. Participants will be able to: Demonstrate knowledge of competency restoration in the US by comparing the Minnesota experience to that of other states, highlighting challenges and successes.
2. Participants will be able to: Discuss the development of competency restoration service delivery systems as it pertains to the treatment of forensic patients.
3. Participants will be able to: Describe avenues of new research and data collection opportunities as they arise in the context of the new MN competency restoration law.

DESCRIPTION

The competency restoration process varies across the United States, with each state having its own protocols, resources, and legal frameworks. Traditionally, Minnesota statute did not require the State to provide competency restoration services to defendants found incompetent to stand trial. In 2023, that changed when the State Legislature passed a law outlining a new process for competency restoration. This law holds the potential for several positive changes including the addition of 'forensic navigators' to improve social supports and has opened the door for the possibility of jail based and community based restoration. However, as the law is going into effect, aspects of it have been called into question as there is concern that it will not solve pre-existing problems or provide ethical and practical solutions. Additionally, the law has made sweeping changes to the historic legal landscape in Minnesota potentially creating novel challenges for psychiatric practice including management of IST defendants and involuntary administration of medication under the never before utilized "Sell" criteria. This poster will outline the Minnesota law, its pros and cons, and underscore challenges that forensic psychiatrists are likely to face when compared to the restoration process in other states.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

S18 SMI: Transparency in Definition and Why it Matters More Now

PRESENTERS

Andrew Kim, Ashley Maestas, Melissa Piasecki, Rachael Lambin

LEARNING OBJECTIVES:

1. Identify the limitations of current definitions and applications of the term Serious Mental Illness (SMI).
2. Compare how differing interpretations of SMI affect eligibility for the death penalty in four U.S. states.
3. Discuss other forensic implications and potential solutions related to variability in SMI definitions

DESCRIPTION

Although many forensic professionals are familiar with the term Serious Mental Illness (SMI), closer examination of the term reveals inconsistent definitions across institutions, systems and states. A lack of clear and consistent definitions of SMI may lead to inequities or biases in legally relevant outcomes. This poster explores these problems, with a focus on SMI definitions related to the death penalty, to generate dialogue related to improving the transparency and consistency of SMI definitions. We also explore potential solutions and pitfalls for more consistent and universal definitions.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

S19 State Variations in Handling Incompetent Criminal Misdemeanants: Legal Approaches and Competency Restoration Practices

PRESENTERS

Jennifer Kim, Maryam Jahdi, Matthew Grover

LEARNING OBJECTIVES:

1. To understand how different states handle incompetent misdemeanants on competency restoration procedures.
2. To compare state-specific approaches to incompetent misdemeanants in dismissal of charges if not competent within a certain time period.
3. To report on state-specific legislation and proposed legislation to approaches to diversion programs, civil commitment and alternative methods to incarceration.

DESCRIPTION

In the United States, the handling of incompetent criminal misdemeanants varies by state. Courts typically order a mental competency evaluation, and if found incompetent, the defendant may be placed in treatment programs aimed at restoring competency, often in psychiatric hospitals or outpatient settings. This may have a profound effect in increasing waitlists for those incompetent to stand trial awaiting an inpatient psychiatric hospitalization. If restoration is not achieved within a specified time, charges may be dismissed, or the individual may be diverted into civil commitment or mental health treatment. Many states have mental health courts or diversion programs designed to address the needs of mentally ill offenders, focusing on rehabilitation rather than prosecution. Some jurisdictions also allow for outpatient competency restoration if the individual can safely remain in the community and adhere to treatment plans. Additionally, civil commitment may be pursued in cases where the individual is not restored to competency but still poses a mental health risk. More states are engaging in mental health treatment and rehabilitation programs for those with mental illness in the criminal justice system. This poster will serve to update and highlight the variations in restoration time prior to dismissal, legislation in specific states and report current approaches to providing alternatives to prosecution by state.

POSTERS **TIME: 7:00 AM - 8:00 AM** **ROOM: ATRIUM LOUNGE - 3RD FLOOR**

S20 Taking it to the Streets: Examining Liability Issues in Street Psychiatry

PRESENTERS

Bailey Fay, Catherine Vogt, Matthew Grover

LEARNING OBJECTIVES:

1. To develop an understanding of street psychiatry and relevant ethical and legal considerations.
2. To gain knowledge of the ALI's 2024 revision of the legal standard for assessing medical malpractice
3. To understand current case law regarding medical malpractice and medical negligence regarding street psychiatry

DESCRIPTION

Street medicine is the direct delivery of medical care to individuals that are experiencing homelessness or living in poverty [1]. It originated from the practice of Jim Withers, a faculty attending physician at the University of Pittsburgh Medical Center Mercy Hospital, who in 1992 began providing free healthcare to people living on the street in his community [1]. Since the 1990s, the practice of street medicine has expanded to include psychiatric interventions and is known commonly as "street psychiatry" [2, 5]. People experiencing homelessness disproportionately suffer from mental illness and substance use disorders, with estimates of up to half having a serious mental illness or substance use disorder [2]. Street-based psychiatric interventions have been found to improve psychiatric illness outcomes and increase engagement in psychiatric treatment [2]. The provision of street-based medical and psychiatric care is linked to legal issues that require consideration, such as the risk for malpractice, patient abandonment, and privacy concerns [3]. The risk for malpractice is especially relevant given the American Law Institute's revision in 2024 of the legal standard for assessing medical malpractice [4]. Specifically, the revision moved from a reliance on customary practice towards a more patient-centered and evidence-based concept of reasonable medical care, with reasonable medical care being the skills and knowledge of competent medical clinicians [4]. To fully elicit the psychiatric and medical malpractice concerns in the realm of street medicine and street psychiatry, we will conduct reviews of the medical literature regarding treatment, ethics, and liability with respect to street medicine and street psychiatry. Case law and legal literature will be queried for malpractice or negligence suits relevant to street medicine and street psychiatry. We will elicit responses from psychiatrists and organizations working in street psychiatry regarding their experiences with liability issues. We will also contact malpractice insurers to assess information they have regarding malpractice cases in the field of street medicine or street psychiatry. Our results will provide us with the first data points towards developing practice guidelines with respect to street psychiatry. 1. Tito E. Street Medicine: Barrier Considerations for Healthcare Providers in the U.S. Cureus. 2023 May 9;15(5):e38761. doi: 10.7759/cureus.38761. PMID: 37303393; PMCID: PMC10250111. 2. Lo E, Lifland B, Buelt EC, Balasuriya L, Steiner JL. Implementing the Street Psychiatry Model in New Haven, CT: Community-Based Care for People Experiencing Unsheltered Homelessness. Community Ment Health J. 2021 Nov;57(8):1427-1434. doi: 10.1007/s10597-021-00846-1. Epub 2021 May 31. PMID: 34059983. 3. Wong, G. (2024). Ethical and Legal Questions with Street Medicine. Journal of Health Ethics, 20(1). http://dx.doi.org/10.18785/jhe.2001.06 4. Aaron DG, Robertson CT, King LP, Sage WM. A New Legal Standard for Medical Malpractice. JAMA. Published online February 26, 2025. doi:10.1001/jama.2025.0097 5. Su KY, Feldman BJ, Feldman CT, Saluja S, Coulourides Kogan AM, Cousineau MR. Behavioral Health Care Delivery Through Street Medicine Programs in California. Community Ment Health J. 2024 Feb;60(2):283-291. doi: 10.1007/s10597-023-01169-z. Epub 2023 Aug 1. PMID: 37526807; PMCID: PMC10822007.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

S21 The Influence of US v Mott and Standards of Wrongfulness on Military Case Law

PRESENTERS

Francis Ridge, Jason Banarsee, Julia Cimpian

LEARNING OBJECTIVES:

1. Identify the three standards of wrongfulness as delineated by their respective court cases.
2. Be familiar with the similarities and differences of states' interpretations of wrongfulness.
3. Interpret subsequent case rulings that were influenced by U.S v Mott.

DESCRIPTION

The 1843 M'Naghten Case established a defendant's understanding of wrongfulness as a test of criminal responsibility. Definitions of wrongfulness fall into three different standards: illegality (i.e. R. v Windle [1952] 2 QB 82), subjective moral (i.e. US. v. Segna, 555 F.2D 226 (9th Cir. 1977)), and objective moral standard (i.e. U.S v. Mott, (CAAF 2013)). U.S. v. Mott addressed the military's stringent variation of the objective moral wrongfulness standard (i.e. U.S. v. Mott, (CAAF 2013)) and exemplifies how varying definitions affected practice in the U.S. military justice system. We reviewed the reasoning of the court in Mott, compared the ruling to other statutory and case law definitions of wrongfulness, and how it influenced subsequent military case law. Consideration of the differences in definitions of wrongfulness is vital for forensic psychiatrists who are tasked with evaluations of criminal responsibility in various settings to maintain the standards of our profession. Continued discussion about how cases like Mott impact forensic psychiatry is necessary to discover how application of standards on wrongfulness impact psychiatry at large.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

S22 Treating Over Objection: A Comprehensive Review of Involuntary Non-emergency Psychiatric Treatment in Jail Settings

PRESENTERS

Danielle Kushner, Seong Im Hong, Theresa De Freitas

LEARNING OBJECTIVES:

1. Recognize the minimum constitutional requirements to involuntarily medicate pre-trial detainees as shaped by Washington v. Harper, Riggins v. Nevada, and U.S. v. Loughner.
2. Identify ethical, legal, and practical challenges associated with involuntary nonemergency psychiatric treatments to in jails across different jurisdictions in the United States.

DESCRIPTION

Approximately a third of all incarcerated individuals are in jails across the United States, totaling over 660,000 individuals held in more than 3,100 jail facilities. Among these, an estimated 70% are pretrial detainees, who are presumed innocent under the U.S. legal system. With 15-30% of jail inmates experiencing a serious mental illness, the need for appropriate psychiatric care is critical. However, survey indicates that up to 70% of jailed patients with mental health diagnoses and active impairments do not receive consistent treatment. Anosognosia is another barrier to treatment, leading to refusal of desperately indicated treatments in the jail setting even when mental health services are available. This poster will explore the tension between the ethical principles of beneficence and autonomy in the administration of involuntary psychiatric treatment to individuals in jails, highlighting the minimum constitutional requirements shaped by landmark cases: Washington v. Harper and U.S. v. Loughner. Washington v. Harper established standards of dangerousness and grave disability for involuntary treatment of incarcerated individuals and introduced constitutional protections via prison committees to authorize medication administration. Loughner extended these standards and procedures to federal pretrial detainees in federal jails for nonemergency involuntary medication. Despite these precedents, the lack of a uniform law or policy for nonemergency involuntary treatment in jails results in inconsistent practices across states and counties, raising a public health and policy challenge. This session aims to provide an overview of the different protocols and practical challenges across different U.S. jurisdictions.

POSTERS TIME: 7:00 AM - 8:00 AM ROOM: ATRIUM LOUNGE - 3RD FLOOR

S23 Disagree to Agree: Complications and Conflicts in Caring for Incarcerated Psychiatric Patients in a Hospital Setting

When Professional Approaches Conflict: Addressing the Challenges of Caring for Justice-Involved Psychiatric Patients in a Hospital Setting

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PRESENTERS

Eric Womboldt

LEARNING OBJECTIVES:

1. Demonstrate disparity in officer's response to medical treatments vs. psychological interventions
2. Analyze bias and distrust in jail staff towards incarcerated patients and how that can adversely affect psychological treatments in the hospital
3. Discuss possible hospital policy changes to better improve patient outcomes and overall safety for hospital staff and patients.

DESCRIPTION

Multiple medical specialties have published their accounts of the difficulties providing the standard of care in hospital settings for patients who are in custody (South, Haber, & Berk [2024]; Tahouni et al. [2015]). To our knowledge, reflections from behavioral health specialties on the concerns faced by incarcerated psychiatric patients in hospitals have not been as widely published. Although there are numerous concerns specific to the care of psychiatric patients, in this poster, we will highlight approaches that law enforcement utilizes for behavior health issues, then demonstrate how in the hospital setting this results in a significant departure from psychiatric and psychological standards of care followed by behavioral health teams. These issues include the following: 1) the employment of physical coercion and restraint of the incarcerated psychiatric patient by carceral staff compared to the use of emergency psychiatric medications by medical staff, 2) conflicts that arise when a psychiatric/psychological provider designate an intervention as a "treatment" when carceral staff consider the same intervention as a "privilege", and 3) highlighting the carceral staff's approach to interventions that utilize a punishment-based framework that lacks empirical evidence in enacting effective behavioral change. This division is especially pronounced when considering psychiatric/psychological interventions compared to medical interventions. In carceral settings the correctional staff are primary decision makers in determining if a psychiatric/psychological intervention is considered legitimate and whether that intervention should be employed for the patient. This creates notable conflict when psychiatric/psychological providers attempt to utilize evidence-based approaches to improve behavioral outcomes for psychiatric patients while ensuring safety for both the staff and patient. We make recommendations for hospital policy and practice changes that promote equitable and humane care of psychiatric patients in custody. We additionally provide recommendations for individual practitioners who are working within hospital systems, especially for the care of incarcerated patients.

PANEL DISCUSSION TIME: 8:00 AM - 9:45 AM ROOM: SALON C-D - 4TH FLOOR

Toward a Fair and Transparent Fellowship Recruitment Process

PRESENTERS

Chinmoy Gulrajani, Jacqueline Landess, Reena Kapoor, Richard Martinez, Stephen Noffsinger

LEARNING OBJECTIVES:

1. To review the history of forensic fellowship recruitment
2. To explore the pros and cons of adopting The Match in fellowship recruitment
3. To understand differences in applicants' and training directors' perspectives on fellowship recruitment

DESCRIPTION

For as long as forensic psychiatry fellowships and The Match have existed, fellowship directors have debated whether to adopt The Match in recruiting new trainees. Historically, the Association of Forensic Psychiatry Fellowships (ADFPF) decided against The Match, reasoning that fellowship programs should be free to recruit trainees in accordance with their local needs and customs. After decades of the fellowship recruitment process growing more competitive and less collegial, ADFPF began implementing a more standardized process in 2018, including a common application, common timeline, and communication guidelines. This collaboration solved some problems, but applicants continued to report that the recruitment process was opaque, non-standardized, and stressful. In 2025, for the first time, fellowship directors strongly supported a Match process. In this panel presentation, current and past leaders of ADFPF describe the evolution of forensic psychiatry recruitment and explain the new process for fellowship year 2026-2027, which involves the National Resident Matching Program (NRMP) and Electronic Residency Application System (ERAS). Panelists will review the first year of recruitment with NRMP/ERAS and, using audience polling software, engage participants in a discussion of the pros and cons of the new system. Past and future applicants to forensic psychiatry fellowships are particularly encouraged to attend.

CME Check-In Code: 9AGVL **CME Credit Value:** 1.75

PANEL DISCUSSION TIME: 8:00 AM - 9:45 AM ROOM: SALON F - 4TH FLOOR

Forensic Psychiatric Consultation on Matters with National Security Implications

PRESENTERS

Emily Keram, Enrico Suardi, Gregory Saathoff, Ronald Schouten

LEARNING OBJECTIVES:

1. Attendees will appreciate the diverse ways in which forensic psychiatric skills and knowledge can contribute to questions of national security.
2. Attendees will be able to identify ethical issues encountered in doing this work and understand how they can be navigated.
3. Attendees will understand logistical and professional challenges when working on these matters, including security issues.

DESCRIPTION

Forensic clinicians can, and often do, play an important role in matters of national security. This panel will explore some of these roles, ranging from consultations to federal law enforcement and the intelligence community, contributions as subject matter experts, and service as forensic evaluators in matters involving insider threats, espionage, and terrorism. The focus will be on the application of our forensic knowledge and skills in unique settings, the challenges of working on high profile matters, and the pressures and stresses of working in a secure setting, with ongoing obligations to maintain secrecy, and the influence of political factors on how our work is received and used.

CME Check-In Code: FZNVP **CME Credit Value:** 1.75

PANEL DISCUSSION TIME: 8:00 AM - 9:45 AM ROOM: SALON G - 4TH FLOOR

The Gang's All Here: Organized Crime and the Forensic Psychiatrist

PRESENTERS

J. W. Carney, Jr., Renée Sorrentino, Richard Seeber, II, Ryan Hall

LEARNING OBJECTIVES:

1. Understand common reasons for which forensic psychiatrists are consulted in cases of organized crime
2. Identify safety considerations when conducting evaluations of parties connected to organized criminal organizations
3. Describe how media attention, particularly in high-profile organized crime cases, may bias jurors' verdicts.

DESCRIPTION

In the past decade, millions of Americans have been affected, directly or indirectly, by organized crime. Drug trafficking has contributed to over 100,000 Americans dying yearly by overdose, and the harm of human trafficking, sexual crimes, racketeering, money laundering, and murder in the context of organized crime is incalculable. Despite this, little has recently been written about the potential role forensic psychiatrists may play – and the perils they may face – in evaluating those connected to organized criminal organizations. This multidisciplinary panel, comprised of two forensic psychiatrists, a child and adolescent psychiatry fellow, and an attorney with high-profile organized crime defense experience including defending the notorious Whitey Bulger will explore issues arising at the interface of forensic psychiatry and organized crime. The panel will include a historical overview of organized criminal cases in which forensic psychiatrists have been involved, the common roles forensic psychiatrists play in modern organized crime cases, safety considerations when evaluating those with ties to organized criminal groups, the role of media and bias in high-profile cases, and a discussion with the attorney panelist about his experience in organized criminal litigation.

CME Check-In Code: K6F8W **CME Credit Value:** 1.75

WORKSHOP TIME: 8:00 AM - 9:45 AM ROOM: SALON H-I - 4TH FLOOR

Theory and Practice: Medical Malpractice and the ALI's 2024 Restatement [Third] of Torts

PRESENTERS

Christopher Robertson, Donald Meyer, Eric Drogin, Rohn Friedman

LEARNING OBJECTIVES:

1. Practicing and Trainee Experts will learn historical context and nuances of the legal principles underlying psychiatric malpractice including standard of care, proximate cause and informed consent.
2. Teachers and supervisors will learn conceptual updates to existing legal principles underlying psychiatric malpractice and how these changes may affect practice.
3. Attendees will learn how they and their Medical Center administrators may integrate changes to the standard of care for both institutional risk management and Quality Improvement purposes.

DESCRIPTION

In 2024, the American Law Institute [ALI] approved its Restatement (Third) of Torts , the first update since the Restatement (Second) in 1965, and the first time that medical malpractice was addressed as a separate volume. While the ALI has no direct authority to make law, it is highly influential in legislatures and in courts. The ALI's review of medical liability, standard of care, informed consent, and its recommended modifications to affect case assessment, testimony and healthcare institutional standards are an occasion for review of existing medical malpractice law and the anticipated impact of the Restatement on the practice of forensic psychiatric assessment, testimony and healthcare institutional standards of care. In this workshop, • a forensic psychiatrist will present a brief review of the fundamentals of medical malpractice law as a foundation for the workshop discussion. • a law professor and advisor to the ALI malpractice project [and co-author of reference #1] will review the evolution of med-mal law from 1965 to the present, underlining the new social and political forces that shaped the decisions made in the Third Restatement. • the aforementioned psychiatrist will comment on how these changes may impact the analysis and testimony of forensic psychiatric experts: What is the expert's understanding of the meaning of average and prudent and reasonable? What is foreseeable? How do experts digest case data? When might experts turn to scientific journals, clinical practice guidelines, or applicable ethical codes? A vignette will serve for audience responses [clickers or raised hands] to questions. • A second forensic psychiatrist will examine standards of care from the perspective of Quality Improvement and Risk Management. Clinical examples will serve for audience response to questions. • A trial consultant will summarize the presentations and present vignettes from actual practice to serve as a basis for panel and audience response to questions, illustrating how theory and practice inform each other when preparing malpractice cases for trial or settlement. • In the remaining 20+ minutes, the panel will field questions from the audience.

CME Check-In Code: T7CU4 **CME Credit Value:** 1.75

WORKSHOP TIME: 8:00 AM - 9:45 AM ROOM: SALON J-K - 4TH FLOOR

Distinguishing Methamphetamine Induced Psychosis from Primary Psychosis: Techniques, Relevance, and Challenges

PRESENTERS

Ashley VanDercar, Christopher Marett, Edward Thomas Lewis, III, Gregory Iannuzzi, Jason Barrett

LEARNING OBJECTIVES:

1. Review the epidemiology and clinical impact of methamphetamine use disorder and methamphetamine related psychosis.
2. Explore how neurobiology and cognitive theory inform symptoms in methamphetamine related psychosis.
3. Outline the impact of methamphetamine use on individual case evaluations as well as broader system wide impacts.

DESCRIPTION

The prevalence of methamphetamine and methamphetamine related psychosis continues to steadily increase. This issue, particularly as to the need to distinguish primary psychosis from methamphetamine-induced psychosis, directly impacts forensic psychiatrists. This workshop will serve as a useful primer for forensic psychiatrists encountering challenges related to methamphetamine in a variety of settings. The first portion of the workshop will review pertinent epidemiology, neurobiology, and cognitive dysfunction related to methamphetamine use. It will review symptoms of methamphetamine psychosis germane to the forensic assessment, including anosognosia and common delusional content. It will also describe novel patterns of paranoia seen with increasing frequency in methamphetamine related psychosis, particularly gang stalking, which can be associated with episodes of mass violence. The second portion of the workshop, which will encompass at least half of the time, will encourage audience members to work in small groups to address questions related to challenging case presentations. These cases will query audience members on how to assess the relevance and extent to which psychosis is methamphetamine induced. It will also use hypothetical questions to emphasize the potential legal impact of our diagnostic assessment. After the small group exercises, participants will reconvene to summarize the pertinent challenges methamphetamine (particularly as to psychosis) continues to impart on the state forensic, correctional, and broader clinical systems. The speakers will engage audience participation to outline ideas of how to assist in alleviating these system wide issues.

CME Check-In Code: Y3Z4I **CME Credit Value:** 1.75

PANEL DISCUSSION TIME: 10:00 AM - 11:45 AM ROOM: SALON C-D - 4TH FLOOR

Forensic Evaluation of Trauma in Developmentally Impaired Individuals

PRESENTERS

Charlotte Schwarz, Jeffrey Guina, Roger Samuel, Tianyi Zhang

LEARNING OBJECTIVES:

1. Participants will recognize the limitations of existing methodologies and instruments for assessing PTSD in individuals with NDs.
2. Participants will review specialized techniques for interviewing individuals with NDs and assessing them for PTSD in criminal and civil forensic evaluations.
3. Participants will learn about the role of trauma in mediating the higher rates of criminal justice involvement experienced by individuals with NDs.

DESCRIPTION

Individuals living with neurodevelopmental disorders (NDs), such as intellectual disabilities (IDs) and autism spectrum disorder (ASD), are vulnerable to mistreatment and abuse and experience more lifetime traumas than individuals without NDs. This presentation, sponsored jointly by the Trauma and Stress Committee and Developmental Disability Committee, explores the limitations of current instruments in reliably assessing for posttraumatic stress disorder (PTSD) in individuals with NDs and offers practical advice for assessing trauma-related symptomology in this population in forensic evaluations. We will present a composite case where ASD was relevant to the evaluation of a patient found “not guilty by reason of mental disease or defect.” Individuals with NDs have higher rates of violence and criminal offending than the general population; we will explore how this phenomenon is partially mediated by the higher rates of trauma that individuals with NDs experience. We will then present a civil case involving a question of capacity to be examined and deposed in a woman with ID who was sexually abused during an afterschool activity. We will explore various issues that may arise at the intersection of trauma and NDs in civil forensic evaluations such as assessments of capacity to be a witness or to be deposed.

CME Check-In Code: 8ETWW **CME Credit Value:** 1.75

WORKSHOP **TIME: 10:00 AM - 11:45 AM** **ROOM: SALON F - 4TH FLOOR**

Forensic Assessment of Functional Neurological Disorder *(NOTE: AAPL Members-Only Session)*

PRESENTERS

Shafi Lodhi, Timothy Allen, Vivek Datta

LEARNING OBJECTIVES:

1. Identify 5 physical signs consistent with the diagnosis of Functional Neurological Disorder
2. Understand the Forensic Neuropsychiatric approach to a personal injury case involving Functional Neurological Disorder
3. Distinguish Functional Neurological Disorder from Malingering

DESCRIPTION

Functional Neurological Disorder (FND) is a neuropsychiatric disorder characterized by neurological symptoms inconsistent with those caused by a known neurological disease. Once thought to be uncommon, it is now recognized as the second most common presentation in outpatient neurology. The disorder is frequently associated with psychiatric comorbidities and FND commonly gives rise to disability and worker's compensation claims in addition to other personal injury claims. Over the past 10 years, there has been an explosion of interest into this disorder, which has revolutionized our approach to diagnosis and treatment and understanding of its pathogenesis. In this highly interactive workshop, we will review recent insights into the causes of FND and demonstrate the positive physical signs consistent with the diagnosis. We will also present a personal injury case where panel members served as plaintiff and defense experts. Through discussion of this case, we will review the forensic neuropsychiatric approach to an FND case including issues of treatability, prognosis, compensability, and how to distinguish FND from malingering.

CME Check-In Code: R4WJV **CME Credit Value:** 1.75

WORKSHOP TIME: 10:00 AM - 11:45 AM ROOM: SALON G - 4TH FLOOR

"Grandma, I Need Your Help!": Scams, Scammers, and Forensic Psychiatry

PRESENTERS

John Sanitato, Nora Douglas, Renée Sorrentino, Susan Hatters Friedman

LEARNING OBJECTIVES:

1. Describe common types of scams
2. Describe demographic characteristics associated with scam susceptibility
3. Describe a potential public health role for forensic psychiatrists in scam prevention

DESCRIPTION

Potential losses from scams reached a record high, exceeding $12.5 billion dollars in 2023 according to the FBI Crime Complaint Center. Scams impact both financial security and mental health, with a recent European Commission survey demonstrating that victims were more likely to suffer emotionally than financially. Forensic psychiatrists should be knowledgeable about scams, scammers, scam victims, and scam prevention, as this is becoming increasingly relevant to our work. Forensic psychiatrists may evaluate scammers or victims (whose capacity may be called into question). The presenters include forensic psychiatrists and geriatric psychiatrists. Two of the forensic psychiatrists on the panel have served on a local Scam Squad, which is a multidisciplinary team ranging from public health to consumer protection to law enforcement and FBI, with a goal of prevention of scam victimization. Our session will introduce participants to common types of scams and common terms in this realm. We will provide examples of scams ranging from romance scams to biotech scams. Older adults in particular, have been disproportionately affected by scams, related to lower levels of cognitive function, decreased psychological well-being, and lower literacy. However, a growing body of evidence suggests that these relationships are more complex than once believed. We will incorporate real-life examples of similar scenarios that have been reported on in mainstream media. We will discuss insights learned from the evolving literature on scams, which impact forensic evaluations. We will discuss this intervention model and more broadly, a potential public health role for forensic psychiatrists in scam prevention.

CME Check-In Code: 94QVZ **CME Credit Value:** 1.75

PANEL DISCUSSION TIME: 10:00 AM - 11:45 AM ROOM: SALON H-I - 4TH FLOOR

A Federal Consent Decree Endgame: Prisons and Academia—A Sustainable Partnership

PRESENTERS

Charles Coleman, Rahn Bailey, Sara Karnes, Steven Thurber, William Richie

LEARNING OBJECTIVES:

1. Describe the history and current status of federal consent decrees and the impact on the provision of mental health services within incarcerated populations.
2. Identify strategies for incorporating academic expertise and evidence-based psychiatric interventions in the context of a correctional setting.
3. Evaluate the impact of violent behavior and other systemic and situational challenges on the achievement of compliance with consent decree mandates.

DESCRIPTION

Initially conceived to address civil rights violations in the United States justice system, federal consent decrees may serve to facilitate transparency in providing the "highest level attainable" psychiatric care to incarcerated persons. Notably, the New Orleans Justice Center ["OJC"], one of the nation's largest urban correctional facilities, has been under such federal oversight since 2013. The consent agreement "specifically target[s] the systemic problems that caused the unconstitutional conditions at the jail" including "inadequate medical care, and risks of suicide and mental health decompensation."1 This presentation will outline the process and challenges of an academic department [Louisiana State University Health Sciences Center New Orleans School of Medicine] integrating into an embattled prison system to deliver its tripartite mission of servicing, teaching and researching correctional psychiatry under the constraints of a federal consent decree. We will present foundational knowledge about consent decrees and describe general issues in the provision of mental health services within incarcerated populations. We will then discuss the process of building a program to address areas of deficiency identified within the consent decree, including short- and long-term strategies to bring the mental health component of OJC into compliance and the obstacles within this framework complicating the practice of correctional psychiatry at best practice levels of mental healthcare. The presentation will include some of the factors that are particularly salient to New Orleans, including the impact of high levels of violent behavior both within OJC and in the city as a whole.

CME Check-In Code: E3281 **CME Credit Value:** 1.75

PANEL DISCUSSION TIME: 10:00 AM - 11:45 AM ROOM: SALON J-K - 4TH FLOOR

Clarifying the Controversies in Corrections: The Debate Over Jail-Based Competency Restoration

PRESENTERS

Omar Khan, Peter Ash, Reema Dedania, Reena Kapoor

LEARNING OBJECTIVES:

1. Understand the wide variety of the structures of programs providing restoration of competency to stand trial.
2. Weigh the pros and cons of the various approaches to jail-based restoration, and their applicability in different settings
3. Learn about the lived experiences of forensic psychiatrists working in these settings, and the challenges that exist on a practical level.

DESCRIPTION

Jail-based restoration (JBR) of competency to stand trial is a controversial topic in forensic psychiatry. The JBR model is rife with both critics and proponents, obscuring an understanding of its benefits and limitations. This panel will provide clarity on aspects of jail-based restoration programs by bringing together panel members who hold a variety of (and in some cases conflicting) viewpoints and have experience working in different restoration settings. By exploring the pros and cons of different structures (restoration in jail general population, dedicated restoration units, the use of telepsychiatry in a JBR setting, or other alternatives to jail-based restoration just as diversion efforts), we hope to provide transparency to a less well-known but critical avenue for restoration of incompetent defendants. We will also explore alternative intervention approaches and other factors such as quality of care, costs, restoration techniques, and ethical issues involved in providing mental health treatment in a jail. While not a formal debate, the panel will utilize the opposing viewpoints of its participants to underscore the need for a multi-disciplinary approach to JBR and aims to provide much-needed clarity about the landscape of current restoration efforts in jails. Finally, we hope to encourage audience participation through an audience response system to gather the views of the audience, which will hopefully lend to a robust discussion on this complex topic.

CME Check-In Code: 6W5BP **CME Credit Value:** 1.75

DISTINGUISHED SPEAKER PRESENTATION **TIME: 1:00 PM - 2:00 PM** **ROOM: SALON E - 4TH FLOOR**

From AI to Generative AI to Deepfakes — What on earth does this have to do with me?

PRESENTERS

Maura Grossman

LEARNING OBJECTIVES:

1. Introducing attendees to relevant AI terminology.
2. Introducing attendees to how AI, generative AI, and deepfake technologies work.
3. Introducing attendees to the benefits and risks of AI, generative AI, and deepfake technologies.

DESCRIPTION

This talk will walk attendees through the development of discriminative (predictive) AI to generative AI and deepfakes, including what they are, how they work, their risks and benefits, and how they will impact your practice from the office to the courtroom.

CME Check-In Code: S3WGY **CME Credit Value:** 1

PANEL DISCUSSION | TIME: 2:05 PM - 3:45 PM | ROOM: SALON C-D - 4TH FLOOR

Breaking the Silence: What We Know and Don't Know About Pregnancy Denial and Neonaticide

PRESENTERS

Hira Hanif, Margarita Abi Zeid Daou, Sara West, Sherif Soliman

LEARNING OBJECTIVES:

1. Understanding the psychological and sociodemographic dimensions of pregnancy denial, including contributing factors and consequences
2. Comparing the existing and developing legal policy and caselaw addressing cases of neonaticide, in the US and internationally
3. Examining the role forensic psychiatrists may play in multidisciplinary clinical teams, as forensic evaluators and as advocates in therapeutic jurisprudence

DESCRIPTION

When pregnancy is only discovered after the death of the newborn, it signals a catastrophic failure in both detection and intervention. Such outcomes warrant a deeper investigation into the psychological, social, and systemic factors that contribute to these tragedies. Psychiatrists may occupy a dual role in these cases, acting as clinicians or potential forensic experts when pregnancy denial (PD) leads to neonaticide. With rare but alarming frequencies—affecting approximately 1 in 2,500 pregnancies for those unaware of carrying to term—and neonaticide rates ranging from 0.07 per 100,000 live births in Finland to 74 per 100,000 in the United States, the phenomenon remains poorly understood. This panel will explore the complexities surrounding PD and neonaticide, emphasizing the factors that contribute to these outcomes, as well as strategies for prevention and effective management. We will provide an updated review of PD, focusing on its prevalence, risk factors, psychological mechanisms, and the impact of trauma and social determinants on the delay or obstruction of intervention. Additionally, we will discuss neonaticide, distinguishing it from other forms of filicide, and analyze its unique characteristics, most notably the often unintentional nature of the act, occurring under extreme stress and isolation. We will examine the legal landscape surrounding neonaticide in the United States, highlighting inconsistencies in the criminal justice system. Charging and sentencing decisions vary widely, and psychiatric conditions are often inadequately considered. In contrast, several European countries—including France, Germany, and Austria—have established infanticide laws that consider the psychological distress experienced by mothers who commit neonaticide. These laws often lead to reduced sentencing or alternative approaches to punishment, offering a model that may inform legal reform in the United States. Finally, the panel will emphasize the importance of an interdisciplinary approach in clinical practice and therapeutic jurisprudence. Psychiatrists, as part of a broader team, provide mental health care for mothers and their children born under these circumstances and advocate for prevention strategies to reduce recurrences. Forensic psychiatrists may also be called upon to perform comprehensive mental health evaluations for women charged with neonaticide. These assessments require an understanding of the defendant's psychological state at the time of the offense, the extent to which PD contributed to impaired judgment, and whether legal insanity defenses may apply.

CME Check-In Code: E3ZI6 **CME Credit Value:** 1.75

WORKSHOP TIME: 2:00 PM - 3:45 PM ROOM: SALON F - 4TH FLOOR

Using AI in Insanity Evaluations: Inter-rater Reliability and Peer Review by Machine

(NOTE: AAPL Members-Only Session)

PRESENTERS

Alan Newman, David Rosmarin

LEARNING OBJECTIVES:

1. Audience will become introduced to the use of AI in evaluating one's own report.
2. Audience will review the construction and writing of an insanity report.
3. Audience will become familiar with the quirks and attributes of various AI programs.

DESCRIPTION

AI is touted as a current and potential advancement in various fields, including helping clinicians broaden differential diagnoses and besting radiologists in detecting breast cancer. Insanity reports should include data supporting or disputing a mental illness, symptoms that are active at the time of the act, and whether these caused the defendant to meet that jurisdiction's insanity standard. What we term as "data" in reports include many conclusory observations, all subject to bias, such as whether the defendant was guarded, disorganized, thrusting forth symptoms, etc. Also, the wording of the prompt to the AI program can tilt the AI response. In this presentation, several experts submitted insanity reports, and the analysis/opinion section was scrubbed. The anonymized and scrubbed report was submitted to various AI programs that were tasked with generating diagnosis, symptoms at the time of the act, and an opinion on insanity. AI verbiage and "opinion" will be directly compared to that of the experts.

CME Check-In Code: LPYIE **CME Credit Value:** 1.75

DEBATE | TIME: 2:00 PM - 3:45 PM | ROOM: SALON G - 4TH FLOOR

Psychological Autopsy: Suicide or Accident?

PRESENTERS

Ashley Maestas, Ashley VanDercar, Samuel Rosenblatt, Stephen Noffsinger

LEARNING OBJECTIVES:

1. Understand the purpose and basic components of a psychological autopsy, and the forensic situations where psychological autopsies are commonly used.
2. Learn techniques for conducting a psychological autopsy, including common pitfalls
3. Demonstrate how to critique a psychological autopsy through the debate process at the conclusion of the session

DESCRIPTION

Forensic psychiatrists may be tasked with conducting a retrospective evaluation of a decedent's mental state and opining on whether the decedent's death was consistent with suicide – also known as a psychological autopsy. Life insurance benefit disputes are the most frequent source of requests for a psychological autopsy. Many life insurance policies have a suicide exclusion clause, allowing the insurer to deny life insurance benefits when the insurer unilaterally concludes that the manner of death was suicide, thereby resulting in litigation by the excluded beneficiaries. Millions of dollars of disputed life insurance benefits may hinge on whether the finder-of-fact determines that the manner of death was suicide versus non-suicide, and forensic psychiatrists play a key role in assisting the finder-of-fact with that determination through expert analysis and testimony. Although the AAPL Practice Guidelines for Forensic Assessment lists psychological autopsy as one of the main types of assessments in civil proceedings, it does not provide specific instruction about how to conduct these evaluations. This stands in contrast to other forensic assessment areas where AAPL has developed explicit practice guidelines, such as competency to stand trial evaluation, insanity evaluation, and psychiatric disability evaluations. Most forensic psychiatry fellowships provide substantial instruction in various other competencies, malpractice, fitness for duty, and civil commitments, yet psychological autopsies remain underrepresented in training. These evaluations require a specific methodology and analysis in order to render an accurate and reliable forensic opinion. Additionally, modern psychological autopsies benefit from analyzing digital footprints, especially social media interactions between the decedent and others, which can reveal crucial insights into mental state, relationships, and behavior patterns before death. Staying current with these evolving dimensions is essential for comprehensive evaluations. The first half of the workshop will provide instruction on conducting psychological autopsies, through the use of lecture, PowerPoint, case-examples, and the presentation of a detailed psychological autopsy vignette. In the second half of the workshop, audience members will break into small groups and formulate an opinion as to the cause of death in the presented vignette. At the end of the workshop, the small groups will be led through a debate as to whether the vignette involves a death by suicide, as opposed to an accident.

CME Check-In Code: 6L4XD **CME Credit Value:** 1.75

PANEL DISCUSSION TIME: 2:00 PM - 3:45 PM ROOM: SALON H-I - 4TH FLOOR

Legislation Education: Transparency between Forensic Psychiatry and Government

PRESENTERS

Christopher Thompson, Danielle Kushner, Karen B. Rosenbaum, Michael Champion, Trent Holmberg

LEARNING OBJECTIVES:

1. To educate participants about current and proposed state and national legislation impacting the field of forensic psychiatry.
2. To give participants options in getting involved in legislation pertaining to forensic psychiatry at the local level.
3. To educate participants about the importance of transparency when it comes to laws affecting mental health.

DESCRIPTION

Legislation in mental health policies at the state level often affects the work of forensic psychiatrists. In the current political climate, it is more important than ever for forensic psychiatrists to help educate leadership and the public regarding mental health and forensic issues. For example, at the federal level, there has been discussion of changing SSRIs to become Schedule II medications. Likely this could not happen without FDA approval, but nevertheless it is important that we as forensic psychiatrists are aware of any possible new executive orders or laws that could affect our field. To this end, The AAPL Government Affairs committee members will present updates on new or proposed state legislation relevant for forensic psychiatrists in Hawaii, Utah, New York, and California. In Hawaii, Dr. Michael Champion is working with the Governor's office and Attorney General on a comprehensive review of their mental health code and as a member of the Judicial Council's once a decade Penal Code Review Committee to support deflection and diversion efforts in anticipation of the 2026 legislative session. Utah recently passed a bill on housing and medical care for transgendered inmates. The bill says an inmate does not have the right to initiate specific treatments relating to transgender health care while in state custody. The bill also requires designated housing arrangements for juvenile inmates based on the gender assigned at birth. However, the bill also encourages psychotherapy, among other mental health treatments, for inmates experiencing gender dysphoria. In New York, the Assembly Bill A2719A was proposed on January 22, 2025, to enact "The Empire State of Mind" act which would provide community treatment for people with mental illness after incarceration and also "establishing the crime of absconding from community treatment." In California, CARE courts, which require certain individuals to participate in mental health treatment, have been in use in most counties for over a year. However, there are significant questions about their effectiveness and return on investment. The panel will also discuss how participants can be more involved in making an impact on the development of forensic mental health legislation through their local APA branches and make a plug for AAPL members to continue to be involved in the APA to help promote the transparency of the field of forensic psychiatry among our peers.

CME Check-In Code: Q5A27 **CME Credit Value:** 1.75

PANEL DISCUSSION TIME: 2:00 PM - 3:45 PM ROOM: SALON J-K - 4TH FLOOR

One State See, One State Do? Improving the Competency Evaluation and Restoration Process by Learning from Other States

PRESENTERS

Debra Pinals, Marta Herger, Raina Aggarwal, Reena Kapoor, Simha Ravven

LEARNING OBJECTIVES:

1. Identify problems with the competency evaluation and restoration process in different states and the factors that contribute to them
2. Understand advantages and disadvantages of evaluation and restoration models in different states
3. Apply information about models in different states in order to help improve the competency evaluation and restoration process while considering state-specific factors that may affect adaptability

DESCRIPTION

The process of competency evaluation and restoration varies widely from state to state, with many states experiencing major backlogs in recent years. New York is a prototypical example, where defendants often wait so long for an inpatient restoration bed that their competence has been "spontaneously" restored in jail or other treatment settings by the time a state hospital bed is available. In this panel, we describe the current situation in New York and review programs from other states that have been developed to combat this problem. Strategies include competency "screeners" to reduce evaluation backlogs, programs to divert defendants from the competency system altogether, periodic competency reassessments during a waiting period for a restoration bed, jail-based and outpatient competency maintenance and restoration programs, and placing stricter time limits on restoration to enhance the throughput of inpatient beds. We also look at the example of Vermont, which has no restoration system at all. Finally, we discuss the challenges of adapting a program that works in one state to another state that might have a very different population size, governmental structure, and culture around the criminal legal system.

CME Check-In Code: JRZAL **CME Credit Value:** 1.75

RESEARCH-IN-PROGRESS TIME: 4:00 PM - 6:00 PM ROOM: SALON C-D - 4TH FLOOR

Research-In-Progress - Session B

DESCRIPTION: Join us for these interesting presentations about Research-In-Progress in the Forensic Psychiatry field.

CME Check-In Code: XJRGG **CME Credit Value:** 2

Epidemiology of Psychiatric Disorders in Texas Prisons from 2016 to 2023

PRESENTERS

Rocksheng Zhong

LEARNING OBJECTIVES:

1. Review the current research concerning the epidemiology of serious mental illnesses in the general population and in correctional settings
2. Analyze the changes over time in the epidemiology of major psychiatric disorders in a state prison system
3. Discuss the implications of these temporal trends for policy and practice

DESCRIPTION

The United States incarcerates nearly two million people, the most of any country. Correctional populations exhibit high rates of psychiatric disorders, and correctional institutions often serve as the principal mental health provider for many people with serious mental illness. Yet, the epidemiology of major psychiatric disorders in these populations is not well understood. We therefore investigated the rates of serious mental illness from 2016 through 2023 in the Texas Department of Criminal Justice (TDCJ), the nation's largest state prison system. **Design and Participants:** This was a retrospective cohort study using electronic medical record data of all TDCJ inmates from January 1, 2016, through December 31, 2023. **Results:** The number of TDCJ inmates decreased from 222,798 in 2016 to 170,269 in 2021 before rising to 185,451 in 2023. Approximately one-third of inmates were White (34.5%-35.4%), one-third Black (31.0%-32.3%), and one-third Hispanic (32.7%-33.5%), and men (88.9%-90.7%) outnumbered women (9.3%-11.1%). Most inmates were aged 30-49 (52.8%-57.3%), with fewer inmates aged ≤29 (19.4%-27.4%) or ≥50 (19.8%-23.4%). The prevalences of all psychiatric disorders generally increased. The prevalence of depressive disorders increased the most among inmates aged 30-49 (from 5.23% to 6.71%), Hispanic inmates (from 3.86% to 5.72%), and men (from 4.72% to 6.53%). The prevalence of bipolar disorders increased the most among inmates aged ≥50 (from 2.57% to 3.46%), Hispanic inmates (from 1.31% to 2.23%), and men (from 2.26% to 3.12%). The prevalence of psychotic disorders increased the most among inmates aged ≤29 (from 1.33% to 2.52%), Hispanic inmates (from 1.53% to 3.21%), and women (from 1.27% to 4.24%). When stratified by age, race, and sex, Cochran-Armitage Tests for Trend were significant for nearly all comparisons (p < 0.0001), and all two-way interactions were significant (p < 0.0001). **Conclusions:** We characterized the epidemiology of major psychiatric disorders in the Texas prison system, showing that the prevalences of these disorders increased from 2016 to 2023, with some disorders growing at a faster pace than others within certain subgroups. These findings emphasize the need for mental health diversion programs, greater resources for treatment within correctional settings, and improved coordination with communities to provide post-release care and support.

RESEARCH-IN-PROGRESS TIME: 4:00 PM - 6:00 PM ROOM: SALON C-D - 4TH FLOOR

Analysis of Juveniles with Criminal Responsibility Evaluations in Criminal Courts in Michigan

PRESENTERS

Jessica Povlinski

LEARNING OBJECTIVES:

1. To provide scientific data on juveniles with criminal responsibility evaluations in Michigan.
2. To gain a better understanding of the characteristics of juveniles that may assert a successful insanity defense.

DESCRIPTION

Across the United States juveniles have variable access to the insanity defense in juvenile delinquency proceedings. However, if youths are charged in criminal court, they have the same right to assert an insanity defense as adults in that specific state. Each state has its own guidelines regarding transferring juveniles to the criminal justice system. In Michigan, juveniles 14 years of age or older can be waived or directly transferred criminal court. Individuals charged in criminal courts throughout Michigan have the right to assert an insanity defense. They are statutorily required to have a criminal responsibility evaluation completed by personnel at the Center for Forensic Psychiatry or other qualified personnel. An analysis of juveniles with criminal responsibility evaluations in Michigan has not been undertaken before. We reviewed the demographics, psychiatric history, and criminal responsibility opinions for juveniles under the age of 18 who had evaluations at the Center for Forensic Psychiatry between 2009 and 2023. Results will describe those opined to meet Michigan's statutory criteria for mental illness or intellectual disability as well as legal insanity. These results will provide a better understanding of the characteristics of juveniles that may assert a successful insanity defense. We aim to shed light on the frequency of juveniles contemplating an insanity defense in criminal court and considerations for youths that remain in juvenile delinquency proceedings.

RESEARCH-IN-PROGRESS TIME: 4:00 PM - 6:00 PM ROOM: SALON C-D - 4TH FLOOR

Addressing New Drug Trends in the Federal Bureau of Prisons

PRESENTERS

Logan Graddy

LEARNING OBJECTIVES:

1. Participants will understand the issue of contraband in correctional environments.
2. Participants will be able to describe new drug trends seen in correctional environments.
3. Participants will be able to describe the risks that these drug trends pose to incarcerated individuals.

DESCRIPTION

Incarcerated adults in the United States show a high prevalence of alcohol and illicit drug use both before and during their time in prison. A 2023 systematic review by Austin and colleagues estimated that about one-third of inmates use illicit drugs while incarcerated. Although prison drug use is not a new issue, emerging trends in this area pose new and dangerous risks to inmates' health. To better understand the consequences of these trends, a more detailed analysis of prison drug use and its impacts is essential. Prison drug use is supported by illicit economies that distribute both diverted prescribed medications and illegal drugs smuggled into the prison as part of the market for contraband, such as drugs, alcohol, cell phones, and weapons. Recent technological advances in the manufacture and distribution of synthetic drugs have made it more difficult for prison officials to detect and stop contraband smuggling. These emerging drug trends within prisons pose novel and serious health risks for inmates and staff. So far, only a few medical or psychological programs have been developed to directly address these new prison drug trends, and there is no comprehensive public health approach to the problem. It is our aim to analyze data related to these new drug trends in the Federal Bureau of Prisons. The project will begin to estimate the extent of the problem by analyzing indicators of illicit use, such as drug interceptions, urine drug screen data, clinical visits for probable overdoses, and overdose death rates.

RESEARCH-IN-PROGRESS TIME: 4:00 PM - 6:00 PM ROOM: SALON C-D - 4TH FLOOR

Identifying Gaps in Access to and Quality of Psychiatric Care for Individuals Under Arrest: A Case-Control Analysis

PRESENTERS

Anita Uche, Christina Patel, Stephanie Rolin

LEARNING OBJECTIVES:

1. To describe health needs of people under arrest
2. To identify gaps in psychiatric care for people under arrest
3. To review emerging research on how to improve psychiatric care for people under arrest

DESCRIPTION

There are over 10 million people arrested each year in the United States, 4-6% of whom are estimated to have a serious mental illness, some of whom need acute psychiatric evaluation and/or treatment. Articles from the 1990s describe patients referred to psychiatric emergency services by police, however these studies either exclude patients under arrest or do not distinguish that population from the larger population of patients for whom the police assist in crisis intervention and transport. In New York City (NYC), individuals under arrest are typically brought to an emergency department (ED) in the borough in which they were arrested. They are then referred to emergency psychiatric services as indicated from the medical triage. Psychiatric staff – either as consultants to the ED or in formal psychiatric emergency settings (e.g., Comprehensive Psychiatric Emergency Programs known as CPEPs) – assess these patients for urgent needs, including psychiatric hospitalization. Methods: This presentation will describe the health needs of a population of people brought into the New York Presbyterian (NYP) CPEP under arrest between January 2024 and July 2024. The patients are each time-matched to a sample of patients who are not under arrest. This is a case-control analysis, consisting of a retrospective chart review. Preliminary results: 45 patients were identified as being under arrest during the selected time period. The patients were mostly male (n=35, 77.8%) with an average age 39.7 years (SD=12.8 years). Forty percent of the sample was Black (n=19, 42.2%) and about a third of the sample identified as Hispanic (n=16, 37.8%). All patients identified had recent or past substance use. Results of case-control analysis are underway. Discussion: In the absence of a best practice standard for what constitutes a balanced and patient-centered emergency psychiatric evaluation of a person under arrest, each setting has developed its own practices. This analysis will identify whether any significant differences in access to and quality of psychiatric care for those under arrest, to guide the development of best practice and evidence-based standards for these types of evaluations.

RESEARCH-IN-PROGRESS TIME: 4:00 PM - 6:00 PM ROOM: SALON C-D - 4TH FLOOR

Patient Pathways: Understanding Differences in Treatment Seekers with Pedophilia Versus Sexual Offenders Court Ordered to Treatment

PRESENTERS

John Bradford

LEARNING OBJECTIVES:

1. Highlight the characteristics associated with preventative treatment seeking prior to offense.
2. Understand the clinical and demographic characteristics that separate treatment seekers from Court-ordered clinic participants.
3. Identify the degree to which various clinical and demographic features may impact and whether an individual with pedophilic disorder seeks treatment.

DESCRIPTION

Many individuals who seek treatment for sexual interest in children do not do so until after committing an offence for fear of stigmatization or legal consequences. However, there exists a population of individuals who seek preventative treatment before ever committing an offence. Research comparing pedophilic sex offenders and pedophilic non-offenders has reflected that these populations display significant differences in age, education, impulsivity, history of childhood sexual abuse, and substance use. However, despite this being a potential avenue for informing treatment and prevention strategies, there is a dearth of research comparing the characteristics of individuals who seek preventive care and those who seek forensic care. This study aims to identify characteristics associated with preventative treatment seeking and examine how these factors mediate the relationship between child sexual interest and child sexual offending in participants treated at the Sexual Behaviours Clinic (SBC) at The Royal in Ottawa. Key characteristics that will be examined in this work will include age, education, aggression, impulsivity, hypersexuality, cognitive distortions, childhood sexual abuse, fantasies, substance use, and arousal patterns. Clinical records from February 1983 to October 2024 will be analyzed using logistic regression to determine the extent to which each characteristic can predict membership in either the preventive or forensic group. Findings will address gaps in the literature focused on individuals who seek preventative care and men who have sexual interest in children but do not commit offences, and improve preventative interventions by identifying protective factors in non-forensic populations.

PANEL DISCUSSION TIME: 4:00 PM - 6:00 PM ROOM: SALON F - 4TH FLOOR

Death Penalty Evaluations and Treatment Considerations: A Proposed AAPL Practice Resource

PRESENTERS

Anthony Tamburello, Charles Scott, Jennifer Piel, Richard Frierson, Ryan Wagoner

LEARNING OBJECTIVES:

1. Review the history of the death penalty in the United States and related landmark case law
2. Consider how a forensic psychiatrist might be involved in these cases
3. Detail the treatments of inmates on death row, including unique concerns specific to this population

DESCRIPTION

As of 2024, the death penalty is a legal punishment in 27 states the federal government, and military. Legislation and court decisions have created a complicated history, not only who receives the death penalty, but also how it is administered. Forensic psychiatrists are involved in death penalty cases in a variety of ways, from pretrial evaluations and presentencing evaluations to treatment of individuals on death row. This presentation will focus on a proposed AAPL Practice Resource which will offer guidelines on how to properly evaluate and treat this population. Dr. Piel will discuss the history of the death penalty and how previous legal cases have influenced changes to capital punishment. Dr. Frierson will review ethical concerns raised about physician participation in capital cases and the agency issues involved. Dr. Scott will present factors that forensic psychiatrists should consider before becoming involved in a death penalty case. Dr. Wagoner will discuss the types of evaluations that forensic psychiatrists may be asked to conduct, including those that inform the penalty phase and those that help determine competence to be executed. Dr. Tamburello will conclude with treatment of inmates on death row, including the unique concerns with potential treatment to restore competency.

CME Check-In Code: 616NZ **CME Credit Value:** 2

PANEL DISCUSSION | TIME: 4:00 PM - 6:00 PM | ROOM: SALON G - 4TH FLOOR

The Aurora Theater Shooting: Expert Testimony, Ethics, and the Role of Forensic Psychiatrists

AAPL Committee Sponsor: Peer Review of Psychiatric Testimony

PRESENTERS

Ariana Nesbit Huselid, Jeffrey Metzner, Philip J Candilis, Phillip Resnick, William H. Reid

LEARNING OBJECTIVES:

1. Analyze the forensic psychiatric evaluations in this case, including the methodologies used and challenges the experts faced
2. Review the components of effective expert testimony
3. Deliberate the ethical controversy and challenges associated with evaluating a defendant charged with a high-profile capital crime

DESCRIPTION

On July 20, 2012, James Holmes carried out a mass shooting at the Century 16 movie theater in Aurora, Colorado, killing 12 people and injuring 68 others. His attorneys offered a guilty plea in exchange for a life sentence, but prosecutors declined. He then plead not guilty by reason of insanity. This panel will provide an examination of this case, focusing on the forensic psychiatric evaluations and ethical considerations involved. Dr. Huselid will introduce the principles of peer review and provide a case summary. Drs. Metzner and Reid, who served as court-appointed experts, will present an overview of their forensic opinions and reflect on the challenges of evaluating a high-profile capital defendant. Videos of Drs. Metzner and Reid's testimony and evaluations will be shared. Dr. Resnick, who was consulted by the prosecution but did not evaluate the defendant or testify, will share his experience and decision to accept this role. Drs. Candilis and Resnick will analyze the expert testimony, addressing questions including the evidentiary basis for the forensic opinions, the role of forensic psychiatrists in capital cases, the complexities of publicly critiquing a colleague's work, and the ethics of writing about evaluated defendants.

CME Check-In Code: LVALZ **CME Credit Value:** 2

WORKSHOP TIME: 4:00 PM - 6:00 PM ROOM: SALON H-I - 4TH FLOOR

Unresolved Issues in Right-to-Treatment: An Interactive Workshop

PRESENTERS

Catherine Mier, Danielle Kushner, Olivia Silva, Raina Aggarwal, Ren Belcher

LEARNING OBJECTIVES:

1. Gain a more nuanced understanding of the issues encountered in the treatment of incarcerated patients, and the role that legal precedent plays in shaping that care.
2. Exercise the mindset of being an active player in a future landmark case.
3. Advance the development of clear standards of psychiatric care for detained people.

DESCRIPTION

Forensic psychiatrists sometimes encounter uncharted medicolegal situations that raise obvious and meaningful questions of law, with established precedent offering only limited guidance. In these "loopholes" or "gray areas," we can envision ourselves as real-time players in a future landmark case. This interactive workshop will use the evidence-based World Cafe format to solicit participants' experiences, expertise, and opinions on pressing scenarios in forensic practice that have seen only limited judicial interpretation. Using the Using the World Cafe structured conversation protocol, participants will rotate through a series of guided small groups, each tasked with discussing a right-to-treatment issue pertinent to patients in carceral and forensic settings. Each round will build on ideas from previous discussions. At the end of the session, participants will have co-created an annotated list of right-to-treatment fact patterns that raise important legal and ethical questions. Starting points for discussion include: the availability of clozapine, ECT, benzodiazepines, and stimulants in carceral settings; the suitability of a deliberate indifference standard to the care of severely mentally ill patients with anosognosia; treatment-over-objection in pretrial detainees for reasons other than competency restoration; and the quagmire of laws and regulations applying to detained people receiving care in non-forensic hospitals. The evidence-based World Cafe format of this workshop allows participants to take advantage of AAPL's most valuable resource: the expertise of its membership. Discussants will: 1) gain a more nuanced understanding of the issues encountered in the treatment of incarcerated patients with complicated needs; 2) appreciate the role legal precedent plays in the provision of such care; and 3) envision themselves as active players in unfolding, trailblazing cases that have yet to be heard.

CME Check-In Code: 73WT7 **CME Credit Value:** 2

PANEL DISCUSSION TIME: 4:00 PM - 6:00 PM ROOM: SALON J-K - 4TH FLOOR

Safe Spaces or Dangerous Places? Managing Violence in Psychiatric Settings

PRESENTERS

Abhishek Jain, James Rachal, Layla Soliman, Omari Baines-Waiz, Rodney Villanueva

LEARNING OBJECTIVES:

1. Describe and discuss the use of rating scales to prevent affective violence and reduce restrictive interventions
2. Discuss the impact of workplace violence on staff and patients, including patients who become violent and those who experience or witness violence
3. Discuss strategies for addressing affective vs. targeted violence

DESCRIPTION

Health care workers, especially in mental health settings, may be at higher risk of experiencing workplace violence than people in most other fields. Categories of violence include affective (e.g., emotion-driven, impulsive), targeted (e.g., predatory), and/or psychotically-driven (e.g., due to persecutory delusions). These categories can overlap, and may present in a variety of settings. Examples of violence include physical assaults, threats, and stalking. Violence may impact patients, staff, and even visitors. Forensic psychiatry training includes a more in-depth focus on violence risk assessment, which can be leveraged to mitigate risk in treatment settings. In this session, we will review recent literature on the topic of violence risk assessment as well as lay out practical steps to consider with various types of threats in acute care and ambulatory settings. This will include a review of commonly used scales and structured professional judgment tools, the role of legal intervention, precautions with stalking, and helping trainees navigate safety concerns. Speakers include three forensically trained psychiatrists working in a range of clinical, educational, and administrative roles, a senior resident, and an academic chair who leads a service line that offers a range of treatment options.

CME Check-In Code: LLZPQ **CME Credit Value:** 2

SUNDAY, NOVEMBER 2, 2025

SCIENTIFIC PAPER | TIME: 8:00 AM - 10:00 AM | ROOM: TREMONT ROOM - 1ST FLOOR

Scientific Papers - Session B

DESCRIPTION: Join us for these presentation on Scientific Papers on issues in Forensic Psychiatry.

CME Check-In Code: NF23J **CME Credit Value:** 2

Assessing PTSD Across the Lifespan: Psychometric Evaluation of Forensic Interview Tools

PRESENTERS

Joshua Feriante, Tyler Morrison

LEARNING OBJECTIVES:

1. Explore the use of structured interview instruments in PTSD in children and adults
2. Review the psychometric properties of instruments to assess PTSD
3. Outline recommendations for using evaluation tools in forensic assessments of trauma and PTSD

DESCRIPTION

Mental health professionals often use standardized evaluation tools to assess trauma-related symptoms and disorders, such as post-traumatic stress disorder (PTSD), in both forensic and clinical settings. This session focuses on identifying interview tools for assessing trauma and PTSD in children and adults. We review the literature to identify relevant instruments and describe key trauma assessments for adults (CAPS-5, PSSI-5, etc.) and for children (CAPS-CA-5, CPSS-5-I, DIPA, UCLA PTSD-RI, etc.). We compare the psychometric properties and utility of interview-based assessments and inventories, focusing on forensic settings. Finally, we offer recommendations based on evaluation goals, such as assessing psychological damage, and appropriate age ranges and validated languages. We present the instruments in an easily accessible format for forensic experts to refer to during evaluation, report writing, and testimony. This review of evidence-based assessment tools aims to support experts in conducting reliable and valid forensic evaluations of trauma-related symptoms and disorders across the lifespan.

SCIENTIFIC PAPER TIME: 8:00 AM - 10:00 AM ROOM: TREMONT ROOM - 1ST FLOOR

A Review of Somatic Symptom Disorder in Forensic Practice and Case Law

PRESENTERS

Dale McNiel, Edwin Klein, Nathaniel Morris, Renee Binder

LEARNING OBJECTIVES:

1. Explain the major changes from DSM-IV to DSM-5 and DSM-5-TR regarding somatic symptom disorder (SSD) and differentiate somatic symptom disorder from other related diagnoses.
2. Explain the relevance of forensic mental health experts in legal proceedings involving SSD.
3. Cite published case law in which SSD was a key factor.

DESCRIPTION

Somatic symptom disorder (SSD) is an important diagnostic consideration when doing forensic evaluations. Although there have been similar diagnoses in prior versions of the Diagnostic and Statistical Manual (DSM), this diagnosis did not exist in its current form until the release of the DSM-5. Prior iterations of the diagnosis required that medical causes of symptoms be excluded before making such a diagnosis, and the somatic symptoms of concern were considered medically unexplained. These diagnoses were difficult to make as they required proof of a negative. With the introduction of SSD, an individual may suffer from symptoms of an identifiable medical disorder and simultaneously meet the criteria for SSD. In this paper, SSD will be contrasted with functional neurological symptom disorder, illness anxiety disorder, factitious disorder, malingering, and compensation neurosis, as well as other conditions. In addition, legal cases involving claims of disability, personal injury, worker's compensation, toxic torts, and requests for sentence reduction will be reviewed in which a diagnosis of SSD or its progenitors was important. Finally, medicolegal and diagnostic implications for forensic psychiatrists engaged in cases in which this diagnosis is relevant will be discussed.

SCIENTIFIC PAPER TIME: 8:00 AM - 10:00 AM ROOM: TREMONT ROOM - 1ST FLOOR

Child Murderers and Culpability of Parents: An Emerging Legal Precedent?

PRESENTERS

Kayla Fisher

LEARNING OBJECTIVES:

1. Analyze potential facets of parental culpability in child mass murderers.
2. Review mental health warning signs often seen in child mass murderers.
3. Consider implications for duty to protect statutes.

DESCRIPTION

The news of the Columbine school shooting in 1999 shocked the nation. Since then, the U.S. experienced more than 390 school shootings, resulting in 203 deaths and 441 injuries. Attention has often focused on the responsibility that parents bear for their minor children undertaking such violent acts. Accusations of parental negligence has pointed to parental failures to exercise the duty of care required to monitor their child's actions, mental health, and access to dangerous weapons. Some have theorized that holding parents accountable for their child's action will deter future tragedies. In the recent case of People v. Crumbley, No. 362210 (Mich. Ct. App. Mar. 23, 2023), parents were found guilty of involuntary manslaughter and sentenced to ten years in prison for their negligence contributing to their son's school shooting that killed four students and wounded seven others. This paper will examine the factors and court holdings in the Crumbley case in detail and compare them with known parental factors impacting other child mass murderers. The duty to protect and other forensic treatment implications will be analyzed. Precedents set by the Crumbley case will be discussed.

SCIENTIFIC PAPER TIME: 8:00 AM - 10:00 AM ROOM: TREMONT ROOM - 1ST FLOOR

The Evolution of Forensic Psychiatry: A Comparison of Virtual and In-Person Competency to Stand Trial Evaluations

PRESENTERS

Lindsay Poplinski

LEARNING OBJECTIVES:

1. To identify a useful tool for limiting time in detention, shortening evaluee waitlists, minimizing infective risks, and preserving an overtaxed workforce
2. To describe barriers to virtual forensic evaluations
3. To recognize any variation in outcomes between virtual and in-person forensic evaluations

DESCRIPTION

The rate at which persons diagnosed with mental illness encounter the judicial system continues to increase, creating a national "competency crisis" as defendants are increasingly referred for competence evaluation, attainment/restoration, and maintenance. 1. The COVID pandemic simultaneously created the need for timely access to forensic practitioners while maintaining low infective risk, minimizing time in detention—a fundamental civil rights matter—and maximizing access to an overtaxed forensic workforce. While virtual platforms offered and continue to offer a solution to these challenges, differences between these and in-person encounters have not been systematically examined. 2. This investigation compares in-person and virtual competency to stand trial evaluations in the inpatient forensic setting at Saint Elizabeths Hospital, Washington DC, testing the hypotheses that: 1. There is no difference between virtual and in-person evaluations in the length and number of evaluations before a final recommendation. 2. There is no difference between virtual and in-person outcomes, (e.g., "competent," "incompetent"). 3. The number of times technology is mentioned as a barrier in virtual assessments does not affect the kind and number of opinions required for a final recommendation. 4. Length of Stay (LOS) is unaffected by choice of evaluation platform. A power analysis using two related studies indicated that 40 reports in each sample were sufficient to identify large differences between the groups. A retrospective chart analysis reviewed competence to stand trial reports, the most common U.S. forensic evaluation. Reports were reviewed with an anonymized checklist assessing competence outcomes, length of interview, length of hospital stay, refusals/no-shows, charges, and defendant and evaluator demographics. The study compared periods before and after the pandemic when virtual platforms gained popularity. Analysis of 97 in-person and 51 virtual CST reports indicated that there were no differences between the groups for the study's hypotheses (length of evaluations [p=.229], competent and incompetent/restorable outcomes, and technologic barriers [p=.116]). This investigation supports the use of virtual platforms for conducting adjudicative competence evaluations. The approach addresses the concerns with defendant civil rights as they face delays in detention, with persistent infectivity risks among vulnerable populations who remain largely unvaccinated, and with improving access to overworked forensic systems and practitioners.

SCIENTIFIC PAPER | TIME: 8:00 AM - 10:00 AM | ROOM: TREMONT ROOM - 1ST FLOOR

Measuring the Invisible: A Review of PTSD Assessment Tools for Children, Adolescents, and Adults with Intellectual Disability

PRESENTERS

Joshua Feriante

LEARNING OBJECTIVES:

1. Understand the prevalence and unique manifestations of PTSD in individuals with intellectual disability (ID).
2. Identify current tools for assessing traumatic life events and PTSD symptoms in ID populations.
3. Determine the appropriate use of trauma assessment tools based on clinical and forensic circumstances.

DESCRIPTION

Forensic experts increasingly assess trauma-related symptoms and post-traumatic stress disorder (PTSD) in civil and criminal cases. Recent research has highlighted populations that are at increased risk of experiencing traumatic events and developing PTSD, including those with intellectual disability (ID) or neurodevelopmental conditions. This article reviews psychological instruments designed to assess traumatic life events and PTSD in children, adolescents, and adults with ID, populations vulnerable to trauma yet often underserved due to atypical symptom presentation and diagnostic overshadowing. Current research for this population and evidence-based tools for assessing PTSD symptoms will be highlighted, including available psychometric properties and unique challenges in performing these evaluations. Evidence-based assessment tools support forensic utility, yet differentiating PTSD from ID behaviors remains complex. This session underscores the need for tailored, reliable tools to improve trauma detection and intervention in these groups, informing both clinical and legal outcomes.

WORKSHOP TIME: 8:00 AM - 10:00 AM ROOM: SALON F - 4TH FLOOR

With Reasonable Medical Uncertainty: Offering Expert Opinions in the American Legal System

PRESENTERS

Edward Poa, Hira Hanif, Jeffrey Khan, Sara West, Sherif Soliman

LEARNING OBJECTIVES:

1. Identify strategies for maintaining transparency in forensic evaluations without undermining credibility and efficacy.
2. Discuss ethical considerations in expert testimony, including bias, financial disclosure, and interactions with retaining attorneys.
3. Analyze the impact of cognitive biases in the formation and defense of forensic opinions.

DESCRIPTION

The practice of forensic psychiatry is uniquely situated at the crossroads of medicine and law - two disciplines with fundamentally different approaches to truth, evidence, and certainty. Medicine operates in a world of probabilities, differential diagnoses, and evolving understanding, whereas the legal system demands clear conclusions and decisive testimony. Forensic psychiatrists, therefore, must navigate a complex balancing act: internally grappling with the inevitable uncertainties of psychiatric diagnosis and evaluation while externally projecting confidence in their findings. Workshop leaders will explore the legal system's intolerance for ambiguity and strategies for maintaining credibility and working relationships while acknowledging uncertainty. They will identify biases that can arise, including cognitive and allegiance biases, and how to practice active debiasing techniques. Specific areas of discussion will include malingering, transparency in testimony and fee disclosures, professional relationships, and the translation between medical data and the reasonable medical certainty standard of proof. The workshop will also include a case exercise and audience poll questions to promote audience mastery of the material.

CME Check-In Code: 4GSBE **CME Credit Value:** 2

PANEL DISCUSSION | TIME: 8:00 AM - 10:00 AM | ROOM: SALON G - 4TH FLOOR

Transparency in Interrogations: Seeing Through False Confessions

AAPL Committee Sponsor: Criminal Behavior

PRESENTERS

Charles Scott, Eve Solomon, Grace Cho, Nicholas Gregorio, Will Nolan

LEARNING OBJECTIVES:

1. The audience participant will distinguish three types of false confessions.
2. The audience participant will identify populations vulnerable to false confessions.
3. The audience participant will learn a structured methodology to evaluating false confessions claims.

DESCRIPTION

False confessions are noted as a major contributing factor to wrongful convictions. The Innocence Project has found that false confessions have contributed to nearly 30% of DNA exonerations in the United States and the European Registry of Exonerations (EUREX) has determined that up to 52% of exonerated homicides involved false confessions. This panel provides a practical review regarding the role of forensic psychiatrists in examining false confessions, ranging from voluntary false confessions in routine interrogations to confessions elicited through torture. Dr. Grace Cho will summarize the prevalence and types of false confessions and provide both historical and current examples. Dr. Nicholas Gregorio will highlight vulnerable populations to providing false incriminating statements, including individuals with intellectual disability, severe mental illness, and adolescents. Dr. Will Nolan will review the three stages of the Reid Technique used by investigators and relevant concerns regarding a suspect's statements through use of this common technique. Key US Supreme Court cases addressing police interviews and confessions will be provided. Dr. Eve Solomon will summarize practical guidelines for forensic psychiatrists when evaluating cases for possible false confessions and will provide a methodology to identify common risk factors for false confessions to identify during the case review. Dr. Charles Scott will emphasize the use of structured assessments to evaluate susceptibility to interrogation and resulting false confessions with a focus on the Gudjonsson Suggestibility Scale (GSS).

CME Check-In Code: MQZMK **CME Credit Value:** 2

PANEL DISCUSSION | TIME: 8:00 AM - 10:00 AM | ROOM: SALON H-I - 4TH FLOOR

Involuntary Mental Health Treatment for Incarcerated Individuals: International Perspectives

AAPL Committee Sponsor: Cross-Cultural Issues

PRESENTERS

Bhinna Park, Himadri Seth, Logan Graddy, Mary Whittle, Sophie Anhoury

LEARNING OBJECTIVES:

1. This panel will improve participants knowledge of the different laws and procedures for the involuntary mental health treatment of incarcerated persons in the USA, Canada, New Zealand and the United Kingdom.
2. Delegates will also gain knowledge of how Mental Health Services are provided for incarcerated persons in these jurisdictions.
3. Participants will have opportunity to discuss, compare and contrast best practices for the involuntary psychiatric treatment of prisoners in their States with the panel and in discussion from the floor.

DESCRIPTION

Involuntary psychiatric treatment of incarcerated individuals is a complex topic, involving legal, procedural, ethical, structural, service provision and logistical issues. How involuntary psychiatric treatment is given for this group varies across states and legal frameworks. Some systems allow involuntary treatment within correctional facilities, while others require transfer out to secure health service establishments (unless in situations of immediate and serious risk). This panel will discuss the different ways involuntary psychiatric treatment in correctional facilities is managed and provided for different systems including Washington State, the United States Federal Bureau of Prisons, Canada, New Zealand, and the United Kingdom.

CME Check-In Code: JMBZW **CME Credit Value:** 2

WORKSHOP TIME: 8:00 AM - 10:00 AM ROOM: SALON J-K - 4TH FLOOR

Challenges in NGRI/NCR Treatment: Embracing What We Know and Don't Know

AAPL Committee Sponsor: Recovery

PRESENTERS

Darren Lish, Gary Chaimowitz, Joshua Griffiths, Maryana Kravtsenyuk, Richard Martinez

LEARNING OBJECTIVES:

1. Identify and appraise empirical evidence for best practices in the treatment, risk assessment and post-release supervision of NGRI/NCR population.
2. Appreciate limitations of this evidence and analyze its relevance and impact on individual and unique cases viewed through a recovery lens
3. Use an appreciation of empirical evidence to evaluate unique jurisdictional practices pertinent to NGRI/NCR individuals and to educate decision and policy makers on best practice for recovery

DESCRIPTION

In recent years, various U.S. and Canadian jurisdictions have sought to refine policies and practices promoting recovery and community reintegration of individuals found not guilty by reason of insanity (NGRI)/not criminally responsible (NCR). NGRI acquittees are rare, and often stigmatized, compared to general psychiatric and parole/probation populations. Policy and practice have often developed haphazardly, varying significantly across jurisdictions. Nevertheless, there remains limited empirical evidence to guide best practice for treatment, risk assessment and reintegration of this population. Evidence-based and recovery-focused practice is further complicated by the heterogeneity in this group, born of varied cultural perceptions of mental illness and legal standards across time and place. Forensic psychiatrists find themselves involved in cases with limited applicable evidence or recovery-focused guidance, faced with the difficult task of speaking transparently of knowns and unknowns in adversarial and politically charged settings. In this workshop, experienced forensic psychiatrists working in NGRI/NCR systems in Colorado, Minnesota and Canada will discuss each jurisdiction's unique model, including challenges and advantages of these models for recovery, risk assessment, standardization of evaluation and report writing, and post-release supervision. They will then use case-based examples to help attendees practice applying empirical and recovery-based principles in spite of jurisdictional differences and empirical uncertainty, fostering discussions of what constitutes best practice in this setting.

CME Check-In Code: ZQE54 **CME Credit Value:** 2

PANEL DISCUSSION TIME: 10:15 AM - 12:15 PM ROOM: TREMONT ROOM - 1ST FLOOR

Sentencing Mitigation in Individuals Who Sexually Offend

AAPL Committee Sponsor: Sexual Offenders

PRESENTERS

Chandler Hicks, Dhruv Gupta, Grace Cho, Renée Sorrentino, Vivek Datta

LEARNING OBJECTIVES:

1. Understand the impact of adverse childhood experiences and neurobiological factors on criminal culpability in cases of individuals who sexually offend.
2. Describe the effects of gender and cultural factors on sexual offenses
3. Describe the potential role of diagnoses such as neurodevelopmental disorders and paraphilic disorders in mitigating sex offenses

DESCRIPTION

Sexual offenses provoke a level of public fascination and revulsion not seen in other cases. Although the length of an offender's sentence is usually determined by sentencing guidelines, aggravating and mitigating factors may increase or decrease sentencing severity. This panel will explore different aspects that impact culpability or recidivism risk relevant to sentencing mitigation. Dr. Hicks will discuss the role of adverse childhood experiences, including sexual abuse. Dr. Datta will discuss neurobiological factors, including traumatic brain injury, dementia, and the use of neurobiological data in capital and noncapital sex offense cases. Dr. Gupta will review the implications of intellectual disability and autism spectrum disorder. Dr. Sorrentino will examine gender and cultural factors with a focus on female sex offenders. Dr. Cho will discuss the relevance of paraphilic disorders and compulsive sexual behavior/hypersexual disorder diagnoses in the mitigation phase.

CME Check-In Code: ZBSAW **CME Credit Value:** 2

PANEL DISCUSSION TIME: 10:15 AM - 12:15 AM ROOM: SALON F - 4TH FLOOR

Trauma on Trial: Discerning Neuroscience from Pseudoscience

PRESENTERS

Alexandra Junewicz, Alisa Gutman, Ian Lamoureux, Kayla Fisher, Kenneth Weiss

LEARNING OBJECTIVES:

1. Explain the neurobiological response to trauma, the interplay between trauma and memory, the effects of early toxic stress on neurodevelopment, and the mechanisms by which trauma can be transmitted ac
2. Detail the forensic implications of PTSD neurobiology, including criminal and civil expert witness applications
3. Describe concepts of susceptibility, resilience, and neuroplasticity

DESCRIPTION

Research has demonstrated that trauma can lead to a cascade of neurobiological events, yet the ramifications of this data for forensic evaluations are unclear. In a joint presentation by the Trauma and Stress and Neuropsychiatry Committees, the panel will examine the brain's response to trauma, including the neurological changes that shape the emotional and cognitive experience of PTSD and the interplay of key biological systems that drive the disorder's hallmark symptoms. This will be followed by an overview of the neurobiology of memory; trauma has the potential to impact both memory consolidation and memory recall, which can inform our understanding of how individuals relay narratives during forensic interviews. The impact of early toxic stress on brain development will be reviewed, with special attention to the consequences and potential benefits of neuroplasticity. Intergenerational trauma and its forensic implications will then be explored, including whether this possible mitigating factor should be considered in criminal proceedings. Finally, the discussant will focus on criminal and civil expert witness applications of PTSD neurobiology. The criminal applications range from threat processing deficits to mitigation strategies. In the civil domain, PTSD can be positioned within biologically-based concepts of susceptibility and resilience, rather than relying only on diagnostic criteria.

CME Check-In Code: ZRW4M **CME Credit Value:** 2

PANEL DISCUSSION | TIME: 10:15 AM - 12:15 PM | ROOM: SALON G - 4TH FLOOR

Old Dogs vs New Tricks: From Clozapine to Cobenfy

AAPL Committee Sponsor: Forensic Hospital Services

PRESENTERS

Cara Klein, Jason Andreas, Joshua Griffiths, Joy Stankowski, Morgan Deal

LEARNING OBJECTIVES:

1. Review evidence of the efficacy of clozapine therapy and ECT, particularly in severe and refractory conditions
2. Describe clinical barriers and ethical issues associated with starting underutilized but effective treatments in forensic settings
3. Discuss known evidence and uncertainty about advanced prescribing for treatment-resistant illness in the forensic population, including novel therapeutics such as Cobenfy

DESCRIPTION

Forensic treatment settings often care for individuals with very complex psychiatric needs, where high quality, evidence-based care can result in profound benefits for individuals and institutions. Nevertheless, due to many barriers, these systems do not fully implement highly effective treatments like electroconvulsive therapy (ECT) and clozapine, treatments supported by decades of experience and evidence. Meanwhile, widespread implementation of approved novel therapies like Cobenfy and GLP1 inhibitors is delayed by decades due to financial barriers. Thus, those with great need for effective, state-of-the-art interventions are often the last to be considered for them. This panel of experienced forensic psychiatrists and forensic care leaders will discuss innovative strategies to embrace the use of clozapine and ECT in forensic treatment, highlighting inherent ethical and legal issues associated with their use. Innovations such as the novel use of intramuscular clozapine, dual administration of long-acting injectable antipsychotics, fingerstick neutrophil and drug level monitoring, botulinum toxin injections for sialorrhea, and systemwide promotion of evidence-based use of these modalities. Finally, they discuss what is known and not known about the benefits of novel agents such as GLP1-inhibitors and Cobenfy to promote transparent discussions about their benefits and costs in forensic treatment populations.

CME Check-In Code: RZ5CU **CME Credit Value:** 2

PANEL DISCUSSION | TIME: 10:15 AM - 12:15 PM | ROOM: SALON H-I - 4TH FLOOR

Seeking Clarity on the Integration of Asylum Evaluations in Forensic Psychiatry Fellowship

AAPL Committee Sponsor: Human Rights and National Security

PRESENTERS

Ashley Maestas, Jacob Appel, Mikel Matto, Reema Dedania

LEARNING OBJECTIVES:

1. Understand the current state of use of asylum evaluations as a component of forensic psychiatry fellowship training
2. Describe the benefits and controversies of asylum evaluations for forensic fellows, including but not limited to resource ethics, objectivism vs. advocacy, and cross-cultural evaluations
3. Appreciate best practices for how to position asylum referrals as a component of fellowship training and integrate into curriculum

DESCRIPTION

The number of people forcibly displaced due to persecution, conflict, violence, and other human rights violations reached 120 million in 2024, the 12th consecutive annual increase. Many such displaced persons reach the United States and apply for asylum based on their fear of persecution. While medical and psychological generalists are able to conduct mental health-based asylum evaluations after a relatively modest amount of training, forensic psychiatrists are uniquely qualified to conduct such evaluations and their participation is extremely useful to proceedings. While some forensic fellowships have incorporated asylum work into their training, there is a lack of standardization for how asylum is approached and taught. This panel will provide clarity on the asylum teaching experience and discuss the benefits and challenges to forensic psychiatry fellowships formally utilizing asylum evaluations as a component of training. Dr. Maestas will discuss the current state of asylum evaluations by U.S. and Canadian forensic psychiatry fellowship programs and perceived benefits and obstacles to incorporation based on survey data. Dr. Matto will describe the unique role that asylum evaluation training plays in forensic fellowship and meeting ACGME requirements, including lessons on dual relationship, advocacy vs. objectivism, and conducting cross-cultural evaluations. Dr. Appel will discuss how asylum evaluation training relates to ongoing discussions about resource ethics in forensic psychiatry and forensic psychiatry training. Dr. Dedania will discuss operational best practices for integration of curriculum pertinent to immigration law and asylum evaluations (such as landmark cases and didactics) into fellowship training; she will also explore positioning of asylum referrals as a component of training.

CME Check-In Code: C8GP7 **CME Credit Value:** 2

WORKSHOP TIME: 10:15 AM - 12:15 PM ROOM: SALON J-K - 4TH FLOOR

What is Mandated?: Ethical and Medicolegal Quandaries in Child Abuse Reporting

PRESENTERS

Joshua Friedman, Meghan Musselman, Selena Magalotti, Susan Hatters Friedman, Tanya Bodnar

LEARNING OBJECTIVES:

1. Examine ethical dilemmas present in child abuse reporting
2. Equip psychiatrists to make ethically and legally sound decisions in regard to mandated reporting
3. Explore the role of cultural competency and bias in child abuse reporting, and how this can affect criminalization and increased oversight of minoritized families

DESCRIPTION

Psychiatrists in both clinical and forensic settings face challenging situations in which the law and our profession mandates reporting of potential child abuse. In clinical treatment, these situations can raise concern for damaging the doctor-patient relationship, concern for retaliation toward the child by an upset family, lack of clarity about whether to notify family, and fear of other negative consequences. This challenge can be compounded when the psychiatrist is unsure whether a situation raises to the threshold requiring mandated reporting. Further, child abuse reporting mandates extend beyond clinical treatment when a psychiatrist is doing a forensic evaluation, during which the need to report child abuse can raise other ethical and legal dilemmas for the evaluating psychiatrist. This presentation aims to improve understanding and comfort navigating ethical and medicolegal dilemmas in child abuse reporting. Our presenters, which include forensic psychiatrists specializing in child and adolescent psychiatry and reproductive psychiatry, as well as a child abuse pediatrician, will discuss the ethical issues of mandated reporting that present in the clinical, forensic, and consultative settings. Topics that will be examined include the role of cultural competency and personal biases in the decision to report, the risk of contributing to the criminalization and policing of minoritized families, balancing one's professional and legal obligation with breaking an individual's expectation of confidentiality, and the impact of reporting on patients' decisions to seek treatment. Particularly in the forensic setting, balancing one's mandated reporting obligation with competing factors such as the psychiatrist-attorney relationship will also be explored. In this session, the presenters will provide an overview of mandated reporting statutes and relevant literature on the ethical dilemmas in the mandated reporting process. Hypothetical "gray zone" cases involving questions of child abuse reporting will be presented and explored. In small groups, participants will discuss how to approach such cases in light of relevant statutes and information presented. Small group opinions will be discussed collectively. Finally, the authors will provide a framework for addressing such cases in light of ethical issues at stake as well as state and federal legal requirements. The goal of this session is for audience members to have an improved ethical and medicolegal understanding of managing challenging child abuse reporting situations. This will be clinically useful for pediatric and adult psychiatrists, in addition to forensic psychiatrists providing expert evaluations.

CME Check-In Code: N4R72 **CME Credit Value:** 2www

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Please complete the meeting evaluation at your earliest opportunity.
Meeting Evaluation Link: **https://site.pheedloop.com/portal/event/EVEVULRNSTBIL/form/FORM96DCSNLZPICYF/**

CME Certification

Remember to download your CME certificate from the mobile app.

Looking Ahead

Watch for the Call for Abstracts for the 57th AAPL Annual Meeting taking place in Tampa Bay, October 29th to November 1st, 2026!

Safe Travels!