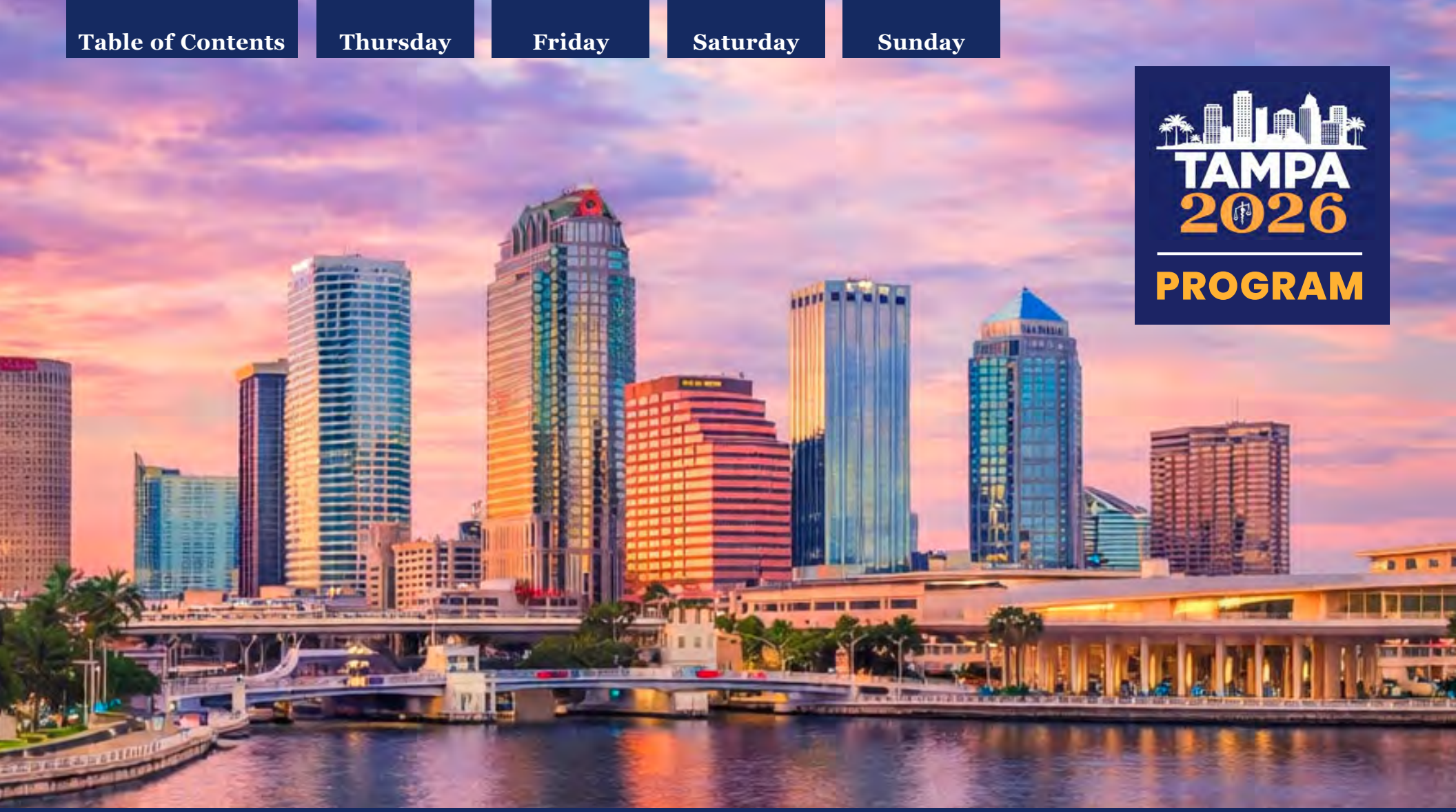


TAMPA 2026

PROGRAM

AMERICAN ACADEMY OF PSYCHIATRY AND THE LAW

57th Annual Meeting

October 29 – November 1, 2026
Tampa Marriott Water Street | Tampa, Florida

NEXT PAGE →

AMERICAN ACADEMY OF PSYCHIATRY AND THE LAW

57th Annual Meeting

October 29 – November 1, 2026 | Tampa, Florida

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.

57TH ANNUAL MEETING

American Academy of Psychiatry and the Law
October 29 – November 1, 2026 | Tampa, Florida

Executive Council

Philip Candilis, MD
President

Renée M. Sorrentino, MD
President-Elect

Reena Kapoor, MD
Vice President

Abhishek Jain, MD
Vice President

Ryan C. Wagoner, MD
Immediate Past President

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Britta Ostermeyer, MD, MBA
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Councilor

Kaustubh G. Joshi, MD
Councilor

Carolina Klein, MD
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Katherine Michaelsen, MD
Councilor

Joy Stankowski, MD
Councilor

Ashley VanDercar
Councilor

Jennifer L. Piel, MD
Councilor

Sara West, MD
Councilor

Elie Aoun, MD
Underrepresented Minority Representative Councilor

Jacqueline Landess, MD, JD
Women's Representative Councilor

Vikram Kumar, MD
Early Career Councilor

Lawrence Belcher, MD
Early Career Councilor Elect

2026 Annual Meeting Co-Chairs

Margarita Abi Zeid Daou, MD, and Viviana Alvarez-Toro, MD

Past Presidents

Ryan C. Wagoner, MD	2024-25
Charles C. Dike, MD	2023-24
James L. Knoll IV, MD	2022-23
Susan Hatters-Friedman, MD	2021-22
Lisa Gold, MD	2020-21
William Newman, MD	2019-20
Richard Frierson, MD	2018-19
Christopher R. Thompson, MD	2017-18
Michael Norko, MD	2016-17
Emily A. Keram, MD	2015-16
Graham Glancy, MB	2014-15
Robert Weinstock, MD	2013-14
Debra Pinals, MD	2012-13
Charles Scott, MD	2011-12
Peter Ash, MD	2010-11
Stephen B. Billick, MD	2009-10
Patricia R. Recupero, MD, JD	2008-09
Jeffrey S. Janofsky, MD	2007-08
Alan R. Felthous, MD	2006-07
Robert I. Simon, MD	2005-06
Robert T. M. Phillips, MD, PhD	2004-05
Robert Wettstein, MD	2003-04
Roy J. O'Shaughnessy, MD	2002-03
Larry H. Strasburger, MD	2001-02
Jefrey L. Metzner, MD	2000-01
Thomas G. Gutheil, MD	1999-00
Larry R. Faulkner, MD	1998-99
Renée L. Binder, MD	1997-98
Ezra E. H. Griffith, MD	1996-97
Paul S. Appelbaum, MD	1995-96
Park E. Dietz, MD, PhD, MPH	1994-95
John M. Bradford, MB	1993-94
Howard V. Zonana, MD	1992-93
Kathleen M. Quinn, MD	1991-92
Richard T. Rada, MD	1990-91
Joseph D. Bloom, MD	1989-90
William H. Reid, MD, MPH	1988-89
Richard Rosner, MD	1987-88
J. Richard Ciccone, MD	1986-87
Selwyn M. Smith, MD	1985-86
Phillip J. Resnick, MD	1984-85
Loren H. Roth, MD	1983-84
Abraham L. Halpern, MD	1982-83
Stanley L. Portnow, MD	1981-82
Herbert E. Thomas, MD	1980-81
Nathan T. Sidley, MD	1979-80
Irwin N. Perr, MD	1977-79
G. Sarwer-Foner, MD	1975-77
Seymour Pollack, MD	1973-75
Robert L. Sadoff, MD	1971-73
Jonas R. Rappeport, MD	1969-71

Executive Offices of AAPL

One Regency Drive
PO Box 30
Bloomfield, CT 06002-0030

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Toll Free: 800-331-1389
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. Margarita Abi Zeid Daou and Viviana Alvarez-Toro

Drs. Marie Rose Alan, George Annas, Elie Aoun, Cynthia Casanova-Pelosi, Charles Dike, Elizabeth Ferguson, Kayla Fisher, Corina Freitas, Richard Frierson, Tanuja Gandhi, Elias Ghossoub, Chinmoy Gulrajani, Dhruv Gupta, Hira Hanif, Susan Hatters Friedman, Trent Holmberg, Ariana Nesbit Huselid, Abhishek Jain, Neil Kaye, Jungjin Kim, Carolina Klein, Catherine Lewis, Kristy Anne Matasavage, Katherine Michaelsen, Hassan Naqvi, William Newman, Stephen Noffsinger, Britta Ostermeyer, Karen Rosenbaum, David Rosmarin, Nina Ross, Sherif Soliman, Renee Sorrentino, Melissa Spanggaard, Bipin Subedi, Christopher Thompson, Ryan Wagoner, Sara West, Cheryl Wills

Education Committee:

Co-Chairs: Kaustubh G. Joshi and Anthony C. Tamburello

Drs. Lisa Anacker, Peter Ash, Lawrence Belcher, Adam Charles Bernstein, Shaheen Darani, Robert Ellis, Richard Frierson, Chinmoy Gulrajani, Anne Hanson, Jacob Holzer, Nicole Reid Johnson, Aimee Kaempf, Reena Kapoor, Jungjin Kim, David Mancini, Jarrod Marks, Britta Ostermeyer, Kathleen Patchan, Joseph Penn, Marilyn Price, Phillip Resnick, Andrea Stolar, 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. Click **here** or **scan the QR code** to the right to obtain the **Pheedloop Go** app. Once downloaded, search for **2026 AAPL** and it should pop-up. Login and go!
- In order to obtain CME credit you will need to enter the code for each session you attend. CME codes are provided under the description of each session in this program, or on the mobile app as well for convenient access. 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 1:15 PM for the Distinguished Speaker sessions in Grand Salons F-J. A dessert bar will be available at 1:00 PM in the area by the posters.
- The AAPL Annual Business Meeting will occur Friday, October 30 at 8:00 AM in Grand Salons F-J. Pre-registration for that event is required. This is an AAPL member-only event.

AAPL CODE OF CONDUCT AT EVENTS

AAPL has a goal to provide a welcoming environment for all participants at its activities. Participants are expected and required to engage in appropriate conduct and 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.

Cell Phones

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

Session 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.

SESSION MODERATORS HAVE BEEN ASKED TO ENFORCE THESE POLICIES

CME CREDITS

CME credits are automated at the 2026 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).**

Each session where CME can be earned has a CME code for you to enter into the app by clicking the blue "Check-In" button in each session. Codes can be found under the description of each session in the app or final program. 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 is provided under the session description in the app.
- 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 12:30 PM on Saturday will win prizes.

Activities

Start collecting points the minute you arrive at the Annual Meeting.

Check out the list of activities to the right to see how you can earn points. You can also participate in the **Photo Scavenger Hunt** by taking selfies and other photos.

Visit the **Gamification** section of the mobile app for full details. Keep an eye out for special **Gamification Code** signs throughout the meeting and enter the codes in the app to earn even more 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. Most activities can only be earned once, but keep playing to earn points.

Prizes



1ST PLACE	2ND PLACE	3RD PLACE
$250 Amazon Gift Card	$150 Amazon Gift Card	$100 Amazon Gift Card

4th - 10th Places: $25 Starbucks Gift Card

Activities	Points
Ask Questions in Session Q&A	100
Attend an AAPL Committee Meeting	150
Attend the AAPL Annual Business Meeting	400
Attend WAAPL/DEI Reception	150
Event Feed Posts on Mobile App	150
Attend ECP-Fellows Breakfast	150
Attend Opening Ceremony	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/ #AAPL2026	300
Attend Friday Reception	400
Attend Distinguished Speaker Session - Leigh Gilmore	450
Attend Distinguished Speaker Session - Amandine Catala	450
Attend Distinguished Speaker Session - Randy Borum	450
AIER Silent Auction Bid Winner	500
Vote in Session Polls	50
Visit PRMS Exhibit	350
Visit ABPN Exhibit	350
Visit APA Exhibit Table	350
Visit NaphCare Exhibit Table	350
Visit UT Southwestern Exhibit Table	350
Complete Session Evaluations in Mobile App	200
Attend the Special Thursday Evening Session	250

CALL FOR PAPERS 2027

The 58th Annual Meeting of the American Academy of Psychiatry and the Law will be held at the **San Antonio Marriott Rivercenter on the River Walk** in **San Antonio, Texas** from **October 28 – 31, 2027**

Theme of the meeting is

Pursuit of Truth through Objectivity

Inquiries may be directed to Program Co-Chairs:

Jacqueline Landess, MD, JD and Joseph V. Penn, 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, 2027.

Future Annual Meeting Dates and Locations

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

Conference Registration Desk, Second 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

Salon Lobby, Second 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. 100% of contributions received go towards education and research grants for forensic psychiatry.

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	**$25.00**
AAPL Logo Scarf	**$25.00**
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
Anthony C. Tamburello, MD
Co-Chairs, Education Committee

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

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

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

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

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

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

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

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

Adopted: September 5, 2008

FINANCIAL DISCLOSURE/CONFLICT OF INTEREST

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

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

All speakers have been advised of the following:

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

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

FINANCIAL DISCLOSURE/CONFLICT OF INTEREST, *continued*

Speakers

All speakers have completed the ACCME's Standards for Integrity and Independence disclosure requirements, reporting any financial relationships with ineligible companies within the past 24 months.

Presentations of the speakers listed below were reviewed by the American Academy of Psychiatry and the Law (AAPL) Education Committee. The review revealed no evidence of relevant financial relationships that could affect the content of the presentation. A member of the AAPL Education Committee will monitor these lectures. All presentations at this meeting are assigned a monitor.

Dr. Elif Amadi
Hims & Hers Health Inc., OSCAR Health Inc

Role: Stocks/Stock Options

Dr. Randy Borum
Psychological Assessment Resources

Role: Other

Dr. Philip Candilis
Merck, Dow, Pfizer, Cigna

Role: Stocks/Stock Options

Dr. Aubree Harrington
CEO of ForensicShield, an AI-powered startup company that provides quality assurance review to forensic evaluators. This is the AI review that I will be using in my Research in Progress project. I plan to take all the ethical and necessary to ensure the project and its results and delivery are not biased by my position with the company. I intend to have blind reviewers scoring and obtaining the results to reduce this bias. I plan to disclose this at the start of my presentation. I will not directly promote or advertise ForensicShield during my presentation as the focus is on the results of the project, regardless of what they might be.

Role: Ownership Interest

Dr. Coral Messina
Eli Lilly

Role: Stocks/Stock Options

Dr. Rosa Negron Muñoz
TEMPUS, Otsuka-Lundbeck

Role: Speaker, Advisor

Dr. Alyssa Smith
TEMPUS, Eli Lilly, Abbott

Role: Independent Contractor

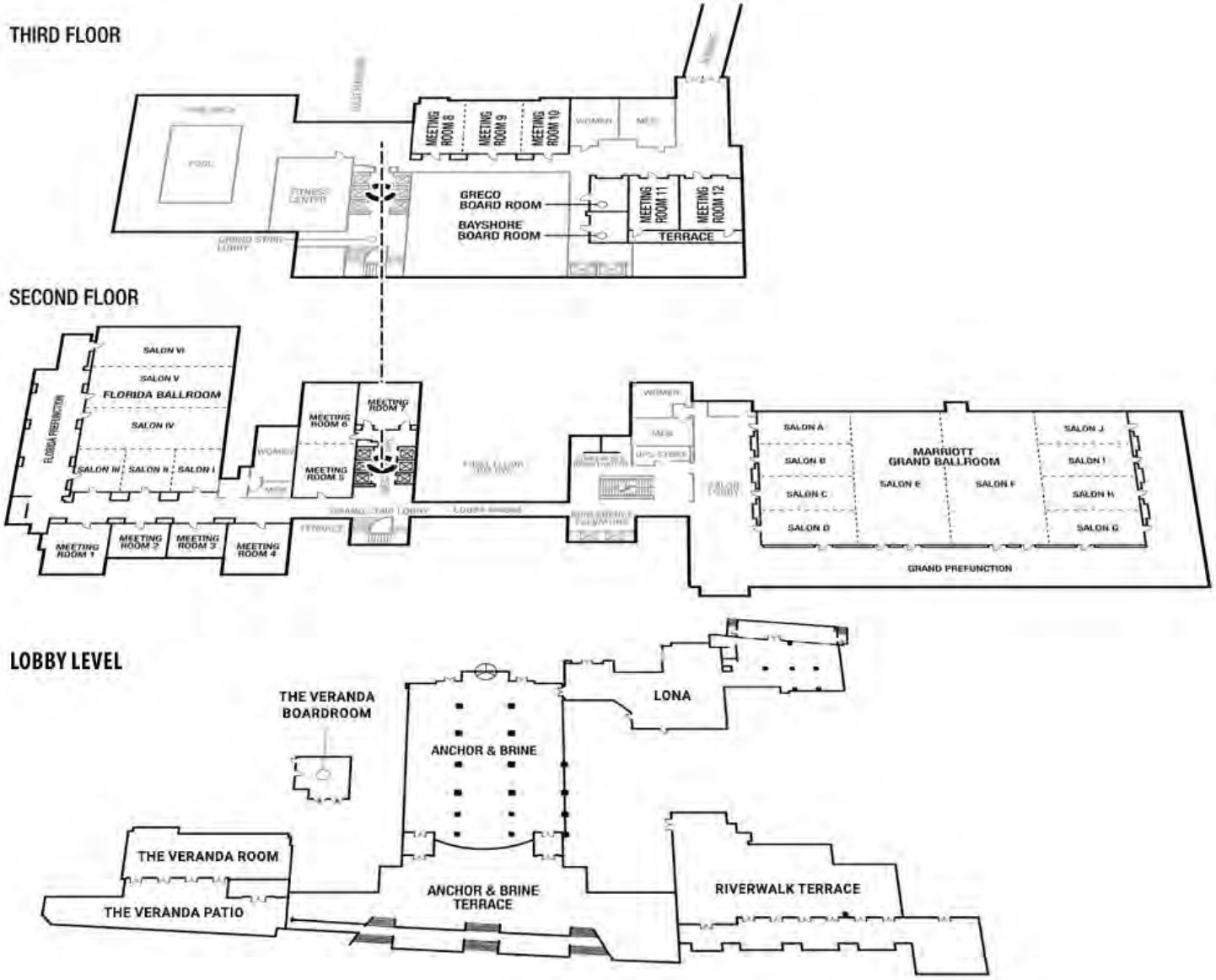
Dr. Ashley VanDercar
Received compensation as an independent contractor (ExamWorks and FPAMed), has received honoraria from Psych Congress, and has held stock in Reviva Pharmaceuticals Holdings, Inc., Telomir Pharmaceuticals, Inc., CRISPR Therapeutics, GE HealthCare Technologies, GeneDx Holdings Corp, and Applied Therapeutic.

Role: Speaker, Independent Contractor, Stocks/Stock Options

Program and Education Committee Members

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

FLOOR PLANS


THIRD FLOOR
POOL
FITNESS CENTER
MEETING ROOM 6
MEETING ROOM 9
MEETING ROOM 10
WOMEN
MEN
GRECO BOARD ROOM
BAYSHORE BOARD ROOM
MEETING ROOM 11
MEETING ROOM 12
TERRACE
SECOND FLOOR
SALON VI
SALON V
FLORIDA BALLROOM
SALON IV
SALON III
SALON II
SALON I
FLORIDA PREFUNCTION
MEETING ROOM 6
MEETING ROOM 7
MEETING ROOM 5
WOMEN
MEN
MEETING ROOM 1
MEETING ROOM 2
MEETING ROOM 3
MEETING ROOM 4
TERRACE
GRAND TAIO LOBBY
SALON A
SALON B
SALON C
SALON D
MARRIOTT GRAND BALLROOM
SALON E
SALON F
SALON J
SALON I
SALON H
SALON G
GRAND PREFUNCTION
LOBBY LEVEL
THE VERANDA BOARDROOM
ANCHOR & BRINE
LONA
THE VERANDA ROOM
THE VERANDA PATIO
ANCHOR & BRINE TERRACE
RIVERWALK TERRACE

SPECIAL EVENTS

Tuesday, October 27, 2026	Time	Location
Self-Assessment Exam Committee Meeting	9:00 AM – 4:00 PM	Meeting Room 6 (Second Floor)
Wednesday, October 28, 2026		
AIER Board of Directors Meeting	7:30 AM – 8:30 AM	The Veranda Room (Ground Floor)
AAPL Executive Council Meeting	9:00 AM – 2:00 PM	The Veranda Room (Ground Floor)
Council Meeting with Committee Chairs	6:00 PM – 7:00 PM	The Veranda Room (Ground Floor)
ADFPF Meeting	5:00 PM – 6:00 PM	The Veranda Room (Ground Floor)
ADFPF Reception	6:30 PM – 8:00 PM	Grand Salons A-D (Second Floor)
Thursday, October 29, 2026		
Past Presidents' Breakfast	7:00 AM – 8:00 am	Meeting Room 1 (Second Floor)
Networking Luncheons *(on your own)*	12:00 PM – 1:15 PM	
Dessert Bar	1:00 PM – 1:15 PM	Poster Area
Distinguished Speaker Lecture	1:15 PM – 2:15 PM	Grand Salons F-J (Second Floor)
Debate	7:00 PM – 9:00 PM	Grand Salons F-J (Second Floor)
Friday, October 30, 2026		
Research Committee Breakfast	7:00 AM – 8:00 AM	Meeting Room 4 (Second Floor)
Rappeport Fellows' Breakfast	7:00 AM – 8:00 AM	Meeting Room 1 (Second Floor)
AAPL Business Meeting *(AAPL Members Only)*	8:00 AM – 9:45 AM	Grand Salons F-J (Second Floor)
Networking Luncheons *(on your own)*	12:00 PM – 1:15 PM	
Dessert Bar	1:00 PM – 1:15 PM	Poster Area
Distinguished Speaker Lecture	1:15 PM – 2:15 PM	Grand Salons F-J (Second Floor)
Reception	6:30 PM – 8:00 PM	Grand Salon Foyer
Saturday, October 31, 2026		
ECP/Fellows' Breakfast *(current fellows and ECP years 1-7)*	7:00 AM – 8:00 AM	The Veranda Room (Ground Floor)
Networking Luncheons *(on your own)*	12:00 PM – 1:14 PM	
Dessert Bar	1:00 PM – 1:15 PM	Poster Area
Distinguished Speaker Lecture	1:15 PM – 2:15 PM	Grand Salons F-J (Second Floor)
Midwest AAPL Chapter Meeting	6:30 PM – 7:30 PM	Meeting Room 1 (Second Floor)
Texas Chapter Meeting	6:30 PM – 7:30 PM	Meeting Room 4 (Second Floor)



Coffee breaks will be held in the Grand Ballroom Foyer

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

OPENING CEREMONY & PRESIDENT'S ADDRESS

Thursday, October 29, 2026 | 8:00 AM – 10:00 AM

8:00 AM WELCOME AND INTRODUCTIONS

Philip Candilis, MD
President

8:00 AM PRESENTATION OF RAPPEPORT FELLOWS

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

Akhilesh Agarwal, MD
Maimonides Health, Brooklyn, NY

Zachary Bonzell, MD
University of California, San Francisco

Lauren Bryant, MD
Indiana University School of Medicine

Rodrigo Fontenele, MD
NIMH Psychiatry Residency Program

Micah Shigenori Iticovici, MD
Indiana University School of Medicine

Austin Lam, MD
University of British Columbia

8:05 AM AWARD PRESENTATIONS

Richard L. Frierson, MD
Chair, Awards Committee

Red Apple Award
Trent C. Holmberg, MD

Golden Apple Award
James L. Cavanaugh Jr., MD
Sally C. Johnson, MD

Howard V. Zonana, MD
Best Teacher in a Forensic Fellowship Program
Michael R. MacIntyre, MD

Seymour Pollack Award
Charles L. Scott, MD

Amicus Award
Joshua B. Friedman, MD, PhD

Young Investigator Award
To Be Announced

2025 Poster Award
Ritvij Satodiya, MD

2026 Poster Award
To Be Announced

OPENING CEREMONY, *continued*

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

Charles C. Dike, MD
AAPL Past President

Dhruv Gupta, MD
Jasmine McClendon, MD, MPH

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

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

8:25 AM **SILENT AUCTION ANNOUNCEMENT**

Britta Ostermeyer, MD, MBA

8:30 AM **OVERVIEW OF THE 2026 PROGRAM**

Margarita Abi Zeid Daou, MD and Viviana Alvarez-Toro, MD
Co-Chairs, 2026 Annual Meeting

8:40 AM **INTRODUCTION OF THE PRESIDENT**

Richard Martinez, MD, MPH

8:45 AM **PRESIDENT'S ADDRESS**

Philip Candilis, MD

9:45 AM **ADJOURNMENT**

AWARDS



Red Apple Award

For AAPL members who have provided outstanding service to AAPL, e.g., through committee membership.

Trent C. Holmberg, MD

Dr. Holmberg is a Utah native. He completed his undergraduate studies, his medical education, and his psychiatry residency at the University of Utah. He completed his forensic psychiatry fellowship with Dr. Charles Scott at UC-Davis. He has been in a solo private practice, practicing clinical and forensic psychiatry in Utah since he completed his fellowship. Dr. Holmberg is a dedicated annual meeting attendee, having only missed one of the last 27 AAPL Annual Meetings. He has presented at AAPL meetings 25 times, on an impressive range of topics including ethics, private practice, report writing, legislation, professional development, trauma, malpractice, geriatric forensic psychiatry, and malingering. He organized and helped to teach the private practice course twice. He has served as a peer reviewer for the Journal of the American Academy of Psychiatry and the Law, contributing to the scholarly mission of the Academy. His work on the Membership Committee, Government Affairs Committee, Media and Public Relations Committee, Program Committee, Virtual Education Committee, Criminal Behavior Committee, Trauma and Stress Committee, Suicidology Committee, and numerous other initiatives demonstrates a sustained commitment to ensuring that AAPL continues to thrive. Dr. Holmberg has served AAPL in numerous formal leadership roles including Councilor, Secretary, Vice President, Program Committee Co-Chair (during the challenging COVID remote meeting in 2020), Membership Committee Co-Chair, Chair of the Private Practice Committee, and member of the membership, engagement, recruitment and retention (MERR) task force. He has also mentored residents applying for the Rappeport fellowship. He is currently in the process of helping develop the latest AAPL Practice Guideline (now called Resource Document) on testamentary capacity, undue influence, and other geriatric forensic psychiatry topics.

Dr. Holmberg is highly dedicated to teaching and education, particularly within forensic psychiatry. As a longtime educator at the University of Utah, he has helped establish a formal fellowship training program where he teaches and supervises forensic fellows and psychiatry residents, directs weekly forensic case seminars, and serves as a career mentor for students at every stage of training. His dedication to developing the next generation of forensic psychiatrists is exactly the kind of sustained educational contribution that strengthens both our specialty and our Academy. Dr. Holmberg has devoted enormous energy over 25+ years to strengthening AAPL itself. The Red AAPL Award honors those who strengthen our Academy through leadership, mentorship, collegiality, and dedication to our profession. Trent Holmberg exemplifies these values every day.

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.



James L. Cavanaugh Jr., MD

James L. Cavanaugh, MD is adjunct professor in the division of Psychiatry and the Law at Northwestern Feinberg School of Medicine. He received his undergraduate degree at Williams College, his medical degree at the University of Pennsylvania, and was trained in general psychiatry at the Hospital of the University of Pennsylvania and the Maudsley Hospital, University of London. He is the former founder and chairman of the board of the Isaac Ray Center Inc. and former senior associate of Cavanaugh Associates in Chicago where he has specialized for many years in the application of behavioral sciences to a broad spectrum of both criminal and civil legal cases. He is a past president of the Illinois Psychiatric Society, a past secretary of the American Academy of Psychiatry and the Law and editor emeritus, Behavioral Sciences and the Law (John Wiley and Sons). For over 30 years he was a psychiatric consultant to the US Secret Service both in the Chicago field office and in Washington DC headquarters. He has served as a psychiatric consultant to the Federal Bureau of Investigation, the US postal inspection service, the Illinois State Police, and the Chicago Police Department. In 2017, Dr. Cavanaugh endowed to Northwestern's department of Psychiatry the Isaac Ray Research Program in behavioral sciences and the law whose mission champions interdisciplinary research at the intersection of human behavior and the legal systems. Through this program, funding supports the Cavanaugh Research Fellowship, awarded on a competitive merit-based scholarship to an incoming forensic psychiatry fellow who demonstrates academic potential. At Northwestern, Dr. Cavanaugh has invested his time, energy and expertise through weekly group-based supervision sessions and invaluable mentorship, steering trainees through his passion and wisdom. His involvement in the forensic fellowship program focuses on medical legal analysis of civil cases involving behavioral science issues with an emphasis on report writing, deposition and trial testimony dynamics. His dedication to the professional development of forensic trainees and faculty serves as a capstone to an illustrious career with deep contributions to behavioral sciences and the law.



Sally C. Johnson, MD

Sally C. Johnson MD is a professor and the Clinical Director of the UNC Forensic Psychiatry Program and Clinic, at the University of North Carolina in Chapel Hill. She teaches at both Duke and UNC Schools of Law. She is also a retired Captain in the USPHS and completed career service with the Federal Bureau of Prisons where she was integral in establishing and administrating their forensic evaluation services. Within the UNC Clinic she conducts criminal and civil evaluations, has been involved in research on violence and on mental health issues in military veteran populations, is involved in teaching residents and fellows, and consults nationally and internationally on forensic issues, including understanding standards of care, correctional mental health care, violence risk assessment and management, and identification and treatment of serious mental illness.

AWARDS, *continued*



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

For a junior faculty psychiatrist teaching in a forensic psychiatry fellowship program who has been on faculty for less than 10 years in a forensic psychiatry fellowship program and who has completed a forensic psychiatry fellowship program within the past 10 years.

Michael R. MacIntyre, MD

Michael R. MacIntyre, MD, is board-certified in psychiatry and forensic psychiatry and is a Health Sciences Assistant Clinical Professor of Psychiatry at the David Geffen School of Medicine at UCLA, where he serves as Assistant Program Director of the UCLA Forensic Psychiatry Fellowship and Site Director for the fellowship at the VA Greater Los Angeles Healthcare System. He completed psychiatry residency at The Mount Sinai Hospital in New York and his forensic psychiatry fellowship at UCLA. His forensic practice spans criminal, civil, administrative, and workers' compensation matters. He also serves as a court-appointed psychiatric evaluator in California.

Dr. MacIntyre is actively involved in the education and supervision of forensic psychiatry fellows, general psychiatry residents, and medical students. He leads a monthly longitudinal seminar for UCLA fellows on peer review, forensic report evaluation, and testimony, and supervises residents and fellows in clinical and forensic assessment. A particular academic interest is the role of artificial intelligence in forensic psychiatry, including its applications to the forensic process, forensic psychiatric evaluations, and education. He is currently overseeing development of an AI-driven cross-examination simulation platform for fellowship training. His scholarship has addressed artificial intelligence, forensic psychiatric ethics, criminal responsibility, and other topics and has appeared in the *Journal of the American Academy of Psychiatry and the Law, Academic Psychiatry, Behavioral Sciences & the Law*, and other publications.

AWARDS, *continued*

Seymour Pollack Award

For APA members (who may not be AAPL members), who have made distinguished contributions to the teaching and educational functions of forensic psychiatry.



Charles L. Scott, MD

Dr. Charles Scott is Chief, Division of Psychiatry and the Law, University of California, Davis, Forensic Psychiatry Training Director, and Professor of Clinical Psychiatry. Dr. Scott has served as a forensic psychiatric consultant to jails, prisons, and maximum security forensic inpatient units. Dr. Scott has also served as a consultant to the National Football League (NFL) providing training on violence risk assessment for NFL counselors. He has performed suitability evaluations for NASA's Astronaut Selection Board. His academic subspecialty is child forensic psychiatry. He is board certified in general, child and adolescent, forensic, and addiction psychiatry. Dr. Scott has authored book chapters on juvenile violence, mental health law, and co-authored chapters on child psychiatry and the assessment of dangerousness. Dr. Scott received the 2008 AAPL award for Best Teacher in a Forensic Psychiatry Fellowship. Dr. Scott is a past president of the American Academy of Psychiatry and the Law. In 2018, he was co-winner of the APA's Manfred S. Guttmacher Award for the book he co-edited titled "Principles and Practice of Forensic Psychiatry-Third Edition."

Amicus Award

For non-AAPL members who have made numerous contributions and given devoted service to AAPL.



Joshua B. Friedman, MD, PhD

Joshua B. Friedman, MD, PhD is a pediatrician at Akron Children's Hospital, specializing in child abuse pediatrics. After completing college at the University of Michigan, he lived on the Masai Mara, Kenya and researched hyena behavior. He completed his MD and PhD at Case Western Reserve University School of Medicine. Dr. Friedman completed his training in pediatrics at Case Western. Since completing his training, he has also worked at the Indian Health Service (in Montana), and worked in New Zealand. Dr. Friedman has researched topics including shaken baby, child abuse, and pediatric staff stress, and has published various articles including about the economic and social benefits of shaken baby prevention programs and child murder by parents. He has presented nationally and internationally at conferences, including at AAPL, Midwest AAPL, APA, and AAFS. He lectures to Case Western forensic psychiatry fellows, psychiatry residents, and law students, among others. He has published in JAAPL, Focus Psychiatry, Current Psychiatry, Psychiatric Times, and the National Curriculum on Reproductive Psychiatry, among other journals.

AWARDS, *continued*

Charles C. Dike Diversity Scholarship Awardees



Druv Gupta, MD

Dhruv was born in Mumbai and raised across four continents, an upbringing that fostered a deep appreciation for diverse cultures and inspired a lifelong commitment to serving disadvantaged and disenfranchised populations. He graduated summa cum laude from Tulane University and was elected to Phi Beta Kappa. He subsequently earned a Master of Science from Tulane before attending medical school at St. George's University, where he participated in the Keith B. Taylor Global Scholars Program and was elected to the Chancellor's Circle Legacy of Excellence. He completed his psychiatry residency at the Icahn School of Medicine at Mount Sinai, where he pursued the Global Mental Health Residency Track, served as Chief Resident, received the APA Foundation Diversity Leadership Fellowship, and was inducted into Alpha Omega Alpha. Following residency, he completed a forensic psychiatry fellowship at the University of Pennsylvania. He has published in the Journal of the American Academy of Psychiatry and the Law, Academic Psychiatry, International Review of Psychiatry, and Psychiatric Quarterly.

He is board-certified in Adult and Forensic Psychiatry and serves as Unit Chief of two inpatient units at New York City Health + Hospitals/ Metropolitan Hospital, a public safety-net institution in East Harlem, where he treats individuals found incompetent to stand trial and supports their rehabilitation and community reintegration. He also serves as Associate Program Director of the Psychiatry Residency Program at Metropolitan Hospital and holds a faculty appointment as Assistant Professor of Psychiatry at New York Medical College. In recognition of his commitment to resident education, he received the 2026 Teacher of the Year Award from the Metropolitan Hospital Psychiatry Residency Program.



Jasmine McClendon, MD, MPH

Jasmine McClendon, MD, MPH is a board-certified psychiatrist with a subspeciality in forensic and reproductive psychiatry. She earned her MD from the Keck School of Medicine at the University of Southern California and her MPH from the Johns Hopkins Bloomberg School of Public Health, and completed her psychiatry residency and Forensic Psychiatry Fellowship at UC Davis Medical Center. She currently serves as a Staff Psychiatrist at the Jail Based Competency Treatment Program at the University of California Davis Health and is the founder and CEO of Minding Up (her outpatient private practice), as well as a forensic consultant with multiple forensic group practices. An active member of the American Academy of Psychiatry and the Law (AAPL), she is a 2022 AAPL Rappeport Fellow and has authored multiple peer-reviewed publications and presentations on juvenile justice, trauma, and forensic and reproductive mental health.

RAPPEPORT FELLOWS



Akhilesh Agarwal, MD

Maimonides Health, Brooklyn, NY

Dr. Akhilesh Agarwal is a PGY-4 psychiatry resident at Maimonides Health in Brooklyn, NY, whose career reflects a deep commitment to the intersection of forensic psychiatry, advocacy, and health equity. Since beginning his residency in 2023, Dr. Agarwal has built a wide-ranging portfolio of clinical, scholarly, and leadership work in forensic and correctional psychiatry. He has led asylum evaluations at Maimonides' Asylum Clinic since 2023 and has presented nationally on establishing asylum clinics in community mental health settings. His scholarship spans a retrospective analysis of immigration enforcement's impact on psychiatric care utilization, a literature review on pre-arraignment psychiatric care, and a nationwide survey assessing correctional psychiatry training across U.S. residency programs. Dr. Agarwal has taken on significant leadership roles, co-chairing Maimonides' Forensic Curriculum Development Committee and Anti-Racism Taskforce. At the national level, he serves as a resident member of the AAPL Judicial Action Committee and the APA Council on Psychiatry and the Law, currently contributing to position statements on transgender healthcare in carceral settings and healthcare-setting immigration enforcement. Dr. Agarwal approaches forensic psychiatry as a discipline uniting scientific objectivity with advocacy for justice-involved, immigrant, and marginalized populations. This commitment will continue to anchor his future work in forensic fellowship training. His Rappeport mentors are Drs. Vivek Datta and Chinmoy Gulrajani.



Zachary Bonzell, MD

University of California, San Francisco

Dr. Bonzell is entering his second year of fellowship in Child and Adolescent Psychiatry at the University of California, San Francisco, where he is the Chief Fellow for Education. Originally from Oakland, California, Dr. Bonzell studied Human Biology at Stanford University before attending the Keck School of Medicine of USC, where he was elected to the Gold Humanism Honor Society. He then completed three years of General Psychiatry residency at the University of Hawaii, where he was twice awarded the Outstanding Research Award and once recognized with the Outstanding Resident Award. As a PGY-3, Dr. Bonzell served as the President of the Hawaii Psychiatric Medical Association, the state's District Branch of the American Psychiatric Association. That year, he was granted participation in the APA-SAMHSA Minority Fellowship Program, which he used to create a substance use education project for Native Hawaiian/Pacific Islander youth. Dr. Bonzell's recent focus has been on creating a similar teaching tool to cover the recent social media-youth harm litigation in California and New Mexico. He hopes to continue his training into a Forensic Psychiatry fellowship to build a career of public service at the nexus of youth mental health and the law. His Rappeport mentors are Drs. Gary Chaimowitz and Renee Sorrentino.

RAPPEPORT FELLOWS, *continued*



Lauren Bryant, MD

Indiana University School of Medicine

Dr. Bryant is a PGY-5 Child and Adolescent Psychiatry Fellow at Indiana University School of Medicine. A native Hoosier, Dr. Bryant received her B.A. in biology and psychology from the University of Indianapolis before earning her MD at Indiana University School of Medicine. She remained with IU for her adult psychiatry residency and child and adolescent fellowship, where she now serves as Co-Chief Fellow. Dr. Bryant has presented nationally and published in peer-reviewed journals on reducing psychiatry stigma in medical student education, care for autistic youth in correctional settings, and extreme risk protection orders and their interaction with duty to protect laws. Her current research focuses on changes to Indiana's emergency detention law and their effect on inpatient care. In recognition of her research, Dr. Bryant received the Midwest AAPL Resnick Scholar Award and IU John Nurnberger Sr. Resident Research Award. Dr. Bryant is also passionate about medical education and provides didactics to medical students and residents as a member and former chair of her program's education committee. She serves as her fellowship program's representative to the Indiana State Medical Association. She has worked at the state and national level to advocate for the funding of provider-to-provider psychiatry consultation programs. After completing her child and adolescent psychiatry fellowship, she plans to complete an additional fellowship in forensic psychiatry. Dr. Bryant ultimately aspires to return to Indiana and begin the state's first forensic fellowship. Her Rappeport mentors are Drs. Jacqueline Landess and Ariana Nesbit Huselid.



Rodrigo Fontenele, MD

NIMH Psychiatry Residency Program

Dr. Fontenele is a fourth-year resident at the NIMH PGY-4 Psychiatry Residency Program in Bethesda, Maryland. He earned his medical degree from the Federal University of Ceará in Brazil. He later spent a year as a postdoctoral research fellow at Yale University, working on clinical studies of schizophrenia and PTSD. Dr. Fontenele then completed three years of residency training at the Saint Elizabeths Hospital/DC Department of Behavioral Health Psychiatry Residency Program, where he deepened his interest in forensic and public mental health. His peer-reviewed scholarship includes publications in Behavioral Sciences & the Law and the Journal of Forensic Sciences, with research spanning clinician liability for patient and third-party suicide, gender nonconformity, and psychedelics in the management of substance use disorders. Dr. Fontenele has also presented nationally and regionally on topics such as the duty to warn and PTSD prognostication in disability evaluations. In recognition of his scholarship in forensic psychiatry, he received the 2026 Douglas Mossman Research Award from the Midwest Chapter of the American Academy of Psychiatry and the Law. Dr. Fontenele is a member of AAPL's Sexual Offenders Committee and serves as a Resident-Fellow Member Representative on the 2026–2027 Washington Psychiatric Society Board of Directors. He plans to pursue fellowship training in forensic psychiatry. His long-term research goals include the application of neurobiological methods to address core issues in forensic psychiatry, particularly those related to suicide, violence, and problematic sexual behavior. His Rappeport mentors are Drs. Cathy Lewis and Ryan Wagoner.

RAPPEPORT FELLOWS, *continued*



Micah Shigenori Iticovici, MD

Indiana University School of Medicine

Dr. Iticovici is currently a PGY-5 Child and Adolescent Psychiatry Fellow and Co-Chief Fellow at the Indiana University School of Medicine. He earned his bachelor's degrees in economics and biological chemistry from Grinnell College before receiving his medical degree from Tel Aviv University. Dr. Iticovici then completed his adult psychiatry residency at the University of Indiana School of Medicine, where he is currently in his final year of the Child and Adolescent Psychiatry Fellowship. His previous research interests have ranged from temporal and probabilistic discounting in economic decision-making to adenovirus gene therapy in inflammatory bowel diseases. He has published in peer-reviewed journals and presented nationally on topics including medical student education, the treatment of anxiety and OCD in Down syndrome, and extreme risk protection orders (ERPOs). While in residency, he discovered his interest in forensic psychiatry and shifted his academic focus to topics including the intersection of ERPOs and Tarasoff obligations, and the downstream effects of state law changes on civil commitments. In recognition of his forensic research, he has received the Resnick Scholar Award and the John Nurnberger Resident Research Award. Following his current fellowship, Dr. Iticovici plans to pursue an additional fellowship in forensic psychiatry. His Rappeport Fellowship mentors are Dr. Alan Newman and Joseph Penn.



Austin Lam, MD

University of British Columbia

Dr. Lam is a fifth-year Psychiatry Research Track resident at the University of British Columbia in Vancouver, Canada, and is completing an Addiction Medicine Fellowship through the British Columbia Centre on Substance Use. He earned his Doctor of Medicine from the University of Toronto after completing a Bachelor of Science in Psychology with a Minor in Philosophy at McGill University. Dr. Lam's academic interests lie at the intersection of forensic psychiatry, addiction psychiatry, and philosophy of psychiatry. His research has focused on the mental health and substance use needs of justice-involved individuals, including studies of sexual offending, arson, psychosis, and concurrent disorders. He has authored multiple peer-reviewed publications, including in JAAPL, the International Journal of Forensic Mental Health, Sexual Abuse, BJPsych Open, and Philosophy, Psychiatry, & Psychology. He has presented his work at national and international conferences. He serves on the International Association of Forensic Mental Health Services Trainee Advisory Board and the Canadian Academy for Addiction Psychiatry Education and Training Committee. Dr. Lam has received numerous awards recognizing his clinical and scholarly contributions, including the Canadian Academy of Psychiatry and the Law Fellowship Award, the Providence Health Care Award for Excellence in Consultation-Liaison Psychiatry, the British Columbia Psychiatric Association Resident Advocacy Award, and multiple research presentation awards. Following completion of his Addiction Medicine Fellowship, Dr. Lam plans to pursue forensic psychiatry subspecialty training in Canada and an academic career integrating clinical practice, research, education, and policy to improve care for justice-involved individuals with mental and substance use disorders. His Rappeport mentors are Drs. Britta Ostermeyer and Sara West.

DISTINGUISHED SPEAKERS



Thursday, October 29, 2026

Professor Leigh Gilmore

Learning to Listen: Narrative Activism and Epistemic Justice

Leigh Gilmore is a pioneering professor, feminist theorist, and writer on justice, narrative, and law. Her ground-breaking books Tainted Witness: Why We Doubt What Women Say About Their Lives, and The #MeToo Effect: What Happens When We Believe Women set standards for the national discussion of sexual violence and the legal system's response to it.



Friday, October 30, 2026

Professor Amandine Catala

Epistemic Injustice, Law, and Psychiatry

Amandine Catala is a Full Professor in the Department of Philosophy at the University of Quebec at Montreal (UQAM), where she holds the Canada Research Chair on Epistemic Injustice and Agency (CRC-IAE) and runs the Lab for the Exploration of Epistemic Justice in Action (LEJEA). She is a Senior Research Associate at the African Centre for Epistemology and Philosophy of Science at the University of Johannesburg. Her research interests include epistemic injustice and agency, epistemic repair, neurodiversity, linguistic justice, and decolonization. Her monograph, The Dynamics of Epistemic Injustice: Situating Epistemic Power and Agency, was published by Oxford University Press in 2025.



Saturday, October 31, 2026

Randy Borum, MD

Extremist Violence Risk in Adolescence: A Developmental Framework for Forensic Assessment

Randy Borum is Professor and Director of Intelligence and National Security Studies, Senior Faculty Fellow, Global and National Security Institute, at the University of South Florida. Dr. Borum has supported three Directors of National Intelligence (DNI) on the Intelligence Science Board (ISB) and served on the Defense Science Board Task Force on Understanding Human Dynamics. He has taught or advised a number of national security agencies, and serves as advisor to the FBI's Behavioral Analysis Unit-1 (Threat Assessment & National Security). He will highlight his team's recent innovative efforts in assessing the risks of violent extremism.

THURSDAY, OCTOBER 29, 2026

POSTER PRESENTATION **TIME: 7:00 AM - 8:00 AM** **ROOM: GRAND SALON FOYER**

Poster Session A

DESCRIPTION: Join us for coffee and fascinating poster presentations addressing a wide variety of topics in Forensic Psychiatry. Posters will remain up through lunch.

CME Check-In Code: 62ZSG **CME Credit Value:** 1

T1 Differentiating Characteristics Between Individuals Charged with or Convicted of Contact and Media Sexual Offenses

PRESENTERS

Lily Francis

LEARNING OBJECTIVES:

1. Identify differences between individuals who have been charged with contact sexual offenses, those who have been charged with media sexual offenses, and those who have been charged with both types
2. Compare selected demographic and psychosocial characteristics of these groups to the general population to highlight potential risk and protective factors
3. Briefly outline potential targeted prevention and intervention implications based on identified differences

DESCRIPTION

It has been broadly established that “deviant” sexual interests and antisocial orientation are consistent and strong predictors of sexual recidivism (Hanson; Bussière, 1998; Quinsey et al.1995; Roberts et al. 2002). That said, much of the existing literature treats sexual offenses as a homogenous crime, often failing to distinguish between those who commit contact offenses (e.g., rape, child molestation) and those who commit media offenses (e.g., possessing child sexual abuse materials (CSAM). With the expansion of the internet, CSAM, also referred to as child sexual exploitation materials (CSEM), have become increasingly accessible, yet relatively little work has explored how individuals who commit media sexual offenses may differ from those who commit contact sexual offenses in terms of risk factors, psychiatric and personality functioning, demographic factors, and substance use. Hanson and Bussière (1998) reported that young age and single marital status were the only demographic factors related to general sexual recidivism. They also identified criminal lifestyle variables, namely antisocial personality disorder and total number of prior offenses, as predictors of sexual recidivism. A meta-analysis by Mann et al. (2010) suggested that

the following (among other) characteristics are empirically supported, psychologically meaningful, or promising for predicting general sexual recidivism: sexualized violence, negative social influences, poor cognitive problem solving, loneliness, lifestyle impulsivity, general self-regulation problems, hostility toward women, and dysfunctional coping. They additionally noted that depression, poor social skills, poor victim empathy, and lack of motivation for treatment at intake were unrelated to general sexual recidivism. Previous findings indicate that, relative to individuals who commit contact sexual offenses, those who commit media offenses are less likely to demonstrate extensive criminal histories or broad antisocial lifestyles, though they frequently exhibit indicators of sexual interest in children and offense-supportive cognitions (Babchishin et al., 2015; Seto et al., 2011). Cognitive distortions of minimizing harm, emotional congruence with children, and problematic internet use have been identified as potential areas of concern for those who commit media offenses (Merdian et al., 2014; Merdian et al., 2018; Babchishin et al., 2018). In terms of recidivism, Seto et al. (2011) reported that while some individuals convicted of CSEM offenses have histories of contact offending, the majority do not have detected contact offenses, and their rates of sexual recidivism, particularly for contact offenses, tend to be lower than those observed among those who commit contact sexual offenses. Collectively, this suggests that while "deviant" sexual interests may be a mutual risk factor between the two groups, psychosocial and criminogenic profiles of individuals who commit media offenses could differ meaningfully from those who commit contact offenses. The present study involves a review of approximately 200 adults who underwent comprehensive sexual behavior evaluations. This study aims to identify whether significant differences emerge between individuals who commit media sexual offenses, those who commit contact sexual offenses, and those who commit both types of offenses. Variables of interest include adverse childhood experiences, including personal victimization history; employment history; relationship history; ages of first and most recent arrest; number of and nature of prior criminal charges; psychiatric diagnoses; and substance use at time of sexual offenses, as well as information collected from the Multidimensional Inventory of Development, Sex and Aggression (MIDSA), Minnesota Multiphasic Personality Inventory (MMPI-2-RF and MMPI-3), Personality Assessment Inventory (PAI), Abel Assessment for Sexual Interest (AASI), Hare's Psychopathy Checklist-Revised (PCL-R), and penile plethysmography (PPG). It is anticipated that there will be significant differences in terms of specific risk factors identified in previous studies, psychiatric and personality functioning, demographic factors, and substance use. Given the remote nature of their offenses, individuals who commit media sexual offenses may exhibit fewer antisocial lifestyle indicators, lower rates of prior violent and general criminal behavior, and potentially more characteristics of social isolation. In contrast, individuals who commit contact sexual offenses are predicted to demonstrate higher levels of antisocial orientation and broader patterns of criminality. Identifying such differences could enhance the prediction of recidivism within these distinct populations, refine existing risk assessment tools, and inform the development of more targeted and effective interventions, ultimately improving community risk management strategies for these harmful crimes.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

T2 Emotional Machines, Psychiatry, and Law

PRESENTERS

Isabelle Robinson, Peter Teravskis

LEARNING OBJECTIVES:

1. Demonstrate understanding of what an LLM is.
2. Consider how AI could be beneficial in the field of psychiatry.
3. Assess what claims people are bringing against AI labs due to psychological harms.

DESCRIPTION

Modern large language models (LLMs) have already begun to transform society since the introduction of ChatGPT in 2022. This technological innovation could provide benefit to patients with mental health concerns through community surveillance, diagnostic support, and access to therapy. However, emerging risks have begun to surface in the court system; many lawsuits involve claims of psychological harms due to interactions with artificial intelligence (AI). Here we present a 50-state survey of AI regulation and laws focusing on mental health care and psychological risk. We also present a summary of civil claims made against AI labs for psychological harms caused by their products. Finally, we present a framework for assessing psychiatric risk created by AI implemented as a therapeutic modality.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

T3 Assessing Decision-Making Capacity in Emergent Airway Threats: A Case-Based Ethical Analysis

PRESENTERS

Hannah Lee

LEARNING OBJECTIVES:

1. Describe the ethical principles most commonly in conflict during emergent decision-making capacity (DMC) assessments.
2. Apply established criteria for evaluating DMC in high-acuity and time-sensitive clinical settings.
3. Identify strategies for improving informed consent and patient engagement before emergent interventions.

DESCRIPTION

Background Assessing decision-making capacity (DMC) is an essential clinical skill that allows clinicians to provide care aligned with patients' values while minimizing unnecessary harm. Ethical principles are inherently embedded in capacity evaluations, with autonomy and beneficence frequently in conflict. These challenges are particularly salient in emergent surgical and procedural settings, where rapid clinical deterioration may necessitate urgent interventions. We present a case highlighting ethical and practical considerations in an emergency DMC evaluation requested during an operative airway crisis. Case Description A 52-year-old man with no past psychiatric history presented with acute supraglottic swelling, severe airway stenosis, and a large right peritonsillar abscess. Despite evidence of airway compromise on imaging and fiberoptic laryngoscopy, the patient was alert, oriented, and hemodynamically stable. After unsuccessful attempts at awake fiberoptic intubation in the operating room, an awake tracheostomy was recommended to secure the airway. The patient expressed a clear and consistent preference to forego this procedure, citing fear and distress related to undergoing an invasive intervention while awake. Psychiatry was urgently consulted to assess DMC. On evaluation, the patient demonstrated intact orientation, organized thought processes, and no evidence of psychosis, mood disorder, or substance-related impairment. He was able to understand his medical condition, articulate the risks of refusing the procedure (including possible death) and reason through alternative treatment options. He expressed a conditional preference for tracheostomy only in the event of complete airway obstruction with loss of consciousness. Based on these findings, the patient was determined to retain DMC, including the capacity to refuse the recommended intervention. Discussion DMC assessment is commonly guided by four elements: the ability to communicate a choice, understand relevant information, appreciate consequences, and rationally manipulate information. While these criteria provide a useful framework, emergent settings introduce additional complexity, including emotional distress, time pressure, and invasive treatment options. Emotional processing of risk may occur alongside cognitive evaluation and can influence patient decisions, particularly for procedures perceived as frightening or overwhelming. Introducing the full spectrum of possible interventions earlier in the clinical course may support informed consent, reduce fear-driven refusals, and ease ethical tension for both patients and providers. Conclusions This case illustrates that patients may retain DMC even when refusing life-sustaining interventions in emergent contexts. Early, transparent discussions of potential interventions and continued patient engagement may improve shared decision-making and reduce distress during crises. Clinicians across specialties should be supported in developing confidence and competence in DMC assessments, particularly in high-acuity settings.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

T4 Web-Based Clinical Prediction Tools for Violence Risk Assessment in Schizophrenia Spectrum Disorders within Forensic Psychiatric Populations

PRESENTERS

Kelly Cembrale, Simarpreet Kaur

LEARNING OBJECTIVES:

1. Evaluate the evidence base, predictive performance, and methodological quality of web-based clinical prediction tools for violence risk assessment in SSD within forensic psychiatric settings
2. Critically appraise the clinical utility, limitations, and appropriate scope of use of tools different forensic settings, including their distinct clinical niches
3. Analyze the implementation landscape for web-based violence risk prediction tools — the structural and regulatory reasons for their absence from US forensic practice

DESCRIPTION

Individuals with schizophrenia spectrum disorders (SSD) carry an elevated risk of violence and are disproportionately represented in forensic psychiatric services. Traditional structured professional judgement (SPJ) tools (e.g., HCR-20v3, START) are resource-intensive, clinician-dependent, and show only moderate predictive validity (pooled AUC 0.65–0.75). Over the past decade, the Oxford (OxRisk) group has developed a suite of freely available, transparent, web-based clinical prediction tools — including OxMIV, FoVOx, FoxWeb, and OxRec — derived from large population-linked registries and designed specifically for scalable use in clinical and forensic psychiatric practice. These tools represent a qualitatively distinct class of predictive instrument from conventional SPJ tools: actuarial, algorithmic, transparent, and deployable at point-of-care. Despite an expanding evidence base, no systematic review has yet comprehensively synthesized their accuracy, implementation, and utility specifically in SSD forensic populations.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

T5 It's Already Outdated: Current Legislative Landscape in Artificial Intelligence Mental Health and Predictions

PRESENTERS

Jennifer Kim

LEARNING OBJECTIVES:

1. Understand the current landscape of AI regulation on a state and federal level.
2. Report and compare state specific legislation on clinician related use of AI and chatbot regulation.
3. Discuss potential litigation involved with the use of artificial intelligence by forensic psychiatrists based on the ethical use legislation.

DESCRIPTION

Artificial intelligence and mental health legislation cover various areas including clinical scope, informed consent and documentation, as well as the use of a chatbot for therapy purposes. Starting in 2025, several states introduced and passed legislation to prohibit or restrict specific use of AI by licensed professionals in a clinical setting which highlight goals of ethical use of AI. This poster will discuss legislation as it develops rapidly on two tracts, clinician responsibility and AI system chatbot disclosures. There are various pending bills being introduced in multiple states which will be examined in this poster, noting states with more or less stringent regulation on a scale. Federal framework will also be discussed. Legal, clinical and ethical implications will be discussed.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

T6 Addressing Prison Drug Use: A Public Health Approach

PRESENTERS

Alison Ketchie, Julia Chavez, Kehinde Obikoya, Logan Graddy

LEARNING OBJECTIVES:

1. Identify factors that drive substance use in corrections settings using the multi- dimensional socioecological framework (intrapersonal, interpersonal, organizational, environmental, and policy).
2. Understand how different socioecological factors influence substance use in correctional settings.
3. Discuss evidence-based interventions addressing substance use targeting factors at multiple levels using the socioecological framework.

DESCRIPTION

Illicit substance use remains a significant and persistent mental health concern in correctional settings, with an estimated one third of incarcerated individuals reporting substance use while in custody. Understanding the factors that contribute to substance use is essential for developing effective interventions. In 2023, Austin et al. conducted a systematic review identifying both modifiable and non-modifiable determinants of substance use in prisons. Building on this work, this analysis focuses on modifiable factors using a multi-level framework, including intrapersonal (e.g. prior substance use), interpersonal (e.g., peer influences, prison staff influences), organizational (e.g., drug availability, presence of treatment programs, available social/educational activities), community (e.g., family contact, social support), and policy-level factors (e.g., screening practices, medication for opioid use disorder treatment availability). This work emphasizes the importance of addressing illicit substance use in correctional settings through coordinated strategies across multiple levels of intervention.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

T7 Recidivism Outcomes of Multisystemic Therapy in Justice-Involved Youth: A Systematic Review

PRESENTERS

Anant Akash Sakthivel, Ritvij Satodiya

LEARNING OBJECTIVES:

1. Inform about the evidence supporting Multisystemic Therapy in reducing recidivism among justice-involved youth.
2. Identify the clinical and implementation factors that influence whether MST is effective across different forensic and community settings.
3. Discuss the forensic and systems-level implications of using MST as a diversionary intervention for appropriately selected high-risk youth.

DESCRIPTION

This systematic review examines the impact of Multisystemic Therapy (MST) on recidivism among justice-involved youth and high-risk adolescents. Fifteen randomized and quasi-experimental studies were reviewed, with outcomes including rearrest, conviction, incarceration, and time to reoffending. Findings suggest that MST can produce meaningful and sustained reductions in recidivism, particularly in high-risk populations such as serious juvenile offenders and juvenile sexual offenders, especially when delivered with high treatment fidelity. However, results were less consistent in large pragmatic and real-world trials, where MST did not always outperform usual services or other intensive interventions. These findings highlight that the effectiveness of MST is strongly influenced by patient selection, implementation quality, treatment fidelity, and comparator intensity. The review has important forensic implications, supporting MST as a diversionary intervention in selected youth while underscoring the need for careful evaluation of treatment context and program quality.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

T8 Violent Behavior in Medication-Induced Catatonia: A Criminal Responsibility Case Report

PRESENTERS

Elizabeth Olson

LEARNING OBJECTIVES:

1. Highlight the rare occurrence of violent behavior in catatonia and its implications for forensic evaluation.
2. Review differential diagnoses including catatonia due to mental illness, delirium, neuroleptic malignant syndrome, serotonin syndrome, and Lewy body dementia.
3. Demonstrate the importance of integrating psychiatric, medical, and collateral data in assessing criminal responsibility.

DESCRIPTION

Excitatory catatonia is a rare and underrecognized neuropsychiatric syndrome that, in exceptional cases, may manifest with violent behavior and raise complex questions of criminal responsibility. The defendant is a middle-aged male charged with first-degree murder. His psychiatric history includes two major depressive episodes responsive to pharmacologic treatment. His medical history is notable for multiple head traumas in young adulthood. In the setting of bereavement and multiple losses, the defendant developed worsening insomnia, depression, and psychomotor changes. He allegedly stabbed the victim repeatedly with a kitchen knife in the early hours of the morning. His presentation at the time of the offense suggested a period of total amnesia followed by stupor, verbigeration, and repetitive questioning. Collateral sources reported disorientation, impaired gait, and cognitive dysfunction. Review of his clinical management preceding the offense revealed escalating polypharmacy concerning for medication-induced mental status changes. Subsequent hospitalization revealed leukocytosis, rhabdomyolysis, acute renal failure, and other metabolic derangements. Forensic examination concluded that the defendant experienced a medication-induced malignant catatonia. Differential diagnosis included catatonia due to mental illness, neuroleptic malignant syndrome, serotonin syndrome, and Lewy body dementia. This case highlights the challenge of assessing criminal responsibility when acute neuropsychiatric syndromes precipitate atypical or rare violent behavior, emphasizing careful consideration of psychiatric, medical, and collateral information.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

T9 Minnesota Supreme Court Finds ECT Treatment Necessary to Preserve Life and Health of Indeterminately Committed Patient

PRESENTERS

Christiana Farias, Madeline Chittineni, Maria de Guadalupe Jimenez Ayasta

LEARNING OBJECTIVES:

1. Analyze the Minnesota Supreme Court opinion regarding whether the Price/Jarvis test aligns with statutory language on preserving patient life or health.
2. Discuss how judicial interpretations may impact access to ECT, including potential reductions in barriers for its use in refractory cases.
3. Examine the balance between patient autonomy and state interest in treatment, especially in cases involving severe mental illness and public safety concerns.

DESCRIPTION

In this poster, we present a recent opinion from the Minnesota Supreme Court in which the Court examined if the Price/Jarvis balance test for application of involuntary ECT Is compatible with the language of the Minnesota Commitment and Treatment Act. Ms. Leah Graeber, was civilly committed indeterminately as a person who is mentally ill and dangerous to the public in 2012 to the state's forensic mental health program. She presented with severe symptoms of psychosis that were refractory to treatment with different psychotropic modalities as well as therapy. In 2023, her psychiatrist petitioned the district court for authorization to administer electroconvulsive therapy (ECT) over Ms. Graeber's objection. The court, in applying the Price/ Jarvis balance test, determined that ECT was necessary. Ms. Graber appealed on the grounds that the court did not establish that ECT is necessary to "preserve the life or health of any committed patient" as required by in (Minn. Stat. § 253B.03, subd. 6(b)). Here, we will discuss the broader implications of this opinion on reducing barriers to utilization of ECT for refractory treatment on indeterminately committed patients.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

T10 Ethical Considerations in Juvenile Psychiatric and Forensic Evaluations

PRESENTERS

Albulena Ajeti, Marusa Obele, Simarpreet Kaur

LEARNING OBJECTIVES:

1. Describe core ethical challenges in juvenile forensic psychiatrist evaluations.
2. Delineate treatment and forensic roles in Child and Adolescent Psychiatry.
3. Highlight variability in juvenile forensic evaluation context.

DESCRIPTION

Background: Juvenile psychological and forensic evaluations present unique ethical challenges due to developmental immaturity, legal vulnerability, and reliance on adult guardians for decision-making. These concerns are further complicated by the high prevalence of psychiatric disorders among justice involved youth. Studies suggest that approximately 50% to 75% of juvenile offenders meet criteria for at least one psychiatric disorder. In this context, balancing the rights and welfare of the adolescent with legal demands, parental involvement, and forensic obligations requires careful ethical consideration. Methods: A literature review was conducted using PubMed to identify relevant articles published between 1990 and 2026 addressing juvenile psychiatric and forensic evaluations, ethical challenges in Child and Adolescent forensic psychiatry, juvenile competency, confidentiality, and informed assent. Foundational earlier articles were also included given their continued relevance to core ethical principles, developmental considerations, and practice standards in juvenile forensic evaluations. Additionally, current ethical guidelines from the American Psychological Association and the American Academy of Child and Adolescent Psychiatry were reviewed. Results: The literature identified several recurring ethical tensions in juvenile forensic evaluations. One central issue involves role conflict, as evaluator's primary duty is to the court, agency, or referral source rather than to the minor being evaluated. This distinction may create confusion for adolescents and families regarding the purpose of the evaluation, the evaluator's role, and the limits of the relationship. An additional ethical tension arises when treating psychiatrists or clinical teams are also asked to complete court-directed evaluations and submit reports to the court. In such circumstances, the boundary between treatment and forensic evaluation may become blurred, raising concerns regarding role conflict, neutrality, confidentiality, and the adolescent's understanding of the psychiatrist's role. A second ethical challenge involves decisional capacity, assent, and autonomy. Adolescents demonstrate variable levels of developmental maturity, and the presence of psychiatric, neurodevelopmental, or intellectual disorders may further affect their ability to understand proceedings and meaningfully participate in the evaluation process. Although minors generally cannot provide legal consent independently, developmentally appropriate assent remains important and should be sought in a manner consistent with the youth's cognitive and emotional capacities. Confidentiality presents another major ethical challenge. Unlike traditional treatment settings, forensic evaluations anticipate disclosure to third parties such as courts, attorneys, or child welfare agencies. For this reason, limits of confidentiality must be explained clearly and early to both the adolescent and guardian when appropriate. Additional complexity arises from variability in legal standards and evaluation practices across jurisdictions, which may affect how juvenile evaluations are conducted, interpreted, and reported. These ethical issues arise across diverse settings, including competency evaluations, risk assessment, custody disputes, child protective proceedings, and juvenile justice matters. Across all of these settings, the literature emphasizes the importance of neutrality, developmental sensitivity, and clear communication. Discussion: Juvenile forensic evaluations require careful attention to ethical considerations while navigating legal constraints. Clear role delineation between the evaluator and the treatment provider is essential for transparency. These concerns may be especially pronounced in systems where treating psychiatrists are also asked to provide court-directed forensic opinions, as this can blur the distinction between therapeutic and forensic roles and raise concerns regarding neutrality, confidentiality, and role clarity. Developmentally appropriate assent should be sought and the limits of confidentiality should be explained in a clear and age appropriate manner. The evaluator must balance legal obligations with ethical principles including autonomy, beneficence, nonmaleficence, and justice, while remaining mindful of developmental immaturity, variable decisional capacity, and potentially competing interests of the adolescent, guardian, and court. Greater consistency in ethical guidance and evaluation practices may strengthen the quality and fairness of juvenile forensic assessments.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

T11 Disentangling Sexualized Psychosis from Paraphilia: A Forensic Case with Risk and Treatment Implications

PRESENTERS

Dhruv Gupta, Scott Goldberg

LEARNING OBJECTIVES:

1. Examine the challenges in differentiating sexualized psychosis from paraphilic disorders in individuals with prior sexual offending.
2. Develop strategies to integrate trauma-informed care with risk-sensitive management in inpatient settings.

DESCRIPTION

Sexualized psychosis presents unique challenges, particularly among individuals with histories of sexual offending. This case describes a 47-year-old man with schizoaffective disorder, antisocial personality disorder, and substance use disorder, admitted under NY CPL Article 730 from Rikers Island for psychiatric evaluation and treatment. His history was notable for recurrent violence, childhood sexual trauma, and sexual offending, including two incidents of masturbating in public, one of which was in the presence of a 7-year-old child. He lacked insight into his behaviors and presented with paranoid and sexually explicit delusions, including beliefs that others were exposing themselves or engaging in sexually intrusive acts toward him, resulting in marked distress and hypervigilance. Distinguishing psychosis-driven sexual conduct from volitional or paraphilic behavior is critical. Prior literature suggests that sexualized content in psychosis may reflect underlying trauma and distorted threat perception rather than primary paraphilic drive. Trauma-informed approaches that acknowledge past victimization while maintaining accountability are essential in guiding care. Structured communication, consistent boundaries, multidisciplinary collaboration, and attention to countertransference are key components of management. Addressing comorbid substance use and maintaining ongoing risk assessment further support stabilization.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

T12 Are State Insanity Defense Standards Associated with State-Level Forensic and Mental Health Measures? A Sociopolitical Analysis

PRESENTERS

Ethan Devine, Melissa Piasecki

LEARNING OBJECTIVES:

1. Understand how variation in state insanity defense standards may relate to forensic psychiatric system utilization.
2. Interpret state-level data examining relationships between legal standards, NGRI population rates, and mental health system performance.
3. Evaluate the influence of sociopolitical context relative to formal legal doctrine in explaining variation in forensic psychiatric systems.

DESCRIPTION

Background: States vary in their legal standards for insanity, yet it remains unclear how these differences relate to forensic psychiatric outcomes. While broader standards are intuitively expected to influence utilization of the insanity defense and related forensic services, the relationship between a state's legal doctrine and system-level measures is not well characterized. Objective: To examine whether variability in state insanity defense standards is associated with (1) NGRI population rates and (2) mental health system rankings, and to compare these relationships with state-level political context. Methods: State insanity defense standards were categorized ordinally by functional breadth. NGRI population rates per capita were obtained from the National Association of State Mental Health Program Directors Research Institute and analyzed using multi-year averaged values; analyses involving NGRI data were limited to states with available data ($n \approx 23$). Mental health system rankings were obtained from Mental Health America. Political context was proxied using presidential vote margin (2008, 2012, 2020). Associations were assessed using Spearman correlations. Insanity standards were also dichotomized into more restrictive (mens rea/M'Naghten) versus broader formulations (irresistible impulse, MPC, Durham) and compared using Mann–Whitney U testing. Results: No significant association was observed between insanity defense standard and NGRI population rates ($\rho \approx 0.14$, $p \approx 0.53$), nor between standard and mental health system rankings, although the latter approached statistical significance ($\rho \approx -0.27$, $p \approx 0.059$). Grouped analysis likewise showed no difference in NGRI population rates between restrictive and broader standards ($U \approx 57.5$, $p \approx 0.75$). NGRI population rates were not significantly associated with mental health rankings ($\rho \approx -0.18$, $p \approx 0.41$). In contrast, political context demonstrated consistent moderate correlations with NGRI population rates across election cycles ($\rho \approx 0.47–0.51$, p < 0.05) and a strong association with mental health rankings ($\rho \approx -0.53$, p < 0.001). Conclusions: Formal insanity defense standards were not significantly associated in these analyses with forensic psychiatric system utilization or overall mental health system performance. In contrast, state-level political context showed consistent associations with both measures. These findings suggest that broader sociopolitical factors may have greater explanatory value than formal legal doctrine in understanding variation in forensic psychiatric systems.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

T13 Digital Fentanyl? A Conceptual Framework for Social Media-Youth Harm Litigation

PRESENTERS

Charles Scott, Zachary Bonzell

LEARNING OBJECTIVES:

1. Describe the major legal theories underlying social media–youth harm litigation.
2. Differentiate plaintiff and defense conceptual models.
3. Apply a mechanism-based framework for evaluating psychiatric harm.

DESCRIPTION

The rapid expansion of litigation alleging psychiatric harm from social media use among youth presents new challenges for forensic psychiatrists. Courts are increasingly tasked with evaluating claims that platform design, algorithmic amplification, and engagement-driven features contribute to depression, anxiety, and self-harm. However, the scientific literature remains heterogeneous, with modest effect sizes and ongoing debate regarding causation. This poster presents a conceptual framework for interpreting social media–related harm in youth within a forensic context. We synthesize current empirical findings, outline competing plaintiff and defense models based on prevailing legal theories, and propose a mechanism-based pathway linking digital exposure to psychiatric outcomes. The framework emphasizes structured reasoning around exposure, mechanism, symptom development, functional impairment, and alternative explanations. This approach aims to support forensic psychiatrists in developing balanced, scientifically grounded opinions in an evolving and adversarial legal landscape.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

T14 Learning by Teaching: A Fellow-Led Model for Forensic Psychiatry Education

PRESENTERS

Solomiya Tsymbalyuk, Shahida Mizan, Christopher Wilk, Kathleen Patchan

LEARNING OBJECTIVES:

1. Explain an innovative process to teach general psychiatry residents important forensic concepts during a short rotation.
2. Discuss how pre- and post-test results reflect how much residents learned.
3. Discuss how these results could be applied to other short-term electives and in different settings while considering ways to improve the learning process.

DESCRIPTION

Established in 1968, the University of Maryland Forensic Psychiatry Fellowship is among the oldest in the United States. Fellows rotate at the Baltimore City Circuit Court Medical Office (CCMO) and Clifton T. Perkins Hospital Center (CTPHC), while general psychiatry residents may complete a three-month elective at CCMO. Residents' exposure to formal didactics varies depending on the timing of their rotation, as fellows participate in a longitudinal curriculum while residents rotate intermittently throughout the year. As a result, residents may receive uneven exposure to core forensic topics (e.g., criminal vs. civil law). To address this variability, faculty developed three standardized mini-lectures covering foundational forensic psychiatry concepts. These were delivered early in each rotation block, initially by faculty and subsequently by fellows using shared materials, ensuring consistent instruction for all residents regardless of rotation timing. Residents also continued to participate in fellows' longitudinal didactics and journal club. To assess residents' knowledge acquisition during their rotation, including learning from longitudinal didactics, mini-lectures, and case discussions, residents completed identical pre- and post-tests consisting of multiple-choice and short-answer questions. At the conclusion of the rotation, residents completed an anonymous survey assessing the perceived value and interest of the mini-lectures compared to the standard lecture and journal club series. Responses were recorded using a Likert scale, with optional free-text feedback. Results indicated that the mini-lectures were well received, with residents rating them as valuable (scores 4–7) and interesting (scores 4–7) on a 7-point Likert scale. Pre- and Post-Test Comparison Of the graded assessments, two residents demonstrated no change between pre- and post-test performance, six showed improvement, and one performed slightly worse on the post-test. The average change in test scores among all residents was a 14.11% improvement. Review of responses revealed that several residents lacked knowledge of foundational concepts, including the four principles of medical ethics and the duty to warn. These findings suggest that certain topics may require more intentional or varied instructional approaches to support learning and retention. Notably, these findings are preliminary, and ongoing data collection is expected to yield a larger sample size by the time of poster presentation. Conclusions: The implementation of standardized forensic mini-didactics provided a structured approach to delivering core forensic psychiatry concepts to rotating residents. The curriculum was well received, with residents consistently rating the sessions as both valuable and interesting. At baseline, residents' recall of medical ethics principles and duty to warn/protect was lower than expected. Preliminary assessment data suggest that most residents demonstrated knowledge acquisition following participation. This model also offers forensic fellows a meaningful opportunity to develop teaching skills while disseminating essential forensic knowledge to trainees not pursuing subspecialty training. However, some areas for improvement were identified. Residents expressed a desire for supplemental materials (e.g., handouts) to support retention, particularly given the density of information. Attendance variability highlights the importance of optimizing delivery format and scheduling, potentially by integrating mini-didactics with existing teaching sessions.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

T15 Intermittent Explosive Disorder in Forensic Context: Solve et Coagula

PRESENTERS

Brett Pearce, Steven Thurber

LEARNING OBJECTIVES:

1. Distinguish diagnostic reliability from diagnostic validity as applied to IED, and identify the specific ways published validity evidence risks criterion contamination and tautology.
2. Articulate the forensic implications of IED's diagnostic circularity for criminal responsibility evaluations and violence risk assessment.
3. Describe overcontrolled hostility and hostile attribution bias as candidate mechanisms for improved diagnostic articulation with direct forensic relevance.

DESCRIPTION

When intermittent explosive disorder (IED) appears in forensic psychiatric evaluations—criminal responsibility, violence risk assessment, sentencing mitigation—its diagnostic validity is rarely scrutinized. This presentation examines IED's diagnostic standing through historical review and conceptual analysis, arguing that published validity evidence risks criterion contamination and tautology rather than genuine diagnostic explication. We propose that progress depends on identifying mechanisms such as hostile attribution bias and overcontrolled hostility that move beyond redescribing aggression in adjacent terms and can meaningfully inform forensic psychiatric opinion.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

T16 Unbefriended and Underserved: Availability of Volunteer Guardians and Systemic Outcomes

PRESENTERS

Jamison Bradshaw, Paige Mastalerz, Stuart Anfang

LEARNING OBJECTIVES:

1. Identify access barriers to guardianship.
2. Identify alternatives to guardianship and their benefits/limitations.
3. Identify how guardianship process can impact healthcare systems.

DESCRIPTION

Massachusetts primarily utilizes volunteer guardians, meaning there is no one overarching system or organization that provides potential guardians to the "unbefriended". In comparison, there are other models utilized across the United States such as government run programs and fully privatized or privately funded organizations. Massachusetts relies on volunteer guardians, who may or may not be family members, resulting in a shortage of guardians. Patients who are at risk due to this shortage are the unbefriended who have no known next of kin or identified surrogate decision maker when they are incapacitated. If hospitalized when medical decision making is needed for either treatment or disposition planning, then a petition for guardianship may be pursued, which can impact length of stay and potentially increase risk of hospital-acquired illness.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

T17 Adapting AAPL Practice Guidelines for Management of Violence in Patients with Major Neurocognitive Disorders Residing in Long Term Care

PRESENTERS

Lisa Gondo

LEARNING OBJECTIVES:

1. Describe patient characteristics which increase the likelihood of violence in patient's with major neurocognitive disorder.
2. Describe the precipitants to episodes of violence and when they most frequently occur in patients with major neurocognitive disorder.
3. Discuss interventions to minimize risk and address violence in patients with major neurocognitive disorder.

DESCRIPTION

Violence in patients with major neurocognitive disorder (dementia) is common with disease progression. The nature and localization of damage to the brain results in disinhibition. There are numerous documented cases of fatal violence involving patients with dementia in long term care. Whilst patients with neurocognitive disorders may lack the capacity for criminal liability, efforts should be made to reduce the impacts of violence in a population with known risk factors, particularly when housed in facilities designated for their care. With an aging population, a model for violence prevention may aid in addressing these risks. Regarding risk assessment, psychiatrists are well suited for this task as they are medical doctors who are uniquely trained to perform safety assessments as experts in behavioral health. At present, there is a lack of practicing adult psychiatrists, much less specialized geriatric psychiatrists, with further training in management of neurocognitive disorders. Forensic psychiatrists may have much to offer, as the overlap in managing violence in correctional facilities may be transferrable to long term memory care. AAPL provides a practice resource, "MANAGING VIOLENCE IN STATE HOSPITALS WITH FORENSIC PATIENTS", which examines theories and strategies of violence management. This resource acknowledges patients with neurocognitive disorders as a special population, and one which requires further consideration as the population ages.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

T18 The FACT is Community Outreach Teams Need to Address Personality Disorders

PRESENTERS

Anna Grassy

LEARNING OBJECTIVES:

1. Identify the prevalence and clinical impact of personality disorder pathology in FACT populations.
2. Understand limitations of traditional ACT models in addressing criminogenic risk and personality-driven interpersonal and behavioral patterns.
3. Describe potential adaptations to FACT informed by evidence-based personality disorder treatments.

DESCRIPTION

Forensic Assertive Community Teams (FACT) teams were developed as a modification to traditional ACT to address additional needs associated with criminal legal involvement, including but not limited to cross-system communication and criminogenic risk. Despite additional staffing and expertise, a subset of clients remains poorly engaged and derives limited benefit. This group is often characterized by traits associated with personality disorders, particularly borderline (BPD) and antisocial personality disorders (ASPD). This subgroup is not insignificant in size; studies of FACT populations estimate that roughly 40% of clients meet criteria for any PD, with some estimating ASPD in 20%, and an even larger proportion of roughly 70% exhibiting clinically significant personality traits. ACT was not originally designed with this population in mind, despite their growing representation within community treatment settings in New York State and elsewhere. Client outcomes for this subgroup may likely be impacted by a mismatch between traditional ACT structures and the interpersonal, behavioral, and trauma-related needs associated with personality pathology. In this poster, we review the principles underlying FACT and the remaining disconnect between its ACT-based model and the clinical presentations of many clients with criminal legal involvement. We present adaptations to both personality disorder treatment and ACT and plans to scale modifications in a large diverse state.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

T19 God's Law Over Man's Law: Black Hebrew Israelite Belief and the Unresolved Role of Religious Doctrine in Competency Restoration

PRESENTERS

Grace Lee

LEARNING OBJECTIVES:

1. Describe Black Hebrew Israelite theological tenets relevant to adjudicative competence and distinguish them from Sovereign Citizen ideology.
2. Apply the Dusky standard to cases where competency barriers are rooted in religious conviction rather than psychiatric illness.
3. Identify clinical considerations for distinguishing doctrinal resistance from adjudicative incompetence in competency restoration.

DESCRIPTION

Background: Competency restoration literature has well-characterized psychiatric and cognitive barriers to adjudicative competence. Less examined are cases where the barrier is theological, where a defendant rejects the legal system's authority on sincere religious grounds. The Black Hebrew Israelite (BHI) movement holds that divine law supersedes secular authority, a position that is theologically coherent and stable. Case: A middle-aged African American woman with BHI religious identification and a diagnosis of schizophrenia was referred for outpatient competency restoration. Auditory hallucinations and delusions were present at the outset. With medication management, her psychotic symptoms remitted. She asserted that while she could read the Bible fluently, judicial concepts were incomprehensible to her because they derived from man-made rather than divine law. She rejected competency training sessions on the grounds that the court held no power to compel her participation, and maintained that God alone holds judicial authority. Based on longitudinal clinical observation in the absence of cognitive impairment, her partial participation made it difficult to reliably assess her underlying legal knowledge, as her refusal was doctrinal rather than cognitive. Significant social instability including poverty and housing insecurity further limited engagement. Transfer to a residential forensic treatment program was clinically recommended but rejected by the court. After five years without achieving competence, she was found non-restorable. Discussion: BHI doctrine represents a coherent and stable religious belief system with theological roots distinct from the pseudolegal ideology of the Sovereign Citizen movement, though the two are frequently conflated in forensic settings. The forensic implications surface directly in the Dusky analysis. The rational understanding prong demands more than factual knowledge of courtroom procedures. It requires a defendant to appreciate their relevance and apply them meaningfully to her own situation. This defendant's assertions illustrate the problem concretely: she distinguished between her capacity to engage with biblical text and her refusal to engage with judicial concepts, not on cognitive grounds but on theological ones. She denied the court's authority to compel her participation and rejected the legitimacy of the judge as an institution, maintaining that God alone holds judicial authority. These are not statements of confusion. They are statements of conviction, and the Dusky framework was not designed to distinguish between the two. Conclusions: This case illustrates what happens when religious conviction, rather than psychiatric illness, is the primary obstacle to competency restoration. Serial clinical evaluations documented sustained symptomatic improvement, allowing the treating clinician to distinguish an evolving psychiatric picture from a belief system that predated and outlasted her symptoms. The court's non-restorability finding was ultimately driven by statutory timeframe, leaving the theological question unresolved. This case is among the first to examine BHI in the restoration context, and the question it leaves open is one the field has not yet answered: when religious conviction is the barrier, who decides whether a defendant is incompetent to proceed, and by what standard?

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

T20 The Role of Biomarkers in Forensic Risk Assessment of Youth with Psychopathic Traits

PRESENTERS

Stu Newman

LEARNING OBJECTIVES:

1. Describe the current evidence linking biological and neuroimaging markers to psychopathic traits in adolescents.
2. Discuss the potential and limitations of biologic and imaging markers for predicting antisocial behavior and recidivism.
3. Identify how biologic and imaging findings might complement traditional clinical and environmental assessments in forensic risk evaluation.

DESCRIPTION

Background: Psychopathic traits often include persistent antisocial behavior, callousness, lack of empathy, and manipulative impulses. Prior studies have noted differences in how these traits manifest and are understood in youth compared to adults. Notably, psychopathic traits in adolescents are associated with elevated risk for antisocial behavior, violent offenses and criminal recidivism. Over the past several decades, advances in genetics, neuroendocrinology, neuroimaging, and neurophysiology have generated significant interest in identifying biomarkers across medicine to improve risk stratification beyond traditional clinical and actuarial tools. Objective: This scoping review synthesizes contemporary literature regarding biomarkers correlated with psychopathic traits in youth and addresses their implications on violent recidivism prediction. Methods: PubMed, PsycINFO, and Scopus were keyword searched in October 2023 to identify studies examining genetic, neuroendocrine, neurophysiological, structural, and functional neuroimaging markers in adolescents with psychopathic traits, conduct disorder, or serious antisocial behavior. Thirty peer-reviewed articles met inclusion criteria for review. Results: Findings suggest modest but reproducible differences in paralimbic structure, frontotemporal connectivity, neuroendocrine regulation, and error-related processing. Genetic and endocrine factors were also identified which may relate to antisocial behavior and impulsivity. While biomarkers may indicate developmental risk, there is insufficient evidence to support using existing markers as reliable predictors of violent recidivism.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

T21 Involuntary Commitment Three Weeks After Self-Amputation Due to Xylazine-Induced Necrosis

PRESENTERS

Amanda Stallone

LEARNING OBJECTIVES:

1. Review the legal and clinical criteria for inpatient commitment, with a focus on the interpretation of "imminent risk."
2. Assess the impact of elapsed time following a self-harm event on decisions regarding involuntary hospitalization.
3. Evaluate the influence of chronic substance use on the determination and implementation of involuntary commitment.

DESCRIPTION

Involuntary hospitalization statutes vary across states, but such interventions are generally reserved for individuals with mental illness who pose an imminent threat to themselves or others, or who are unable to meet their basic human needs. This definition leaves considerable room for subjectivity. Generally, involuntary commitment is appropriate in the immediate aftermath of a self-inflicted traumatic event. We present the case of a 33-year-old non-psychotic female with opioid use disorder who self-amputated her left arm and was involuntarily hospitalized three weeks after the event. This analysis explores how the passage of time following self-harm influences the decision to commit a patient. We examine the legal definition of "imminence" and its application in this context. The role of chronic substance use in this case further complicates the commitment decision. We outline the legal and clinical framework for involuntary commitment and mandated treatment in the setting of substance use disorders. This session highlights the persistent ambiguities in involuntary hospitalization criteria, along with the ethical, clinical, and legal issues illustrated by this case.

POSTER PRESENTATION **TIME: 7:00 AM - 8:00 AM** **ROOM: GRAND SALON FOYER**

T22 How Long for Care? The 10-day Rule for Emergency Electroconvulsive Therapy

PRESENTERS

Nicole Fracassini

LEARNING OBJECTIVES:

1. Educate individuals about the process for electroconvulsive therapy in New Jersey for patients who are unable to consent to the procedure.
2. Recognize the barriers in the legislation that delay care for individuals in need of treatment.
3. Encourage continued collaboration between legislation and medical personal to continue to advocate for patient's rights.

DESCRIPTION

This poster presents the delay of care for individuals in New Jersey who are unable to consent for electroconvulsive therapy. The current state law, NJ Stat 30:4-27.11d helps to protect patient autonomy but risks further psychiatric decline due to delayed intervention.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

T23 A Juvenile Homicide Associated with a Left Cerebral Arteriovenous Malformation

PRESENTERS

Abhilasha Khurana, Natalie Myers, Wade Myers

LEARNING OBJECTIVES:

1. Attendees will identify the potential impact of brain lesions on violence.
2. Attendees will consider the legal implications of brain lesions in criminal proceedings.

DESCRIPTION

Brain lesions are known to affect cognition, emotions, and behavior, and have been implicated in cases of violence, particularly when involving neural circuits responsible for impulse control, emotional regulation, and judgment. While tumors, traumatic brain injuries, vascular abnormalities, and other types of brain lesions have been associated with psychiatric and behavioral disturbances, cerebral arteriovenous malformations (AVMs) have rarely been linked to psychosis and not with homicidal violence. We present the case of a 14-year-old boy with a large inoperable left parieto-occipital arteriovenous malformation extending into the temporal lobe who developed progressive neuropsychiatric symptoms culminating in psychosis and an explosive and fatal knife attack on neighbors. His developmental course was remarkable for early speech delay, ADHD, oppositional behaviors, emotional dysregulation, severe headaches, eventual psychotic decompensation characterized by paranoid delusions, disorganized thinking, behavioral disinhibition. Prior to the homicidal event, neuroimaging showed progression of his AVM with cerebral edema, and John developed a Psychotic Disorder due to a Medical Condition (AVM). After arrest, he was found incompetent to stand trial and eventually placed in a state psychiatric facility. In contrast, his twin brother, raised in the same environment, was developmentally typical and psychiatrically healthy. How brain lesions can contribute to violent acts is a complex topic given the multifactorial origins of aggression. This case report, using a developmental approach, illustrates the connection between focal brain pathology, a cerebral AVM, and homicidal violence in a teenage boy. Treatment approaches, rehabilitation efforts, and legal implications are considered.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

T24 Capgras Syndrome and Competence to Stand Trial: A Case of Persistent Delusional Misidentification with Preserved Adjudicative Capacity – A Case Report

PRESENTERS

Katya Frischer, Michal Kunz, Syeda Masharab Jillani

LEARNING OBJECTIVES:

1. Describe the clinical features and neuropsychiatric mechanisms of Capgras syndrome and other delusional misidentification syndromes.
2. Identify factors that distinguish psychiatric symptoms from functional impairments relevant to adjudicative competence during forensic evaluations.
3. Apply a structured approach to assessing competence to stand trial in defendants with persistent delusional beliefs.

DESCRIPTION

Capgras Syndrome is a delusional misidentification syndrome characterized by the belief that a familiar person has been replaced by an identical impostor. The condition has important forensic implications because it is associated with interpersonal violence, particularly toward close family members. However, the presence of psychotic symptoms does not necessarily determine legal incompetence. This poster presents the case of a late-adolescent male with schizoaffective disorder who was charged with attempted murder after allegedly assaulting his mother, whom he believed had been replaced by an impostor. Despite persistent delusional beliefs, the defendant demonstrated intact orientation, organized thought processes, and the ability to understand legal proceedings and assist counsel. Applying the competency standard articulated in Dusky v. United States, the court ultimately found the defendant competent to stand trial. This case highlights the forensic importance of distinguishing psychiatric diagnosis from functional legal capacities and illustrates how circumscribed delusions may coexist with preserved adjudicative competence. The poster will review the clinical features and neuropsychiatric mechanisms of Capgras syndrome, summarize literature linking delusional misidentification syndromes to violence, and discuss key considerations for forensic evaluators conducting competency assessments in defendants with persistent psychosis.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

T25 Hazing, Hierarchy, and the Guilty Mind: Forensic Psychiatry at the Crossroads of Consent and Culpability

PRESENTERS

Alexis Collier, Reema Dedania, Sarah Hmada

LEARNING OBJECTIVES:

1. Examine institutional liability pertaining to hazing practices.
2. Explore variations in state laws and ethical considerations pertaining to hazing, consent, and culpability.
3. Explore the role of the forensic psychiatrist in evaluating hazing related crimes.

DESCRIPTION

Since 2000, there have been 122 known deaths of college students due to hazing related incidents. Approximately 55% of students involved in sports, clubs, and other social organizations report experiencing some form of hazing. Thus far, 44 states have established anti-hazing legislation, and the federal government established the Stop Campus Hazing Act in 2024 to increase transparency and accountability regarding Hazing on US college campuses. Given the recent establishment of this legislation, there is a high likelihood that forensic professionals will be called to evaluate cases involving hazing. Within the framework of these cases, forensic professionals are tasked with navigating two very controversial ethical dilemmas within the context of hazing – consent and criminal intent. The tension between social psychology and individual personality traits can often interfere with an individual's emotional and cognitive state during a hazing crime. This interference can rise to a level that impairs their ability to form mens rea (guilty mind). These same emotional and cognitive factors can also interfere with an individual's ability to consent. Notably, amongst the states, there are varying standards of culpability – meaning an individual may meet the threshold for mens rea in one state but not another. Moreover, only 29 states have expressly ruled that a victim's consent is not a defense in a hazing charge. When conducting these evaluations, evaluators must consider varying state laws as well as a perceived lack of choice due to peer influences. This presentation will evaluate varying state legislation on the issues of criminal intent and consent as it pertains to hazing cases. By bridging clinical expertise with legal standards, forensic psychiatrists provide the objective analysis necessary for courts to navigate the complex social and psychological hierarchies inherent in hazing incidents.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

T26 Aggressive Behaviors in Youth: Clinical Insights from Inpatient and Partial Hospitalization Psychiatric Settings

PRESENTERS

Caleb Eliazer, Catherine Beaudin, Robert Suddath

LEARNING OBJECTIVES:

1. Describe key clinical and behavioral patterns of youth aggression to inform assessment and intervention strategies in clinical and forensic settings.
2. Identify measurement approaches and contextual features of aggression in children and adolescents receiving psychiatric care in hospital-based programs.
3. Discuss ethical and practical considerations in assessing aggression in vulnerable youth to help guide future research and clinical practice.

DESCRIPTION

BACKGROUND: Youth exhibiting aggressive behaviors are the focus of substantial public debate. Media narratives frequently link them to mass violence, and courts increasingly scrutinize caregivers—expanding criminal liability by assessing whether a known history of aggression should have put them "on notice" of risk. A recent survey further indicates that youth with violent outbursts are often held in juvenile detention due to limited availability of psychiatric treatment facilities. These trends underscore the urgency of research that clarifies the nature and context of youth aggression. Aggressive behaviors are common among psychiatric patients, and prior work has informed intervention strategies and improved measurement tools. Yet significant challenges remain with integrating these assessments into routine clinical care. This project seeks to advance understanding of youth aggression through a structured, multi-pronged approach embedded across two psychiatric treatment settings. Objectives include comparing inpatient and partial hospitalization data; examining discrepancies between youth and caregiver reports; identifying triggers and contextual features of aggressive episodes; and analyzing relationships across multiple scales, including the Modified Overt Aggression Scale (MOAS), Affective Reactivity Index (ARI), Buss–Perry Aggression Questionnaire Short Form (BPAQ-SF), Youth Self-Report (YSR), and Child Behavior Checklist (CBCL). METHODS: Clinical data is collected from patients with a reported history of aggression in the inpatient child and adolescent psychiatry service, and the adolescent partial hospitalization program (APHP). At admission, youth complete the YSR, and caregivers complete the CBCL. Additional demographic and historical information are obtained via a clinical questionnaire. In the inpatient setting, the MOAS is completed based on patient report of prior and current aggression. In the APHP, the MOAS, BPAQ-SF, and ARI are administered at multiple time points. When feasible, caregivers also complete the MOAS and ARI for comparison. RESULTS: Aggression is common in the clinical population with positive findings in more than 30% of the patients in the hospital-based programs. Aggressive behaviors have included minor threats but have also included significant physical aggression and more than one case of threatened school violence. Preliminary findings indicate variability in aggression measurements across treatment settings and discrepancies between youth and caregiver reports. BPAQ-SF scores suggest low hostility overall. Aggressive behaviors appear frequently driven by impulsivity, though cognitive rigidity and low frustration tolerance also play an important role in many patients. Interpersonal aggression—particularly physical aggression—occurs more often within the family unit, especially among female-identifying patients, rather than toward strangers, non-familial authority figures, or school peers. CONCLUSIONS: This research highlights the ethical and clinical complexity of assessing and intervening on aggression in vulnerable youth. Discrepancies between patient and caregiver reports illustrate the difficulty of obtaining accurate histories, potentially compounded by patient distress when recalling aggressive behaviors. Interventions targeting impulsivity, cognitive rigidity, and frustration tolerance may be beneficial though more research is needed in this area. The relational and context-specific nature of youth aggression, rather than a stable trait, complicates risk prediction and duty-to-warn considerations. STUDY PROGRESS: Data has been collected from approximately 15 participants and their caregivers. Enrollment and data collection are ongoing. Planned analyses will incorporate YSR and CBCL data, clinician interview notes, demographic information from a Qualtrics questionnaire, and diagnostic and treatment information from retrospective chart review. For this clinical population of psychiatrically ill adolescents, some of the risk of aggression is likely to be related to their symptom clusters and diagnoses and may be impacted by their treatment including use of psychiatric medication.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

T27 Impacts of Divorce, Parental Separation and Conflict on Adolescent Psychiatric Treatment and Outcomes

PRESENTERS

Caleb Eliazer, Catherine Beaudin, Robert Suddath

LEARNING OBJECTIVES:

1. Characterize the impact of high conflict parental dyads on adolescent mental and behavioral health outcomes.
2. Characterize the health system burden of high conflict parental dyads on psychiatric treatment programs.
3. Define high conflict parental dyads for use in psychiatric treatment and to inform models for parental consent and involvement in adolescent psychiatric treatment.

DESCRIPTION

Parental separation is associated with adverse mental health and behavioral outcomes, including lower academic performance and increased substance use. Families that separate or divorce, in some jurisdictions have mandatory mediation and in most jurisdictions, the highest conflict parents end up with forensic evaluations to assist the court in determining custody arrangements. Few studies have evaluated the independent effects of parental conflict on these outcomes compared to the effects of separation itself. Conflict is poorly defined, and thresholds for high conflict vary based on discipline-specific perspectives. The objective of this analysis is to define "high conflict" parental dyads from a health system perspective and evaluate the impact of conflict on a) patient mental and behavioral health outcomes, b) patient engagement with care, and c) health system burden. We will conduct an observational analysis of youth (aged 13-18) in an adolescent partial hospitalization program in Los Angeles, California. A qualitative parental conflict rating of low, medium or high will be assigned based on consensus among the patient's social worker and physician. Ratings will be based on constructs such as conflict frequency, conflict topics, ease of conflict resolution, and patient exposure to parental conflict. Through chart review, we will capture demographics, household characteristics, and conflict-related characteristics. We will also assess mental health and behavioral outcomes, engagement with care including linkage to care and adherence to treatment plans, and health system burden including the number of meetings with staff. We will conduct a regression analysis to evaluate the impact of the conflict rating, household characteristics, and conflict-related characteristics on outcomes. Additionally, we will conduct sensitivity analyses to assess whether conflict-related characteristics are associated with poorer outcomes. Data collection began in 2026 and is ongoing. To date, we have gathered data for ten participants. Participants' median age was 14 years old (IQR 14 - 15); 20% were White, 30% Hispanic/Latino, 10% Asian, 10% Black/African American, and 30% multiracial. Half of participants identified as female, 40% male, and 10% non-binary/non-conforming. Half of parental dyads were rated as low conflict, 20% medium, and 20% high. Regarding parental status, 60% of parents were together and 40% separated (inclusive of those divorced); of those who were separated/divorced, the average time since separation/divorce was 4.0 years (SD 2.8), and the average participant age at separation was 11.3 years old (SD 4.6). Among the three participants whose parents were separated/divorced, the average percentage of time spent with their primary caregiver was 80.0% (SD 26.5%), and 66.6% were divorced. Descriptive statistics on a priori outcomes are provided on the preliminary sample. On average, participants had 5.9 family meetings (SD 2.3), including 3.7 joint parent meetings (SD 2.5) and 1.9 one-on-one parent meetings (SD 1.8); 20% of parents engaged in triangulation with clinical staff. Average grades were 75.0% (SD 7.1%); 40% of participants reported tobacco or cannabis use. The average PHQ-9 score was 13.8 (SD 9.1) and average GAD-7 score was 9.5 (SD 6.7). Participants spent an average of 3.4 hours daily with friends in the past seven days (SD 3.8). This observational study provides preliminary data on the independent impact of parental conflict on patient outcomes and health system burden. These findings may inform new models for parental consent and involvement in adolescent psychiatric treatment. These findings support prior research suggesting worse psychiatric outcomes in patients whose parents engage in high conflict behaviors. The specific impacts by diagnosis and associated severities may not only help better understand family impact on mental health, but they may also provide forensic child custody evaluators with more specific findings to assist with making and supporting their recommendations.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

T28 Competency to Consent to Medical Treatment in Adolescents: A Comparison in Medical and Psychiatric Settings and a Validation of the CQ PEDS

PRESENTERS

Caleb Eliazer, Catherine Beaudin, Robert Suddath, Stephen Billick

LEARNING OBJECTIVES:

1. Participants will be able to identify the abilities that develop during adolescence that are required for competency to consent.
2. Participants will be familiar with rough age cutoffs when most adolescents are cognitively capable of informed consent to treatment.
3. Participants will be able to identify common emotional factors in psychiatric patients that interfere with the competency to consent to treatment.

DESCRIPTION

Background: Generally, adult parents or guardians consent to the medical treatment of children and adolescents. Exceptions, including consent to reproductive care, are commonly permitted by state law in some jurisdictions. Competency in general, including the competency to consent to medical treatment, is a function of development with the majority of young children not competent to consent and competency to consent developing with age. Evaluation of competency is a clinical process. However, there are validated assessment instruments available to assist. These instruments lack complete validation in an adolescent population, but the use of these instruments may provide quantitative data on the acquisition of competency to consent to treatment with age. Methods: A sample of general pediatric patients in both inpatient and outpatient programs in a major urban hospital were evaluated for competency to consent to medical treatment. These patients were also evaluated using the CQ-Peds with additional cognitive and achievement testing completed for comparison. A different sample of adolescent psychiatric patients participating in a hospital program were evaluated for competency to consent to treatment. They also completed the CQ-Peds, and a subset of these patients completed cognitive and achievement testing. Results: For the general pediatrics sample, competency to consent to treatment improved with age with the majority of prepubertal patients not competent. However, by age 14, the majority of patients were assessed competent to consent to treatment. Competency to consent to treatment was correlated with scores on the CQ-Peds validating the scale, but no specific cutoff score was identified. Competency to consent to treatment was also strongly correlated with cognitive scores and most strongly with academic achievement. For the psychiatric hospital based adolescent subjects to date, 57% of the patients were not competent, including older adolescents. For these patients, the relationship to cognitive or academic achievement test scores was weak. Not competent patients were evenly divided with impairments due to cognitive issues in half of the patients and impairments due to emotional symptoms in the other half. Psychiatric disorders that directly impacted competency to consent to treatment were most commonly anxiety, but depressive symptoms and impulse control deficits also interfered significantly in some patients. Conclusions: The CQ-Peds is a valid measure of competency to consent to treatment in children; however, it is most useful to guide the evaluation with no clear cutoff scores identified. For general pediatric patients, competency to consent to treatment improves with age, cognitive test scores, and academic achievement. Competency to consent is attained for most patients by age 14. For a subset of pediatric patients with chronic illness (cystic fibrosis, diabetes, others), competency was attained over a year earlier, likely to greater familiarity with medical treatment. For adolescents with psychiatric illness, psychiatric symptoms may interfere with competency to consent to treatment, even in patients with intact cognitive skills and academic achievement. Anxiety represented the most common symptom interfering with competency. Both emotional and cognitive symptoms impacting competency to consent to treatment in psychiatric patients may not be adequately assessed with standardized measures and will need to be evaluated clinically. It is possible that a psychiatrically ill subset of adolescents legally are permitted to consent to some medical treatments but are not in fact competent. Study Progress: A sample of approximately 25 general pediatric subjects has been completed. A smaller sample of psychiatric patient subjects have been enrolled, but data collection is in process. The high proportion of not competent adolescent psychiatric patients was not initially predicted, and additional instruments are being added to evaluate the link between particular symptoms and competency.

SPECIAL EVENT | TIME: 8:00 AM - 8:45 AM | GRAND SALON F-J

Opening Ceremonies & Awards

8:00 AM **WELCOME AND INTRODUCTIONS**
Philip Candilis, MD
President

8:03 AM **PRESENTATION OF RAPPEPORT FELLOWS**
Britta Ostermeyer, MD, MBA
Renée M. Sorrentino, MD
Co-Chairs, Rappeport Fellowship Committee

8:08 AM **AWARD PRESENTATIONS**
Richard L. Frierson, MD
Chair, Awards Committee

8:15 AM **CHARLES C. DIKE DIVERSITY SCHOLARSHIP AWARD**
Charles C. Dike, MD
AAPL Past President

8:18 AM **AAPL INSTITUTE FOR EDUCATION AND RESEARCH**
Renée L. Binder, MD
President, AIER Board of Directors

8:22 AM **SILENT AUCTION ANNOUNCEMENT**
Britta Ostermeyer, MD, MBA

8:30 AM **OVERVIEW OF THE 2026 PROGRAM**
Margarita Abi Zeid Daou, MD
Viviana Alvarez-Toro, MD
Co-Chairs, 2026 Annual Meeting

SPECIAL EVENT | TIME: 8:45 AM - 9:45 AM | GRAND SALON F-J

Presidential Address

8:40 AM **INTRODUCTION OF THE PRESIDENT**
Richard Martinez, MD, MPH

9:00 AM **PRESIDENT'S ADDRESS**
Philip Candilis, MD

PANEL DISCUSSION TIME: 10:00 AM - 12:00 PM ROOM: GRAND SALON E

Dangerous and High-Risk Offender Frameworks in Canada, the United States, and England and Wales

PRESENTERS

Priya Khalsa, Yu Chen Yue

LEARNING OBJECTIVES:

1. Compare the legal frameworks used in Canada, the United States, and England and Wales to manage dangerous or high-risk offenders.
2. Describe how forensic psychiatric evidence is used across jurisdictions in assessing future risk, treatability, and manageability.
3. Identify common ethical and clinical challenges in dangerousness-based dispositions, including proportionality, cultural validity, and the limits of prediction.

DESCRIPTION

Dangerous and high-risk offender regimes authorize some of the most restrictive liberty-depriving dispositions in modern criminal justice and place forensic psychiatry at the center of decisions about future violence, treatability, and manageability. This panel will present a comparative review of the Canadian dangerous and long-term offender framework, sexually violent predator commitment laws in the United States, and the dangerousness-based sentencing and disposal framework in England and Wales. Panelists will review the statutory foundations and major appellate developments in each jurisdiction and examine how psychiatric evidence is used in determinations of dangerousness, future harm, and supervision needs. The session will highlight key differences in legal structure: Canada embeds dangerousness within criminal sentencing, the United States relies primarily on post-sentence civil commitment, and England and Wales has moved away from imprisonment for public protection toward a more graduated set of sentencing and mental health disposals. The panel will also address themes that cut across jurisdictions: the ethics of preventive detention, the evidentiary limits of violence-risk assessment, the problem of conflating diagnosis with dangerousness, and the continuing tension between public protection and proportionality. Particular attention will be paid to the role of forensic psychiatrists in presenting clinically sound, transparent, and culturally informed opinions in proceedings that may result in indeterminate detention or prolonged supervision. The goal is to provide attendees with a practical comparative framework for understanding how psychiatric expertise operates in dangerousness-based legal regimes and how that expertise can be applied more carefully and responsibly in forensic practice. Note: Each panelist will have a distinct role and discussion will involve cross-jurisdiction themes for forensic practice. A full manuscript based on this work has been submitted to the Journal of the American Academy of Psychiatry and the Law.

CME Check-In Code: KY10D **CME Credit Value:** 2

WORKSHOP | TIME: 10:00 AM - 12:00 PM | ROOM: FLORIDA SALON I - IV

This Wasn't on My Boards!: Research and Collaboration for Unique Forensic Challenges

PRESENTERS

Carolina Klein, Joshua Griffiths, Joy Stankowski, Morgan Deal

LEARNING OBJECTIVES:

1. Apply high-yield, evidence based insights to challenging cases in forensic treatment settings.
2. Develop cognitive skills and paradigms for analyzing complex clinical scenarios under uncertainty.
3. Build skills in consultation, networking and mentorship in the service of better outcomes for patients and clinicians.

DESCRIPTION

Difficult and complex scenarios such as repeated, severe self-injury, medication diversion, malingering, polydipsia, sexual contact between patients, severe patient violence, housing unit milieu, and waitlist management often fall in the scope of forensic psychiatrists and physician leaders. Many of these circumstances are relatively common within forensic treatment settings, but virtually absent from general psychiatry or even forensic training curricula. Further exacerbating this gap is the lack of high quality and relevant research on evidence-based practices due to administrative and ethical barriers in these settings. Thus, early career forensic psychiatrists can feel unprepared when treatment teams and institutions look to them for leadership and guidance in confronting vexing and even traumatizing situations. Experts working in these settings have found professional networking, consultation, and mentorship to be an effective augmentation to literature review when determining sound and ethical practices as well as for promoting solidarity in the face of uncertainty. In this workshop, participants will engage in a structured exercise of networking, mentorship, and consultation. Each expert panelist will briefly present a unique and challenging forensic treatment scenario, provide a high yield synopsis of relevant research evidence, and then engage the audience in discussion of strategies for navigating these cases as they develop.

CME Check-In Code: E5PGB **CME Credit Value:** 2

WORKSHOP TIME: 10:00 AM - 12:00 PM ROOM: FLORIDA SALON V-VI

Presidential Task Force - Forensic Psychiatry: Advancing our Research in AAPL!

PRESENTERS

Andrew Olagunju, Britta Ostermeyer, George Parker, Nathan Kolla, Nina Ross

LEARNING OBJECTIVES:

1. Design and document a reproducible search strategy.
2. Perform the step-by-step key components of a systematic literature review.
3. Report and publish transparently following PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) and reproducibility practices.

DESCRIPTION

Our field of forensic psychiatry offers excellent and underutilized opportunities to conduct research and produce scholarly work. Recognizing the growing importance of such vital research, this interactive workshop aims to provide a comprehensive overview of the systematic literature review process to enhance research skills within AAPL. Led by members of the AAPL Taskforce on Systematic Literature Review, participants will be taught, step-by-step, the essential skills to conduct such systematic literature reviews on their own and will be familiarized with PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses). The workshop will begin with an introduction to the key concepts and methodologies underpinning systematic literature reviews, including the formulation of research questions, inclusion and exclusion criteria, and effective database searching techniques. The session will highlight best practices for data extraction and synthesis, ensuring that participants understand how to critically appraise the quality of the studies being reviewed. Real-world case studies will be presented to illustrate the impact of systematic reviews on forensic psychiatric topics. Audience interaction will be a key component, with opportunities for participants to engage in discussions, ask questions, and share their experiences. This collaborative environment will foster a deeper understanding of the challenges and nuances involved in conducting meaningful systematic reviews. By the end of the workshop, attendees will have the tools and confidence to embark on their own systematic literature reviews, ultimately enhancing their own research capabilities and contributing to the advancement of the field of forensic psychiatry.

CME Check-In Code: F3LGM **CME Credit Value:** 2

WORKSHOP TIME: 10:00 AM - 12:00 PM ROOM: GRAND SALON A-D

Trafficking on Trial: Roles of Forensic Psychiatrists in Sex Trafficking Cases

PRESENTERS

Ian Lamoureux, Meghan Musselman, Phoebe Tuite, Sara West, Selena Magalotti

LEARNING OBJECTIVES:

1. List ways in which forensic psychiatrists may become involved in sex trafficking cases.
2. Name factors that impact victim credibility in sex trafficking cases.
3. Learn the state of the scientific literature on sex trafficking trauma's impact on the brain.

DESCRIPTION

The Trafficking Victims Protection Act of 2000 (TVPA) provided a legal definition of sex trafficking and established the "3 P's" framework to fight against human trafficking – protection, prevention and prosecution. Prosecuting perpetrators of sex trafficking crimes may prove difficult due to victim aspects, including reluctance to testify due to fear or loyalty to the trafficker as well as substance use and mental health symptomatology, which may impact perception of the victim's credibility. Forensic psychiatrists with expertise in traumatic stress and sex trafficking may be retained in such cases to provide testimony on how trauma and related psychopathology may impact victim behaviors, including lack of reporting of crimes of their traffickers, lack of help-seeking, reluctance to engage in court proceedings, recanting testimony and other behaviors that impact the perception of a victim's credibility. In cases in which trafficking survivors are charged with crimes, state and federal laws, including the Trafficking Survivors Relief Act of 2025, provide pathways for trafficking survivors to avoid conviction and experience post-conviction relief for crimes tied to their victimization. Forensic psychiatrists may be retained in cases of forced criminality and victim-offender intersectionality to provide evaluations for the purpose of duress defenses and sentencing mitigation. Thirdly, forensic psychiatrists may become involved in cases of civil litigation, in which trafficking victims sue for damages, to provide evaluations, expert opinions and testimony both on the psychological aspects of perceived atypical behavior, such as lack of reporting of their trafficking, as well as on the psychological impact of trafficking on a victim. In this workshop, our presenters, comprising of forensic psychiatrists, a child forensic psychiatrist and a law student with expertise in commercial sex exploitation, will provide a legal background to sex trafficking laws in the United States, discuss the multiple contexts in which forensic psychiatrists may asked to be involved in cases involving sex trafficking, provide an overview of the state of the scientific research on the connection between sex trafficking and mental health and how such research may be applied to the legal setting, and discuss areas of needed future directions in forensic psychiatry and sex trafficking. We will engage the audience in applying forensic psychiatric knowledge to case examples.

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

WORKSHOP TIME: 10:00 AM - 12:00 PM ROOM: GRAND SALON F-J

The Bias Blindspot in Forensic Psychiatry: Identifying and Mitigating the Impact of Heuristics

PRESENTERS

Ashley VanDercar, Phillip Resnick, Stephen Noffsinger, Susan Hatters Friedman

LEARNING OBJECTIVES:

1. Define the bias blind spot and appreciate its relevance to forensic psychiatrists.
2. Identify three biases that are inherent to criminal and civil evaluations.
3. Apply practical strategies to mitigate three common biases.

DESCRIPTION

As forensic psychiatrists, we are aware of the risks of bias. Most of us are taught about biases in fellowship and discuss them in the literature and at conferences. Yet the very nature of mental heuristics (mental shortcuts), from which biases arise, is that they are invisible. Furthermore, there is a bias blind spot. We tend to see bias in others but not ourselves. This workshop will use live polling and small group exercises to demonstrate the impact of the bias blind spot on the practice of forensic psychiatry. Faculty then provide instruction on three common biases (confirmation, allegiance, and gender biases). The workshop will begin with a brief discussion of heuristics and the bias blind spot. Then, the audience will break into small groups and consider a series of composite cases that sequentially highlight the hidden nature of these biases and mechanisms of combating them. Audience responses will serve as the foundation for faculty discussion of mitigation strategies.

CME Check-In Code: I8I12 **CME Credit Value:** 2

DISTINGUISHED SPEAKER TIME: 1:15 PM - 2:15 PM ROOM: GRAND SALON F-J

Learning to Listen: Narrative Activism and Epistemic Justice

PRESENTERS

Leigh Gilmore

LEARNING OBJECTIVES:

1. To understand the legal, ethical, and cultural dimensions of doubt and the consequences of its default and unequal application to women and marginalized people.
2. To understand doubt as a form of epistemic injustice in testimonial settings and narrative activism as a form through which to access epistemic justice.
3. To understand how the rising credibility of certain groups (e.g. victims of sexual violence during the #MeToo movement) can improve victim outcomes in criminal-legal settings.

DESCRIPTION

This presentation takes up doubt as an issue of epistemic justice and asks: what difference does it make if we focus on narrative? Narrative—specifically, how stories are told and heard—goes to the heart of epistemic injustice. It connects the harm of being denied authority over one's own experience as a teller to the listening apparatus that survivors of sexual violence, in particular, must confront. That apparatus has a structural quality: it includes both official authorities and unofficial listeners, and survivor stories travel through judicial and extrajudicial channels alike. Many feminist legal scholars (MacKinnon, Epstein, Turkheimer) argue that survivors are heard more fully in extrajudicial contexts than formal legal ones. Ideally, that success would be replicated within official contexts, and work is underway in this direction, including improving training in the use of threat-assessment guidelines and expanding judicial education around coercive control. But structural problems persist. This presentation centers narrative in redressing epistemic injustice because it is so often the form survivor testimony takes. Doubt is typically the starting point for survivors, who begin as tainted witnesses and unreliable narrators. Through "narrative activism," which I define in "apple-converted-space" The #MeToo Effect as storytelling in the service of social change, survivors can begin to rebalance the benefit of the doubt.

CME Check-In Code: 0XKG8 **CME Credit Value:** 1

PANEL DISCUSSION | TIME: 2:30 PM - 4:00 PM | ROOM: FLORIDA SALON I - IV

Forensic Psychiatrists' Ethical Role in Rectifying Public Miseducation on the NGRI Defense and the Criminalization of Serious Mental Illness

PRESENTERS

Darren Lish, Gary Chaimowitz, Katherine Michaelsen, Maryana Kravtsenyuk, Morgan Deal

LEARNING OBJECTIVES:

1. Summarize common media and lay public misconceptions about the NGRI plea and how these shape policy and practice developments in NGRI/NCR monitoring.
2. Contrast evidence and limitations in the treatment, risk assessment, and post-release supervision of the NGRI/NCR population with evidence and practices for incarcerated people with SMI.
3. Discuss the ethical roles of forensic psychiatrists in educating the lay public, legal professionals, the media, and legislators about NGRI pleas and the criminalization of SMI.

DESCRIPTION

Society has long struggled with how to best manage individuals with serious mental illnesses (SMI), often vacillating between institutionalizing and deinstitutionalizing policies. In the US, policies and practices around care, risk assessments, and the reintegration of individuals found Not Guilty by Reason of Insanity (NGRI)/not criminally responsible (NCR) have developed in localized, often haphazard ways, typically in response to highly publicized and politicized cases. Legislators may reflexively pass new laws after public outcry driven by perceptions that NGRI acquittees have "gotten off." While usually formed with good intentions, these policies typically lack adequate understanding of the legal and psychiatric nuances relevant to NGRI/NCR pleas or appropriate resource allocation for community supports. The result is a patchwork of practices between US states and Canada. Adding further complexity, many people with SMI do not meet the narrow insanity standards and are instead incarcerated. While incarcerated, people with SMI often face limited access to specialized care, resource constraints, and environments not designed to meet complex psychiatric needs. There is limited empirical evidence to guide current practices for care, risk assessments, monitoring, and reintegration in NGRI and carceral systems. This panel will feature key documentary films and use real high-profile cases to highlight key aspects of the NGRI and carceral experiences. The panel will then explore common misconceptions about the NGRI defense and NGRI acquittees in the context of existing evidence on violent recidivism for NGRI acquittees versus individuals with SMI in the carceral system. The panel will also reflect on trends towards the criminalization of mental illness. Finally, the panel will discuss the role of expert witnesses in educating the public beyond the courtroom, our ethical duties as forensic psychiatrists, and conclude with practical suggestions and resources.

CME Check-In Code: 4WOYB **CME Credit Value:** 1.5

PANEL DISCUSSION TIME: 2:30 PM - 4:00 PM ROOM: GRAND SALON E

Mens Rea or Meds Rea?

PRESENTERS

Gregory Iannuzzi, Ryan Hall, Tyler Durns

LEARNING OBJECTIVES:

1. Evaluate the empirical evidence linking specific medication classes to behavioral disinhibition, impulsivity, and aberrant or criminal conduct.
2. Apply a structured framework to assess claims of medication-induced behavior and consideration of alternative explanations.
3. Analyze the forensic implications of medication-related behavioral effects, including issues of volitional impairment, foreseeability, and the risks of over-attribution versus under-recognition

DESCRIPTION

Certain medications including dopaminergic agents, psychostimulants, benzodiazepines, antidepressants, and steroids have been associated with behavioral disinhibition, impulsivity, and rare instances of aberrant or criminal conduct. These presentations raise complex forensic questions regarding volitional impairment, foreseeability, and the extent to which medication effects should mitigate criminal responsibility or inform civil liability. Yet, susceptibility and degree of causal attribution are often ambiguous and incompletely understood, creating dual risks of both over-attribution and under-recognition. This panel will examine the evidentiary, clinical, and conceptual challenges in attributing behavior to pharmacologic effects. Panelists will review the extant literature around hedonistic dysregulation, non-illicit medication-induced psychosis, paradoxical disinhibition, antidepressant-induced activation syndromes, and steroid-related effects, with emphasis on moderating factors that should be considered. A framework for evaluating medication-related behavioral claims, incorporating temporal associations, dose-response relationships, challenge/rechallenge patterns, and alternative considerations will be delineated. Through case-based discussion, attendees will develop practical skills in assessing and formulating medication-related opinions in criminal and civil contexts. Through case-based discussion, attendees will gain practical tools to assess and articulate medication-related claims in forensic contexts while maintaining scientific rigor and ethical clarity.

CME Check-In Code: KI0N3 **CME Credit Value:** 1.5

WORKSHOP **TIME: 2:30 PM - 4:00 PM** **ROOM: GRAND SALON A-D**

Who Watches the Watchmen?: A Review of Contemporary Issues Regarding Voyeurism

PRESENTERS

Chandler Hicks, Chris Marett, Krista Ulisse

LEARNING OBJECTIVES:

1. Review definitions, laws, and epidemiology related to voyeurism and video voyeurism.
2. Outline technological changes that impact the perpetration and prevention of voyeurism and related behaviors.
3. Explore how topics related to voyeurism impact a variety of criminal and civil forensic evaluations.

DESCRIPTION

Depicted since ancient times, voyeurism has evolved along with societal norms and technological advances. Psychiatrists often encounter issues related to this behavior during their clinical work and forensic evaluations, yet there is generally relatively little teaching devoted to the topic. This workshop will help bridge the gap in knowledge base for what has become an increasingly common criminal behavior.

The first portion of the workshop will review basic concepts about voyeurism. It will examine how psychiatry defines voyeuristic disorder and contrast this with the wide variety of legal definitions of criminal voyeurism. It will also review perpetrator characteristics and psychological harms to victims.

The second portion of the workshop will review the technology used to commit voyeurism. As technology has advanced, so has the sophistication and prevalence of voyeurism. The workshop will address how technology has facilitated types of non-consensual intimate imagery as well as safeguards aimed at preventing such criminal behavior.

The final portion of the workshop will allow the audience to work through interesting case examples from forensic evaluations related to voyeurism. Example assessments include violence risk, parental fitness, and psychological damages in civil litigation.

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

WORKSHOP | TIME: 2:30 PM - 4:00 PM | ROOM: GRAND SALON F-J

The Rationally Irrational Defendant: Can Personality Ever Lead to Incompetency?

PRESENTERS

Andrew Cecil, Ashley Maestas, Melissa Piasecki, Rachael Lambin, Steven Zuchowski

LEARNING OBJECTIVES:

1. Describe how personality disorders could lead to barriers in adjudicative competency.
2. Discuss two models of volitional behavior.
3. Identify strategies for assessing defendants with personality disorders and communicating findings related to competency.

DESCRIPTION

People with personality disorders often exhibit distorted beliefs and perceptions as well as maladaptive interpersonal behaviors. This interactive workshop invites participants to explore the controversial question: Can a personality disorder by itself render a defendant incompetent to stand trial? We provide an overview of perspectives on volitional control of perceptions, emotions and behavior, including a review of case law, the emerging research identifying on the neuroscience of personality disorders and the role of psychological testing. We will present a case illustrating some of the relevant competency behaviors for defendants with narcissistic and paranoid personality traits. Using this case, we will engage the audience through polls and discussion of expert opinions. Lastly, this workshop will identify future directions including research on this topic and the role of expert reports in educating courts and attorneys on the application of personality disorder symptoms to Dusky criteria.

CME Check-In Code: NR6U7 **CME Credit Value:** 1.5

FLASH TALK TIME: 2:30 PM - 4:00 PM ROOM: FLORIDA SALON V-VI

Flash Talks

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

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

Not Your Disney Villain: Clinical Characteristics of Female Child Pornography Users and Female Sex Offenders

PRESENTERS

Ruth Llerena

LEARNING OBJECTIVES:

1. Identify the clinical and forensic characteristics associated with female sexual offenders, including paraphilic behaviors and personality disorders.
2. Understand the relevance of co-occurring paraphilias and personality disorders in the forensic assessment of female sexual offenders.
3. Apply the principles of forensic neutrality in the evaluation of individuals from underrepresented sexual offender populations.

DESCRIPTION

Female child pornography users are uncommon, as research shows that men both consume more child pornography and exhibit higher rates of sexual paraphilias than women, even among sex offenders. Overall, child pornography users engaged in a wide range of sexual content, including sadism and bestiality. Studies suggest that the risk of child sexual assault increases with the nature of the sexual fantasies, heavier substance use, prior convictions, and criteria for pedophilia. Previously identified characteristics of female sex offenders include: younger (22 to 36 years old); raised in underprivileged, unstructured, and poorly supervised homes; abandonment issues and a history of inadequate affection and instability; limited educational and vocational qualifications; severe physical, emotional, and sexual abuse; poor coping skills; with a history of substance use; and personality disorders (borderline, narcissistic, avoidant, antisocial). Research shows that individuals with one unusual sexual interest are more likely to have others. Some theories on sexual offending suggest that the motivation for these offenses may arise from sexual gratification associated with the abuse and from distorted perceptions of the inappropriateness of these acts. Female paraphilias are an underexplored psychiatric field due to their low prevalence in general and forensic populations. Research indicates that their low rates are likely a product of underreporting, further limiting the study of this group. Therefore, it is essential to recognize women as multidimensional persons to achieve forensic neutrality necessary for our evaluations and for their experiences to be fully understood.

FLASH TALK TIME: 2:30 PM - 4:00 PM ROOM: FLORIDA SALON V-VI

Digital Duty of Care and the False Fiduciary Problem: AI, Tarasoff, and the Future of Clinical Accountability

PRESENTERS

Afaf Moustafa, Rathisha Pathmathasan

LEARNING OBJECTIVES:

1. Analyze how the expanding special relationship doctrine may extend to AI products purporting to serve therapeutic, clinical, or companionship roles.
2. Evaluate how voluntary undertaking and product liability frameworks may create new liability standards for mental health AI developers.
3. Assess forensic challenges in evaluating AI architecture, human oversight protocols, and causation within AI-mediated clinical interactions.

DESCRIPTION

The growth of artificial intelligence within mental health has precipitated a “false fiduciary problem,” characterized by systems that cultivate therapeutic rapport in the absence of clinical accountability. While 45% of recent mental health AI research utilizes large language models, only 16% has undergone formal clinical efficacy testing. This accountability gap has been implicated when in 2026 an adolescent died by suicide after ChatGPT provided information on suicide methods and deterred help-seeking. Courts may impose duty-of-care obligations on AI products through three doctrines. Under the special relationship doctrine, systems serving clinical or companionship roles may trigger legal duties. Voluntary undertaking principles suggest that AI advertised as “mental health companions” could be held to professional clinical standards. Finally, under product liability, chatbots providing harmful advice or lacking safety guardrails may be deemed defectively designed. We examine the forensic implications of these frameworks, including how expert witnesses will evaluate AI-mediated cases by assessing AI architecture, human oversight protocols, and whether AI systems deterred access to traditional care. These issues are directly relevant to forensic psychiatrists, who will increasingly be asked to evaluate cases involving AI-mediated clinical interactions, including suicide litigation and questions of responsibility and causation.

FLASH TALK TIME: 2:30 PM - 4:00 PM ROOM: FLORIDA SALON V-VI

Neuroimaging Evidence in Courtrooms: Legal Limits and Ethical Responsibility in Jury Interpretation

PRESENTERS

Catherine Beaudin

LEARNING OBJECTIVES:

1. Describe the limits of applying population-level neuroimaging research to individual defendants and how these limits shape juror perceptions of malingering and psychiatric credibility.
2. Analyze how evidentiary standards—especially FRE 403, FRE 704(b), and key cases such as Diaz and Semrau—govern the admissibility of neuroscientific evidence.
3. Discuss ethical principles for communicating neuroimaging findings to courts and jurors, and the importance of bridging gaps between scientific nuance and public understanding.

DESCRIPTION

This flash talk, which builds on over a year of research with an evidence law professor, examines the growing use of neuroimaging in criminal adjudication through the lens of a common courtroom scenario: the defense introduces expert testimony and neuroimaging to support a psychiatric diagnosis, while the prosecution counters with malingering narratives and challenges to scientific reliability, which jurors often find highly persuasive. The discussion offers an overview of ongoing interdisciplinary debate among neuropsychiatric experts and legal scholars regarding how persuasive neuroimaging actually is to judges and jurors—including perceptions of its objectivity and societal expectations shaped by phenomena such as the CSI effect—while highlighting the accompanying ethical and evidentiary risks. The analysis centers on three recurring points of tension: First, neuroscience currently produces population-level associations, yet courts frequently demand individualized insights about culpability, intent, and mental state at the time of the alleged offense. This population-to-individual mismatch, combined with risks of reverse inference, creates conditions in which jurors may overinterpret or misapply neuroscientific findings. Second, neuroimaging is often invoked to resolve conflicting psychiatric diagnoses between experts, even when current technologies cannot reliably settle this ambiguity, risking both the overvaluation of structural findings, or absence thereof, and the devaluation of a psychiatric diagnosis without accompanying neuroimaging correlates. These misunderstandings may inadvertently reinforce jurors' suspicions of malingering—a narrative prosecutors routinely deploy and one that often succeeds in persuading jurors despite robust evidence for the defense. Third, evidentiary rules such as FRE 403 and the U.S. Supreme Court's recent interpretation of FRE 704(b) in Diaz v. United States (2024) reveal how judicial discretion, concerns about prejudice or jury confusion, and longstanding skepticism toward lie-detection technologies (e.g., United States v. Semrau) shape the admissibility of neuroscientific evidence. The conclusion emphasizes an ethics-focused discussion underscoring that advancing the responsible use of neuroscience in the courtroom requires not only rigorous research and adherence to professional guidelines, but also deliberate efforts to bridge the gap between neuropsychiatric nuance and public understanding. Because jurors are generally drawn from the general public, improving how experts communicate the limits and promise of neuroimaging—not only within the adversarial courtroom, but also outside it—is essential to ensuring that such evidence and evolving technologies inform rather than distort legal decision-making.

FLASH TALK TIME: 2:30 PM - 4:00 PM ROOM: FLORIDA SALON V-VI

Advancing Voting Access for Psychiatric Inpatients: Medicolegal Barriers and Ethical Considerations

PRESENTERS

Isabella Cuan

LEARNING OBJECTIVES:

1. Educate clinicians on the history of voter disenfranchisement in psychiatry and the current status of federal and state voter laws specific to mental illness.
2. Demonstrate the current state of hospital voter policies through a case example of NYC-based psychiatric units.
3. Address major logistical barriers and ethical considerations involved in the development of a sustainable hospital-based model for inpatient voting.

DESCRIPTION

In 2022, the American Medical Association adopted a resolution recognizing voting as a social determinant of health, emphasizing that access to voting is consistently associated with better health outcomes. And yet, in the United States, mental illness has historically been used to disenfranchise individuals, with many state statutes to this day containing residual clauses barring “idiots” or “the insane” from voting. It was not until the 1990s when the federal government passed the Americans with Disabilities Act (1990) and National Voter Registration Act (1993) that voting rights and entitlement to voting assistance were granted to people with disabilities, including mental health conditions. Today, the vast majority of individuals living with mental illness, regardless of diagnosis or involuntary commitment, retain their right to vote. However, despite decades-long advocacy efforts to reduce voter suppression among this population, psychiatric patients – especially those hospitalized in the weeks and days leading up to local, state, and federal elections – remain uniquely vulnerable to ongoing disenfranchisement due to lack of clear hospital guidelines and policies, gaps in knowledge about legal rights, and logistical and ethical barriers in the voting process. Even among those whose voting rights are suspended through inflexible guardianship laws or criminal conviction, the legal landscape between states is highly heterogeneous and oftentimes intentionally vague, leading to major challenges understanding and applying statutes to everyday clinical practice.

As physicians, we are in a unique position to advocate for our patients’ fundamental right to vote and help facilitate civil engagement as a means of advancing equity and promoting autonomy. Thus, this talk sets out to de-mystify the legal landscape of voting rights for hospitalized individuals with mental illness by 1) providing education on the history of disenfranchisement in psychiatry and the current status of federal and state voter laws specific to mental health treatment and capacity, guardianship/conservatorship, developmental disability, and criminal conviction/incarceration; 2) demonstrating the current state of hospital voter policies through a case example of NYC-based psychiatric units; and 3) addressing major logistical barriers and ethical considerations involved in the development of a sustainable hospital-based model for inpatient voting.

FLASH TALK TIME: 2:30 PM - 4:00 PM ROOM: FLORIDA SALON V-VI

State-Dependent Violence and Criminal Responsibility: Toward a Structured Forensic Framework

PRESENTERS

Ashley Malka

LEARNING OBJECTIVES:

1. Identify key sources of variability in forensic opinions regarding criminal responsibility in cases involving altered or state-dependent mental states.
2. Differentiate impairments in voluntariness versus reality testing when reconstructing mental state at the time of the offense.
3. Apply a structured framework to assess the relevance of mental disorder, including the role of triggers and the threshold for "disease of the mind," in opinions on criminal responsibility.

DESCRIPTION

Forensic evaluations of criminal responsibility in cases involving altered mental states (such as dissociation, extreme emotional arousal, and other state-dependent phenomena) are often marked by significant variability in expert opinion. This variability persists despite relatively stable legal standards, suggesting that inconsistency may arise less from deficiencies in the law than from differences in conceptualization and assessment practices.

This presentation examines recurring challenges in the forensic evaluation of state-dependent violence, with particular attention to the risk of both over-attribution and under-recognition of mental disorder. Drawing on case law and clinical experience, common sources of inconsistency are identified, including variable approaches to defining "disease of the mind," assessing voluntariness and reality testing at the material time, and interpreting the role of psychological triggers.

A structured framework for forensic assessment is proposed, emphasizing: (1) establishing the presence of a disorder independent of the index offense; (2) careful reconstruction of mental state at the time of the offense; (3) differentiation of impairments in voluntariness versus reality testing; and (4) cautious evaluation of triggering events in relation to legal thresholds. The framework is designed to support more consistent, transparent, and ethically grounded opinions.

Implications for forensic practice include improved reliability of expert testimony, reduction of bias in the interpretation of complex mental states, and a more balanced approach to cases involving dissociation and related phenomena.

FLASH TALK TIME: 2:30 PM - 4:00 PM ROOM: FLORIDA SALON V-VI

AI-Assisted Suicide Risk Stratification as a Way to Uphold Nonmaleficence

PRESENTERS

Dustin Heller, Mateusz Plaza

LEARNING OBJECTIVES:

1. Recognize how normalization of deviance in emergency settings causes unsafe cognitive conditions that breach nonmaleficence in suicide risk assessment.
2. Review evidence that a combined AI-clinician approach outperforms both AI alone and C-SSRS alone for suicide attempt and suicidal ideation.
3. Appreciate how forensic psychiatrists are well positioned to engage with the ethical dimensions of AI-based technologies in emergency settings.

DESCRIPTION

Our flash talk aligns with the AAPL Annual Meeting's theme of "Advancing Our Ethics and Research." Given forensic psychiatry's unique role in defining standards of care for suicide risk assessment and evaluating their adequacy in litigation, forensic psychiatrists are well positioned to engage with the ethical dimensions of how AI-based technologies interface with psychiatric practice in emergency settings. Our talk explores AI-based technologies in suicide risk assessments in emergency settings and the ethical implications of failing to adopt them. According to the Joint Commission, suicide is the 10th leading cause of death in the USA. In the month before their death by suicide, about 45% of individuals had seen a primary care clinician, while 19% had seen a mental health specialist. In January 2026, the Joint Commission required accredited EDs must escalate their psychiatric assessment to all patients who express suicidal ideation during the course of care. We first describe emergency settings as characterized by cognitive overload. Physicians must triage decision making, frequently described by the "ABCDE" mnemonic. A thorough suicide assessment would require the physician to delve into the patient's past psychiatric records, which could span many years across a variety of specialties. Physicians in such emergent settings frequently do not have this time. Instead, clinicians take a snapshot for suicide risk: what the patient says now, what the clinician observes now, and whatever can be gathered from the EMR quickly. But suicide risk is often not fully contained in that snapshot. Oftentimes the risk only becomes visible when you look across time. We argue there is a normalization of deviance, whereby unsafe cognitive conditions become routine, expected, and tolerated. By accepting dangerous workflow conditions as routine, patients are predictably exposed to preventable harm, thus breaching nonmaleficence. To address this gap, we discuss a combination approach to suicide risk assessment, involving AI risk stratification with existing clinical judgment. This was recently modeled via the Vanderbilt Suicide Attempt and Ideation Likelihood model (VSAIL), which analyzes a patient's EMR records to predict 30-day suicide risk. The research examined 120,398 adult encounters. Within 30 days, the combined AI-clinician approach outperformed both the AI model alone and the C-SSRS alone for both suicide attempt and suicidal ideation. The AI reviewer excels in the review of static variables. The clinician excels in the review of dynamic variables. We conclude that if that structural danger is now visible and a workable corrective plan has been presented, then to reject it is to accept preventable harm as ordinary practice, which nonmaleficence does not permit.

PANEL DISCUSSION TIME: 4:15 PM - 6:15 PM ROOM: FLORIDA SALON I - IV

Is it Hate or Hindsight? A Forensic Examination of College Campus Hate Allegations

PRESENTERS

Ahmad Adi, Alexis Collier, Jacob Appel, Reema Dedania, Sarah Hmada

LEARNING OBJECTIVES:

1. Define and describe hate crimes and perpetrator risk factors.
2. Explore the nuances and procedures of a culturally competent assessment of the perpetrators of hate crimes.
3. Explore the methods in which examiners should address their own implicit biases.

DESCRIPTION

The number of hate crimes on American college campuses has risen over the last decade and shows no sign of abating. Recent federal legislation (the Stop Campus Hazing Act of 2024) increases the likelihood that forensic professionals will be involved in hate crime assessments. As such, it is essential that forensic professionals are knowledgeable of the ethical, procedural, and cultural considerations of forensic assessments related to hate crimes on college campuses, which this panel aims to explore. It will first review the current literature on hate crimes, perpetrator risk factors and psychological motivations. Panelists will also review features of culturally competent risk assessment when evaluating perpetrators of hate crimes. Lastly, the panel will also have a focus on tensions between implicit bias and culturally competent hate crime assessments. Pertinent assessment tools and methods for reducing implicit bias in emotionally or socially charged cases will be reviewed. Forensic professionals have a professional and moral duty to approach these cases with cultural sensitivity and awareness of their own implicit biases.

CME Check-In Code: AO6VG **CME Credit Value:** 2

PANEL DISCUSSION TIME: 4:15 PM - 6:15 PM ROOM: FLORIDA SALON V-VI

A Playground for Predators: Juvenile Vulnerability and Emerging Forensic Challenges Across Online Platforms

PRESENTERS

Chandler Hicks, Dhruv Gupta, Mark Tobias, Rodrigo Fontenele

LEARNING OBJECTIVES:

1. Review emerging patterns of online grooming and exploitation occurring within gaming platforms and digital communities.
2. Identify strategies to evaluate victims and perpetrators of technology-facilitated sexual exploitation.
3. Discuss strategies to safeguard vulnerable individuals against online predatory behaviors.

DESCRIPTION

Approximately 85% of adolescents in the United States engage in online gaming, with a staggering 40% on a daily basis. While gaming platforms offer opportunities for social interaction and entertainment, they have increasingly become environments in which predatory individuals and organized online communities exploit vulnerable youth. Interactive gaming environments (e.g., Roblox, Minecraft, Call of Duty, and Fortnite) allow anonymous communication and unsupervised interaction, creating opportunities for grooming, coercion, and exploitation. These interactions frequently extend beyond gaming environments to associated online communication platforms (e.g., Discord, Kik, Snapchat, Telegram), which are commonly used in conjunction with gaming platforms.

Recent law enforcement alerts, including a 2025 Federal Bureau of Investigation public service announcement, have highlighted emerging online groups targeting adolescents through digital communities. These interactions often begin with seemingly benign contact and gradually escalate to manipulation, sexual exploitation, coercion to produce explicit material, and threats to public dissemination. Similar dynamics are increasingly observed across social media environments and artificial intelligence-mediated spaces.

This session will examine the intersection of online gaming and communication platforms, adolescent vulnerability, and predatory behavior through clinical and forensic perspectives. Panelists will review psychological vulnerabilities that increase susceptibility to grooming, discuss approaches to evaluating victims and perpetrators involved in technology-facilitated exploitation, and explore ethical challenges clinicians may encounter when addressing these behaviors. Case examples will illustrate how forensic psychiatrists may encounter such issues in clinical and legal contexts, including questions related to coercion, responsibility, and risk assessment. Practical strategies for forensic assessment, clinical intervention, and prevention will also be discussed.

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

PANEL DISCUSSION | TIME: 4:15 PM - 6:15 PM | ROOM: GRAND SALON F-J

Echoes in the Machine: AI Chatbots, Belief Manipulation, and Forensic Consequences

PRESENTERS

David Burrow, Dylan Marashi, Harrison Schurr, Rachel Polcyn, Tyler Durns

LEARNING OBJECTIVES:

1. Describe AI chatbot mechanisms that foster parasocial attachment, sycophantic reinforcement, and identity-congruent belief scaffolding in individuals to radicalization or undue influence.
2. Identify forensically relevant presentations, including sub-diagnostic psychotic spectrum features and maladaptive belief systems that arise from or are amplified by AI chat body interaction.
3. Apply a forensic framework for evaluating AI-mediated influence, pertaining to online radicalization, extremist ideation, and chatbot-facilitated undue influence.

DESCRIPTION

Artificial intelligence (AI)-driven chatbots are increasingly capable of producing personalized interactions that simulate understanding, validation, and alliance by mimicking natural human interactions. However, these technologies introduce novel risks of both individual and widespread consequence. AI systems may reinforce grievance narratives, epistemic certainty, and identity-congruent worldviews, fostering conviction and radicalization towards extremist ideologies. Unlike traditional media, AI agents reciprocate in real time, intensifying parasocial bonds, deepening emotional dependency, and eroding interpersonal boundaries in ways previously impossible at scale. This panel examines how AI can inadvertently (or deliberately) scaffold harmful belief systems from sociological, psychological, and forensic perspectives. The role of simulated empathy, memory, and perceived loyalty will be explored as drivers of parasocial attachment with individualized and forensically significant consequences. Particular attention will be given to how sycophantic alignment and identity-congruent reinforcement facilitate online radicalization and undue influence. Sub-diagnostic psychotic presentations (i.e., “chatbot psychosis”), including cases implicating criminal responsibility and civil capacity, will be examined and illustrated with emerging clinical and forensic examples.

CME Check-In Code: JHGY9 **CME Credit Value:** 2

WORKSHOP TIME: 4:15 PM - 6:15 PM ROOM: GRAND SALON A-D

Child Murder and the Insanity Defense: Peer Review of a Contested Sanity Trial

PRESENTERS

James Knoll, Megan Testa, Reena Kapoor, Sara West, Stephen Noffsinger

LEARNING OBJECTIVES:

1. Learn how to deliver effective direct testimony at trial.
2. Understand expert witness techniques to anticipate and counter attorney cross examination efforts.
3. Appreciate the methodology to conduct comprehensive sanity evaluations.

DESCRIPTION

On June 3, 2024 at 3 pm defendant Bionca Ellis, 34, stole two knives from the Volunteers of America Thrift Store next to the Giant Eagle grocery store in suburban North Olmsted, Ohio. After obtaining the knife, Bionca Ellis walked next door to the Giant Eagle. As Ms. Ellis entered the Giant Eagle, she spotted the victim and her 3-year-old child in the store and followed them. After the victim paid for her groceries and walked towards the exit of the store, Bionca Ellis followed the victim and her son into the parking lot. Ms. Ellis continued to follow them to their vehicle and immediately stabbed the 3-year-old, located in the shopping cart, multiple times. His mother attempted to pull him out and was also stabbed. Several people called the police and reported the stabbing. The police arrived at the scene and located Ms. Ellis walking away with a knife in her hand. She was arrested on scene without incident. Despite police officers and EMS providing life-saving aid, the child was later pronounced deceased. His mother was treated for her injuries. Bionca Ellis was charged with Aggravated Murder, two counts of Murder, two counts of Attempted Murder, two counts of Felonious Assault, Endangering Children, and Misdemeanor Theft. Bionca Ellis had a well-established history of Schizophrenia. Her defense team entered a plea of Not Guilty by Reason of Insanity. In a two-week contested sanity trial in October 2025, jurors heard testimony from defense expert Sara West, MD and prosecution expert Stephen Noffsinger, MD, and evaluating psychiatrist Megan Testa, MD. This peer review session will provide extensive audio-visual review of the direct and cross examination of the three psychiatrists at trial. The session will emphasize the essentials of effective direct testimony, dealing with cross examination, and navigating a highly contested sanity trial. The session participants will also analyze the methodology for carefully evaluating the insanity defense in a high-profile child murder case. Peer review will be provided by two highly experienced forensic psychiatry fellowship program directors and expert witnesses, Dr. Kapoor and Dr. Knoll. Audience participation will be achieved by the speakers presenting a number of video vignettes illustrating commonly used attorney cross examination techniques. The audience will be asked to identify the types of cross examination technique being illustrated, and will suggest potential solutions to counter the cross examination techniques.

CME Check-In Code: M6KFX **CME Credit Value:** 2

WORKSHOP TIME: 4:15 PM - 6:15 PM ROOM: GRAND SALON E

Death is Different, or is it? Empathy, Objectivity, and Bias in Capital Evaluations

PRESENTERS

Andrew Philip, Charles Scott, Eileen Ryan, Timothy Allen

LEARNING OBJECTIVES:

1. Attendees will learn the challenges to objectivity in various types of evaluation in death penalty work and how challenges may differ across types of evaluations.
2. Attendees with develop greater skill at recognizing bias traps and how to navigate them.
3. Attendees will develop greater skill at recognizing their own discomfort and emotional distress how to respond to challenges as both defense and prosecution witnesses.

DESCRIPTION

Forensic psychiatrists engaged in death penalty evaluations face unique challenges to objectivity. This workshop will use structured, case-based audience participation to examine how bias, values, and role expectations can influence forensic opinions in capital cases. The workshop will address ethics in capital case work, including ethics as related to potential forms of bias and discuss research on adversarial allegiance and how it can compromise objectivity and reliability. Participants will be engaged throughout the workshop using mock trial exercises, real-time polling, and small group decision-making tasks. Early in the workshop, attendees will be presented with a hypothetical case vignette and asked to assume the role of forensic expert. In a mock voir dire format, audience members will respond to common questions related to attitudes toward the death penalty, personal values, and potential sources of bias. Responses will be compared and discussed to highlight variability and implicit bias. This workshop will guide participants through different types of capital evaluations (competency, sanity, competency to be executed, and withdrawal of appeal). These exercises will emphasize how evaluator "posture" may shift across contexts and how personal beliefs about the death penalty may influence conclusions. Audience members will be asked to: --Render opinions on competency or dangerousness based on evolving case facts --Vote (via polling or show of hands) on key forensic conclusions --Defend their reasoning in brief small-group or full-group discussions to illustrate adversarial allegiance and ethical tensions, participants will be divided into "defense" and prosecution groups and asked to interpret the same clinical data. Each group will present and justify their conclusions, followed by a facilitated discussion comparing differences and identifying sources of biases. The workshop will include live debate of gray-area cases, where faculty and audience members may reasonably disagree. Participants will be invited to challenge expert opinions, identify bias traps, and suggest alternative approaches. Finally, using case examples, participants will engage in guided reflection on evaluator distress and vicarious trauma. Attendees will discuss how emotional responses may influence objectivity, followed by strategies to recognize and mitigate these effects in practice. Given the fact that examples will be drawn from actual cases that we have been involved in, this workshop will be open to AAPL members only and will not be recorded.

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

DEBATE, SPECIAL EVENT TIME: 7:00 PM - 9:00 PM ROOM: GRAND SALON F-J

From Advocacy to Mediation: Is There a Role for Psychiatry in National and International Conflict Management?

PRESENTERS

Enrico Suardi, Harry Thomas, Philip Candilis, Rahn Bailey, Ronald Schouten

LEARNING OBJECTIVES:

1. Summarize the historical contribution of psychiatric organizations to conflict management.
2. Compare arguments proposing and opposing a role for psychiatry in conflict management.
3. Identify and assess ethical risks, including misuse of professional authority in political contexts and dual agency.

DESCRIPTION

A strain of psychiatry engages in public affairs to address structural violence and advance human rights through advocacy. Psychiatrists have also ventured periodically into the domain of negotiation traditionally occupied by policy makers and diplomats. This interdisciplinary panel of psychiatric leaders, diplomats, and policy makers will debate whether there is an empirically, ethically sound, professionally appropriate, and socially beneficial role for psychiatrists in conflict management in the domestic and global arenas The session will review scholarship on interactive conflict resolution and draw on the historical work of the Committee on Foreign Affairs of the American Psychiatric Association, the Committees on International Relations and Government Agencies of the Group for the Advancement of Psychiatry, and the Conflict Management and Resolution Section of the World Psychiatric Association. Proponents will argue that psychiatry is one among several disciplines that illuminate the human factor in conflict and contribute to mediation and reconciliation processes. Forensic psychiatry can add useful perspectives in balancing individual, societal, and justice obligations. Critics will caution against the loss of objectivity and professional credibility from misusing psychiatric authority in political contexts, pathologizing political actors, and oversimplifying political realities. Ethical and cultural dilemmas include dual agency and role diffusion. Through moderated dialogue and audience engagement on case vignettes spanning domestic polarization, international crises, and post-conflict reconciliation, the session will explore the potential value of psychiatry in conflict management, as well as the need for developing ethical safeguards and maintaining boundaries between consultation, advocacy, and mediation.

CME Check-In Code: KOQQ3 **CME Credit Value:** 2

FRIDAY, OCTOBER 30, 2026

POSTER PRESENTATION **TIME: 7:00 AM - 8:00 AM** **ROOM: GRAND SALON FOYER**

Poster Session B

DESCRIPTION: Join us for coffee and fascinating poster presentations addressing a wide variety of topics in Forensic Psychiatry. Posters will remain up through lunch.

CME Check-In Code: B5IJY **CME Credit Value:** 1

F1 Developmental Disorder Awareness & Law Enforcement

PRESENTERS

Marlow Taylor, Olivia Hindera

LEARNING OBJECTIVES:

1. Outline state and federal regulations for developmental disorder awareness training.
2. Explore benefits for specific developmental disorder awareness training for law enforcement professionals.
3. Illustrate the need for advocacy at the state level and ways to do so for improved training.

DESCRIPTION

As evidenced by several fatal encounters between law enforcement and individuals with autism, there is a need for law enforcement professionals to have training in interacting with those with mental health conditions. Differences in communication style, capacity to regulate emotion, and manage elevated levels of anxiety and displays of repetitive behaviors or movements can lead to more negative interactions with law enforcement, particularly when law enforcement is unfamiliar with these types of subtleties in the neurodivergent population. Roughly 20% of individuals with autism will have had interactions with law enforcement by their mid-20s, which causes significant anxiety for the civilians and their caregivers. While there are no established federal regulations, the Law Enforcement De-Escalation Act of 2022 encouraged the development of training programs, including Crisis Intervention Training and Mental Health First Aid. However, at the state level, there is little consensus on what constitutes autism awareness education, and many states have no specific legal guidelines. This poster will review state policies on developmental disorder awareness training for law enforcement personnel and summarize the impact and need for such policies by identifying key examples. It will provide recommendations for legislation changes and potential advocacy efforts for mental health specialists.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F2 Hallucinations in Medical AI: Mechanisms, Risk, and Forensic Implications

PRESENTERS

Alan Newman, Andrew Nanton

LEARNING OBJECTIVES:

1. Describe the structural mechanisms by which large language models may generate hallucinated content.
2. Identify categories of hallucination relevant to forensic psychiatric practice and recognize their potential consequences for evidentiary reliability, admissibility, and professional liability.
3. Apply evidence-based procedural standards for AI use in forensic practice, including independent verification requirements for both text-generating and speech-to-text AI tools.

DESCRIPTION

Generative AI tools are increasingly promising for use in forensic psychiatry for record summarization, literature search, transcription, and editing. These uses share a central risk: AI hallucinations, defined as plausible, fluent content that is factually false and often difficult to detect without verification. Large language models generate text probabilistically and are designed to produce coherent responses under uncertainty, making AI hallucinations predictable rather than incidental. Newer models show measurable improvement, but error rates remain significant and vary by task, particularly in case-specific, inferential work. This poster illustrates common hallucination types through forensic vignettes and reviews evidence that such errors persist across applications, including speech-to-text. It concludes with practical safeguards, emphasizing that reliable use depends on systematic verification rather than model selection alone.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F3 Correctional Mental Health in South Korea After Deinstitutionalization: National Trends and a Triage-Based Response

PRESENTERS

Han-Sung Lee

LEARNING OBJECTIVES:

1. Describe recent national trends in correctional mental health in South Korea following deinstitutionalization.
2. Analyze major bottlenecks in correctional psychiatric care, including workforce shortages and delayed access to evaluation.
3. Evaluate how a triage-based multidisciplinary response may improve timely care while reducing restrictive interventions.

DESCRIPTION

Following the 2017 revision of South Korea's Mental Health Welfare Act, which sought to reduce coercive hospitalization and shift care toward the community, the locus of care for people with severe mental illness appears to have shifted rapidly, suggesting a pattern of transinstitutionalization. We conducted a descriptive systems analysis using national mental health and correctional statistics, Ministry of Justice documents, and local operational data from a quality improvement initiative involving a newly implemented multidisciplinary psychiatric triage program at a major Korean detention center. National data show that involuntary psychiatric admissions declined from 77,161 in 2017 to 64,666 in 2023, whereas the number of offenders with mental disorders increased from 9,089 to 13,994 over the same period. Within correctional settings, the number of incarcerated persons identified with mental illness rose steadily from 2,607 in 2013 to 6,345 in 2025. By 2023, schizophrenia-spectrum and bipolar disorders accounted for nearly 40% of these cases. Compounding this burden, only three full-time psychiatrists served the entire national correctional system in early 2026, contributing to severe clinical bottlenecks, including an average 3-month wait for psychiatric evaluation at one major detention center. In response, an academic medical center-government collaboration introduced referral-stage symptom triage, weekly multidisciplinary severity review, emergency psychiatric rounds, and a dedicated mental health response team. Preliminary data from the first three months of this program showed that 254 psychiatric cases were reviewed, 72 patients with moderate-to-severe mental illness were identified, face-to-face psychiatric consultations increased from 130 to 171 compared with the prior period, and the use of seclusion and restraint decreased by 19.4% year-over-year, from 72 to 58 incidents. These findings highlight a widening mismatch between psychiatric need and treatment capacity in South Korea, while suggesting that a targeted, triage-based institutional response may improve access to care and reduce coercive measures. Ultimately, this work underscores the ongoing ethical challenge in correctional psychiatry of providing timely care while minimizing restrictive interventions.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F4 Neuromodulation in Competency Restoration: Applications and Ethical Challenges

PRESENTERS

Burak Uzay, Jacob Appel

LEARNING OBJECTIVES:

1. Describe major neuromodulation therapies used in psychiatry and their role in treatment-resistant psychiatric disorders.
2. Evaluate the potential role of neuromodulation in competency restoration for individuals with treatment-resistant psychiatric illness.
3. Discuss ethical and legal issues of neuromodulation in forensic settings, including due process, bodily integrity, and limits of state authority.

DESCRIPTION

Neuromodulation therapies target specific brain regions or neural networks to treat psychiatric conditions. The most widely used neuromodulation modalities in psychiatry include electroconvulsive therapy, transcranial magnetic stimulation, transcranial direct current stimulation, vagal nerve stimulation and deep brain stimulation. Over the past decades, the use of these techniques has increased significantly, guided by growing evidence showing their effectiveness in treatment-resistant psychiatric conditions. Despite their increasing clinical utility and shown benefit, the potential role of neuromodulation in forensic settings is not well-explored. Competency restoration programs primarily rely on pharmacological and psychoeducational interventions. However, some individuals remain incompetent due to treatment-resistant illness or severe neurocognitive deficits, raising the question whether neuromodulation therapies could play a role in restoring competency. While Sell v. United States establishes the legal framework for involuntary medication in competency restoration, limited precedent regarding neuromodulation therapies raises constitutional questions concerning due process, bodily integrity, and the limits of state authority. Here, we examine current evidence on these distinct neuromodulation therapies and discuss their potential applications in competency restoration. We also explore the ethical and legal challenges associated their use in the forensic settings.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F5 Post-Restoration Outcomes Linked to Cooperation with Jail-Based Competency Treatment

PRESENTERS

Peter Ash, Thomas Barrett

LEARNING OBJECTIVES:

1. Consider the advantages and limitations of jail-based competency restoration relative to restoration in a traditional hospital setting.
2. Investigate rates of re-arrest and rehospitalization of detainees successfully restored to competency in jail.
3. Identify favorable prognostic factors as well as predictors of recidivism in individuals eligible for jail-based competency treatment.

DESCRIPTION

Jail-based competency restoration programs are increasingly being utilized as alternatives to traditional inpatient restoration in states challenged by considerable waitlists for forensic hospital beds. Demonstrated advantages of jail-based competency restoration include reduced cost and reduced time to initiate restoration compared to hospitalization, while a notable limitation is a lack of support for involuntary medication administration to psychotic individuals detained in correctional environments. Cooperation with treatment, in particular acceptance of psychotropic medication, is therefore a crucial variable predicting restoration success in the carceral setting. The available research supporting the effectiveness of jail-based competency restoration units for cooperative detainees is characterized primarily by immediate restoration success rates and lengths of stay without much published data on recidivism rates, re-arrest patterns, or subsequent hospitalization. This poster presentation examines predictors of longer-term post-restoration outcomes of recidivism and rehospitalization of a subsample of detainees who were treated in a jail-based competency restoration unit in Atlanta, Georgia.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F6 Locked Out: Legal and Structural Barriers to Abortion Access for Incarcerated Patients

PRESENTERS

Eve Solomon, Loren Roth, Sameer Khan

LEARNING OBJECTIVES:

1. Understand the scope of restrictions to access of abortions in the United States, and the specific barriers faced by incarcerated pregnant people in obtaining abortion services.
2. Appreciate the importance of considering access to reproductive healthcare as a factor in the evaluation and treatment of incarcerated pregnant people with mental illness.
3. Identify the ethical responsibilities of forensic psychiatrists to understand, consider, and address barriers to reproductive healthcare in carceral settings.

DESCRIPTION

As the effects of the 2022 Supreme Court decision on Dobbs v. Jackson Women's Health Organization continue to ripple across medical education and clinical practice, there remains a shortage of literature on the shifting and otherwise singular barriers to abortion access faced by incarcerated pregnant persons in the United States. One recent study estimates that, among the 638 pregnant individuals incarcerated in prisons annually, approximately 110 in both state and federal prisons will require an abortion, including 55 incarcerated in states with current abortion restrictions. The medico-legal concerns inherent in abortion access are further complicated for individuals with mental illness, who experience disproportionate rates of unplanned pregnancies and may have variable capacity to make medical decisions. Caring for pregnant incarcerated patients introduces complex ethical, legal, and structural considerations for physicians working in correctional settings. This poster disembarks from one such patient encounter. We discuss a de-identified case involving an individual with mental illness who was incarcerated within our county jail system. We review the structural barriers that this patient faced when attempting to seek obstetric evaluation, education about her reproductive options, and ultimately an abortion. This poster then explores the myriad and intersecting clinical, legal, ethical, and logistical barriers to abortion access and decision-making in jails and prisons. These include informal, ambiguous, or even nonexistent policies across states and counties on abortion access for incarcerated populations; administrative constraints on transporting incarcerated individuals and financing abortion services; punitive procedures, including shackling policies and the presence of correctional officers at medical appointments; concerns among clinicians about the potential legal ramifications of abortion provision; and provider unfamiliarity with correctional abortion access, or even false impressions that care for incarcerated patients differs from that for their non-incarcerated counterparts. Finally, we provide a legal overview of the current status of abortion access in various states, including a review of abortion laws by state. We highlight existing laws specific to abortion access for incarcerated individuals. The purpose of this poster is to enumerate the specific challenges to abortion care both within and beyond correctional facilities, and to clarify the relevance of these challenges for physicians who care for incarcerated pregnant patients across clinical specialties and settings.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F7 Artificial Intelligence in Violence Risk Assessment: Balancing Clinical Promise with Ethical Responsibility

PRESENTERS

Travis Beisheim

LEARNING OBJECTIVES:

1. Discuss current ethical considerations in the use of AI assisted violence risk assessment.
2. Review contemporary work on the ethical implementation of AI models in risk assessments
3. Identify potential strategies for how to utilize AI in ways that address ethical concerns

DESCRIPTION

The integration of artificial intelligence (AI) into violence risk assessment in emergency department (ED) and inpatient psychiatric settings presents both transformative opportunities and significant ethical challenges. AI systems offer the potential to enhance clinical decision-making by synthesizing large, complex datasets, potentially improving early detection of violent behavior and supporting safer care environments. However, the adoption of these tools must be critically evaluated through the lens of the four foundational principles of bioethics: beneficence, nonmaleficence, justice, and autonomy. A unique challenge in clinical implementation is the "feedback loop" phenomenon: when AI-driven interventions prevent violent outcomes, it becomes difficult to determine whether the predicted risk was accurate, thereby complicating model calibration and potentially eroding patient trust. Multiple authors have already initiated and developed the discussion regarding ethical use of AI in this domain and this poster aims to summarize this discussion. This poster also aims to address these concerns, with several strategies proposed including (1) careful preprocessing of training data to mitigate embedded biases; (2) staggered model retraining cycles to reduce feedback distortion; (3) development of explainable AI systems that provide transparent clinical reasoning; and (4) incorporation of patient engagement in the assessment process to preserve autonomy and promote trust. AI has the potential to serve as a powerful adjunct in violence risk assessment, but its ethical implementation will require deliberate safeguards to ensure that technological advancement aligns with core principles of medical ethics.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F8 A Comparison of Mental Health and Veterans Treatment Criminal Court Dockets

PRESENTERS

Nakul Batra, Robert Fuchs

LEARNING OBJECTIVES:

1. **Education:** This poster will clarify the court procedures within mental health and veterans treatment dockets and will examine the ways that defendant progress is evaluated.
2. **Service:** Treating psychiatrists can perform advocacy by making patients aware of dockets and other resources offered by the justice system.
3. **Research:** Literature will be reviewed for differences in outcomes (e.g. recidivism) for participants of veterans treatment and mental health dockets.

DESCRIPTION

Untreated mental illness can impact recidivism. For psychiatrically ill defendants who are competent to stand trial, state or federal criminal courts may offer a plea bargain intended to reduce the likelihood of re-offending. A defendant who voluntarily agrees to pursue psychiatric treatment may be diverted to a specialized court, in turn facilitating dismissal of the charges or mitigation of the sentence. Two common dockets include adult mental health courts (for the general population) and veterans treatment court (for certain patients engaged with the Veterans Health Administration). However, between these two dockets it can be unclear how the proceedings may differ, what types of resources might be offered, or whether participation improves long-term outcomes. This poster will present a review of two such dockets local to the authors, the Hillsborough County Circuit Criminal Mental Health Court and the same circuit's Veterans Treatment Court. A comparison will be made of the proceedings and phases of treatment offered by each court based on publicly available information. Examples will be clarified for what roles an examining psychiatrist might play in each docket and how a treating physician can present these resources to their patients. Finally, literature will be reviewed to establish whether participants who complete these programs are ultimately less likely to re-offend and/or more likely to remain engaged in psychiatric care compared to defendants of the broader criminal court.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F9 Frotteurism and Psychiatric Comorbidities: A Systematic Review with Forensic Implications

PRESENTERS

Ravleen Suri, Sakshi Prasad

LEARNING OBJECTIVES:

1. Review the current literature on the prevalence, psychiatric comorbidities, and clinical features associated with frotteurism.
2. Describe available treatment approaches for frotteurism, including behavioral interventions and pharmacologic strategies used in the setting of comorbid psychiatric illness.
3. Discuss the forensic and legal implications of frotteurism, including victim impact, underreporting, and the role of psychiatrists in recognition, risk assessment, and management.

DESCRIPTION

Frotteurism is an underrecognized paraphilic disorder characterized by recurrent sexual arousal from touching or rubbing against a nonconsenting person, typically in crowded public settings. Although often minimized as a nuisance behavior, frotteurism can result in substantial psychological harm to victims and may carry meaningful forensic and legal implications. At the same time, the behavior remains underreported, underdiagnosed, and poorly studied, leaving clinicians and forensic psychiatrists with limited evidence to guide assessment and management. This systematic review examines the psychiatric comorbidities, treatment approaches, prevalence, and forensic relevance of frotteurism. A systematic literature review was conducted using PRISMA methodology. PubMed and Scopus were searched using combinations of the terms “frotteurism,” “frotteurism and voyeurism,” “frotteurism and forensic,” “frotteurism and depression,” and “paraphilia.” English-language original studies were included if they addressed prevalence, psychiatric comorbidity, paraphilic interests and behaviors, or treatment related to frotteurism. Non-original studies and articles without specific clinical or psychiatric detail were excluded. After screening 62 records and applying inclusion and exclusion criteria, 12 studies were included in the final qualitative synthesis, representing 3,594 participants between 17 and 78 years of age. The reviewed literature suggests that frotteurism is more common in the community than is generally appreciated. In one population study, 26.7% of participants reported a desire for frotteuristic behavior and 26.1% reported having engaged in it, with males comprising the majority of those endorsing such interests or behaviors. Other studies highlighted the significant impact on victims, including acute feelings of violation, fear, repulsion, behavioral changes, and longer-term anxiety and depressive symptoms. A substantial proportion of victims reported first experiencing such assaults during adolescence. Psychiatric comorbidity emerged as an important theme. Across case reports and observational data, frotteurism was associated with depression, compulsive sexual behavior, social anxiety, substance use, intellectual disability, traumatic brain injury, and possible obsessive-compulsive spectrum features. Some evidence also linked childhood sexual experiences or abuse with later frotteuristic behavior. Reports of iatrogenic hypersexuality and frotteuristic behavior during dopaminergic treatment in Parkinson’s disease further suggest a possible neurobiological contribution in select cases. Treatment data remain limited and are largely derived from case reports and small series. Behavioral interventions, including aversion therapy, systematic desensitization, orgasmic reconditioning, relaxation techniques, and supportive psychotherapy, were reported to reduce symptoms. Selective serotonin reuptake inhibitors, particularly fluoxetine and sertraline, were used in cases involving comorbid depression, anxiety, or compulsive sexual symptoms. In refractory paraphilic presentations, antiandrogen-based treatment such as leuprolide acetate has shown preliminary benefit, though evidence specific to frotteurism remains sparse. For forensic psychiatrists, frotteurism occupies an important space at the intersection of psychopathology, public safety, victim harm, and legal accountability. Despite being commonly dismissed or unreported, the behavior constitutes a sexual offense with potentially lasting consequences for victims. Greater awareness among clinicians, improved community education, and more rigorous research are needed to clarify prevalence, strengthen risk assessment, and inform evidence-based treatment strategies. This review highlights the need for a more clinically and legally informed approach to frotteurism in both psychiatric and forensic settings.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F10 In the Crosswinds of Justice and Psychiatry: Characteristics of Not Criminally Responsible (NCR) Adjudications in Baltimore City

PRESENTERS

Cory Pollock, Donovan Fey, Emma Heller, Kathleen Patchan, Riley Wilk

LEARNING OBJECTIVES:

1. Determine the rate of NCR pleas in Baltimore City over a 2 year period, contrast with historical data
2. Evaluate the characteristics of successful NCR adjudications over the designated time period
3. Discuss changing rates and dynamics of NCR pleas and adjudications nationwide based on our sample size

DESCRIPTION

Introduction Research regarding the characteristics and utilization of the Not Criminally Responsible (NCR) plea in Maryland and other states is limited. Despite their rarity, NCR pleas often incur significant costs and attract controversial publicity. We examined all defendants who entered an NCR plea within the Circuit and District Courts for Baltimore City over a 24-month period. Our objectives were to determine the frequency of NCR pleas entered relative to all criminal indictments and to analyze the characteristics associated with a successful NCR finding. We hypothesized that, while the rate of NCR pleas have risen compared to previous years, the rate of NCR adjudications would remain stable given no change in the legal standard. We also hypothesized an increase in cases involving a substance use diagnosis compared to a previous study conducted in 1989. Methods Between January 1, 2024, to December 31, 2025, 48 Not Criminally Responsible (NCR) pleas were filed in the Baltimore City Circuit and District Courts. We reviewed the forensic reports for each case, categorizing factors such as demographics, substance use, diagnoses, criminal history, and the forensic opinion. The forensic opinion was then compared with the case outcomes documented in the Maryland Electronic Courts (MDEC) case management system. Results in contrast to our hypothesis, the overall rate of NCR pleas significantly decreased compared with similar research conducted in 1989. Consistent with previous research, the rate of a forensic opinion supporting NCR, as compared to an opinion of criminal responsibility, remained low. Furthermore, NCR adjudication continued to be rare, despite a shifting clinical context and improved access to collateral data. Notably, the percentage of NCR pleas involving a primary substance use disorder diagnosis showed a significant increase from previous findings. Conclusion Although the rate of NCR pleas relative to overall criminal indictments declined compared to previous studies, a case resulting in an NCR adjudication remained rare and consistent with prior findings. However, the number of NCR pleas involving a primary substance use disorder significantly increased.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F11 Cannabis as a Causal Factor for Schizophrenia: Epidemiologic Evidence and Forensic Implications

PRESENTERS

Emily Waller

LEARNING OBJECTIVES:

1. Evaluate the evidence linking cannabis use to schizophrenia using the Bradford Hill criteria for causality.
2. Identify populations at highest risk for cannabis-induced psychotic disorder and subsequent transition to schizophrenia.
3. Apply the potentially causal relationship between cannabis use and schizophrenia to forensic psychiatric practice.

DESCRIPTION

Cannabis is the most widely used illicit substance globally, with over 244 million users in 2023. It's use has continued to increase over time with a 120% increase in use from 2008 to 2022 in the United States. This increased use is largely due to legalization and decriminalization of the substance in the majority of US states. As cannabis has become more readily available, the perception of its risks has decreased with more physicians and the public viewing the substance as safe. However, there is a strong correlation between cannabis and psychosis which has been demonstrated through countless prior studies. Cannabis-induced psychosis is increasingly appearing in criminal and civil proceedings, yet the causal relationship between cannabis use and schizophrenia has not been formally evaluated using a structured epidemiologic framework. This gap has significant consequences for not only forensic psychiatric practice but the field of psychiatry as a whole. The aim of this study was to apply the Bradford Hill criteria of causation to evaluate whether cannabis acts as a causal factor for schizophrenia, and to examine the implications this may have on criminal responsibility, competency evaluations, and the doctrine of settled insanity.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F12 "Excited Delirium" as a Medico-Legal Construct: Implications for Cause of Death and Liability

PRESENTERS

Alexander Ortiz

LEARNING OBJECTIVES:

1. Describe the historical development and clinical characterization of "excited delirium," including its use in emergency medicine, law enforcement, and forensic contexts.
2. Evaluate controversies surrounding "excited delirium," including lack of standardized criteria, use in in-custody deaths, and implications for managing severe agitation.
3. Review emerging state laws restricting the use of "excited delirium" and discuss implications for forensic testimony, cause of death, and clinical practice.

DESCRIPTION

A controversial and increasingly scrutinized term, "excited delirium" has historically been used to describe individuals presenting with extreme agitation, altered mental status, and sudden death, particularly in the context of law enforcement restraint. Despite its use in emergency medicine, policing, and forensic pathology, the diagnosis is not recognized in major classification systems such as the DSM or ICD. It has been increasingly rejected by leading medical and psychiatric organizations due to concerns about lack of standardized diagnostic criteria, inconsistent application, and potential bias. In recent years, the term has been widely publicized and politicized through media coverage and litigation involving in-custody deaths. High-profile cases, including that of Elijah McClain, have drawn attention to its use in real-time clinical decision-making, including sedation and physical restraint, as well as its role in shaping legal narratives surrounding cause of death. As described in the forensic literature, the designation of "excited delirium" may serve as an alternative explanation for death that shifts attention away from restraint-related mechanisms, with direct implications for civil and criminal liability. This poster presents a targeted review of "excited delirium," with particular emphasis on its relevance to the evaluation and management of severe agitation and its role in forensic and legal contexts. We examine how the term has been used both prospectively to justify intervention and retrospectively in police reports, death certificates, and expert testimony. To complement this analysis, we include a 50-state review of legislative activity and other statewide initiatives, highlighting states that have enacted restrictions on the use of the term, as well as jurisdictions that have attempted to limit its use through mechanisms such as retrospective audits and reclassification of causes of death. These findings highlight a growing divergence between medical and psychiatric consensus and legal practice, in which a contested diagnostic label continues to carry significant implications for clinical care, forensic evaluation, and public policy. This evolving landscape underscores the importance of careful diagnostic framing and highlights the critical role of clinicians in shaping medico-legal interpretations at the intersection of psychiatry and the law.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F13 Treatment Refusal and Decisional Incapacity in Psychiatric Practice

PRESENTERS

Ayesha Tariq

LEARNING OBJECTIVES:

1. Differentiate treatment refusal, disagreement, poor insight, and decisional incapacity in psychiatric settings.
2. Review clinical and ethical questions that may arise when treatment refusal and decisional incapacity are conflated.
3. Review how psychosis, impaired insight, and seemingly irrational decisions may complicate capacity assessments without automatically establishing incapacity.

DESCRIPTION

In psychiatric practice, particularly in inpatient and involuntary treatment settings involving severe mental illness, questions may arise about whether treatment refusal reflects decisional incapacity. However, refusal, disagreement, poor insight, and decisional incapacity are not synonymous. Failing to distinguish these concepts may affect patient autonomy, clinical reasoning, and decisions related to involuntary treatment or the transfer of decision-making authority to others. This poster reviews and clarifies the distinction between treatment refusal and decisional incapacity at the interface of psychiatry and law. It examines how psychosis, poor insight, nonadherence, and seemingly irrational decisions may complicate capacity assessments, with implications for autonomy, involuntary treatment, and decision-making authority. Content reviewed includes the core elements of decisional capacity, the distinction between incapacity and disagreement, the role of psychosis and insight in capacity assessments, why an unwise decision does not by itself establish incapacity, and areas of clinical and ethical ambiguity that may arise when these concepts are conflated. By reviewing these distinctions, the poster aims to clarify the difference between treatment refusal and decisional incapacity in psychiatric practice.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F14 Are Statements Made to a Paramedic Covered Under Doctor-Patient Confidentiality?

PRESENTERS

Anna Isayeva

LEARNING OBJECTIVES:

1. To understand the limits and coverage of physician-patient privilege
2. To understand scenarios where statements made to paramedics may constitute privileged information
3. To understand whether statements made to healthcare staff by third parties are privileged or not

DESCRIPTION

In this poster we discuss a recent Minnesota Supreme Court opinion which addresses the limits of the Physician-Patient privilege in Minnesota. In State vs Smeby (MNSC, 2026), the Supreme Court of Minnesota examined whether disclosures made to emergency medical services personnel are protected under Minnesota's physician-patient privilege statute, Minn. Stat. § 595.02, subd. 1(d) (2024). Anthony Richard Smeby was involved in a vehicular collision in August 2021. He required administration of Narcan to regain consciousness and admitted to the use of heroin to paramedics and his girlfriend who disclosed this information to a nurse. A search warrant was issued for his records from his ambulance run and he was subsequently convicted of driving under the influence of a controlled substance. Smeby argued that the search of his ambulance records was overbroad, and that what was disclosed to the paramedics and nurse was confidential under physician-patient privilege. In reaching its opinion, the Minnesota Supreme Court considered whether paramedics are part of a patient's treatment team and if nonprivileged information in a patient's medical record becomes privileged when it is transmitted to or acquired by a healthcare provider.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F15 Film-Based Teaching of Psychopathy: Effects on Knowledge in Venezuelan Adolescents

PRESENTERS

Daniel Carvallo Ruiz

LEARNING OBJECTIVES:

1. Describe the core features of psychopathy, including traits derived from the Psychopathy Checklist-Revised, and their representation in film.
2. Evaluate the effectiveness of film-based educational interventions in improving adolescent understanding of forensic psychiatry concepts.
3. Examine the role of cinematic portrayals in shaping mental health literacy and misconceptions about psychopathy.

DESCRIPTION

Psychopathy is a disorder often encountered by forensic psychiatrists. Public understanding of psychopathic traits is often shaped by popular film characters. This may contribute to misconceptions about criminal behavior. Innovative educational strategies may help improve understanding of psychopathology. Film-based teaching has been used in medical education to illustrate complex psychological constructs, but its application in adolescent populations remains limited. This study examines the use of a film-based educational intervention to improve understanding of psychopathy and related forensic psychiatry concepts among adolescents. A quasi-experimental pre-test–post-test design was implemented in a sample of 314 high school students aged 16–17 years in Caracas, Venezuela. Participants completed a structured questionnaire assessing knowledge of psychopathy before and after a 45-minute virtual educational session delivered via "Zoom". The intervention incorporated selected cinematic scenes from Nightcrawler, American Psycho, No Country for Old Men, The Silence of the Lambs, and Gone Girl to illustrate core psychopathic traits, including manipulation, superficial charm, lack of empathy, and callousness, grounded in constructs derived from the Psychopathy Checklist-Revised. Psychometric evaluation of the instrument and statistical analysis of pre- and post-intervention performance were conducted to assess reliability, item characteristics, and educational impact. Findings demonstrated significant improvement in knowledge scores following the intervention, with a large effect size and high normalized learning gain. The questionnaire showed strong internal consistency and acceptable item performance metrics. These results suggest that film-based pedagogy may be an effective and engaging method for teaching forensic psychiatry concepts to adolescent populations. This presentation reviews the study methodology, summarizes key findings, and discusses the potential role of cinematic material in enhancing mental health literacy, as well as its implications for early education in forensic psychiatry.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F16 Review of Preteen Suicides - Child Death Review Committee of Oakland County, Michigan

PRESENTERS

William Cardasis

LEARNING OBJECTIVES:

1. To review characteristics of preteen suicides in Oakland County, Michigan.
2. To review example cases of preteen/early teen suicides.

DESCRIPTION

This presentation reviews demographic, social, psychiatric, personal, and familial characteristics of preteen suicides from the perspective of a forensic psychiatrist consultant to the child death review (CDR) committee. Recent research indicates that suicides of preteen children in the United States have increased in the past several years, increased more in girls than boys, and with increased use of a firearm. There is, however, a relative lack of knowledge of psychiatric and psychological concerns regarding preteen suicides because most young people who die by suicide have no prior psychiatric diagnosis.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F17 Mixed Etiology and the Insanity Defense: Potential Problems of Comorbidity Under Oregon's 2025 Reforms

PRESENTERS

Alexander Isreb

LEARNING OBJECTIVES:

1. Analyze the impact of Oregon's 2025 GEI reform on causal reasoning in insanity evaluations
2. Differentiate the roles of primary mental illness, voluntary intoxication, and personality pathology in mixed-etiology forensic cases
3. Apply a structured forensic framework to evaluate and communicate causation in complex GEI cases

DESCRIPTION

Oregon's 2025 revisions to the guilty except for insanity (GEI) statute clarify that a qualifying mental disorder must be the 'but-for cause' of a defendant's lack of substantial capacity while maintaining exclusions for voluntary intoxication and personality-based conditions standing alone. Although intended to sharpen doctrinal precision, this causation tightening creates significant challenges in cases involving psychiatric comorbidity, which are common in forensic populations. Clinical presentations frequently involve interacting pathologies, such as psychotic disorders co-occurring with substance use or personality pathology, that resist clean causal partitioning. Applying strict counterfactual reasoning in these contexts risks oversimplifying multifactorial impairment, increasing evaluator disagreement, and creating potential inequities in adjudication. This analysis examines how Oregon's reforms may strain traditional forensic methodologies, particularly when substances exacerbate underlying major mental illness or when personality traits shape offense behavior without independently explaining incapacity. Drawing on primary forensic and psychiatric literature, the discussion highlights risks of binary causal thinking and emphasizes the need for structured, transparent etiologic analysis. Oregon's approach may foreshadow broader national movement toward stricter insanity standards, making careful handling of mixed-etiology cases essential for maintaining both clinical validity and legal reliability.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F18 Is the MMPI-3 Worth It?

PRESENTERS

Emily Peirce, Silvia Flores, Silvia Flores-Beech

LEARNING OBJECTIVES:

1. Utility, Limitations, and Practical Application of the MMPI-3 in Forensic Evaluations

DESCRIPTION

Abstract: The Minnesota Multiphasic Personality Inventory–3 (MMPI-3) is the most recent revision of one of the most widely used psychological assessment instruments in not only mental health treatment, but also forensic evaluations. While psychologists frequently rely on structured personality testing, psychiatrists receive little to no training in the interpretation of psychometric instruments. This raises an important question for multidisciplinary forensic practice: how useful is the MMPI-3 for informing forensic opinions? Forensic mental health assessments require the integration of multiple data sources, including clinical interview, behavioral observations, collateral records, and psychological testing. As emphasized in the forensic assessment literature (Wygant & Selbom, 2026), the MMPI-3 should be interpreted within a convergence framework rather than as a standalone diagnostic tool. Misinterpretation can easily occur when test results are considered in isolation or without sufficient understanding of their psychometric foundations. This poster reviews the potential advantages and limitations of the use of the MMPI-3 in forensic contexts. Advantages include updated normative data, refined scale structure, improved validity indicators, and enhanced ability to identify response styles such as exaggeration, minimization, and inconsistent responding. These features may provide useful information when evaluating symptom presentation, personality functioning, and response bias in forensic examinees. At the same time, several limitations warrant consideration, especially when considering the available features for computer-based interpretation. Clinician interpretation requires specialized training, and findings must be carefully integrated with other sources of information. Overreliance on test scores without appropriate contextualization can lead to misleading conclusions. In addition, the role or utility of structured personality testing may vary across forensic referral questions. This presentation discusses practical considerations for incorporating MMPI-3 findings into forensic mental health evaluations and highlights the types of cases in which the instrument may be particularly informative (e.g., competency evaluations, criminal responsibility assessments, violence risk evaluations, and civil forensic cases). The goal is to provide clinicians with a framework for understanding when the MMPI-3 meaningfully contributes to forensic opinions and when its utility may be more limited.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F19 MOD18: Psychiatric Standards for US Military Deployment to the Middle East

PRESENTERS

Andrew Chapman, Elie Kaadi, Lee Hiromoto

LEARNING OBJECTIVES:

1. Understand the context and purpose of MOD18, the document which sets out the US military's medical standards for deployment to the Middle East (which falls under the US CENTCOM).
2. Review the psychiatric standards and qualifications for Middle Eastern deployments, including conditions for which a deployment waiver may be granted.
3. Discuss the ethical implications of deployment standards, such as the rationale for and implementation of balancing mission needs with personal circumstances.

DESCRIPTION

The MOD18 is a document developed by US CENTCOM (Central Command) setting out medical standards for servicemembers deploying to the Middle East. MOD18 includes psychiatric standards for deployment including disqualifying diagnoses and medications. In some cases, these requirements may be waived by higher review (e.g. ADHD) while other disqualifiers are non-waiverable (e.g. psychotic disorders). Our poster will lay out the criteria applied by military psychiatrists in evaluating fitness for deployment to this dynamic region, and discuss the rationale and implications of this process.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F20 Sexually Offensive Behaviors in Autism Spectrum Disorder: Prevalence, Clinical Correlates, and Implications for Assessment and Intervention

PRESENTERS

Sakshi Prasad

LEARNING OBJECTIVES:

1. The psychopathological characteristics of ASD that may increase vulnerability to these behaviours
2. The treatment options available for individuals with ASD who commit sexual offenses
3. The involvement of these individuals in the judicial system when such offenses occur

DESCRIPTION

Abstract Aims The Review focuses on three key areas: the psychopathological characteristics of ASD that may increase vulnerability to these behaviours, the treatment options available for individuals with ASD who commit sexual offenses, and the involvement of these individuals in the judicial system when such offenses occur Methods PRISMA guided literature searches were conducted in two steps: a systematic search of three databases covering the period between 2000, and December 2025, followed by a manual search of the retrieved papers. Eligible studies included those that assessed psychological characteristics, therapeutic strategies, and forensic aspects in ASD who had committed sexual offenses. Studies were excluded if they were not published in English. Results Twenty One studies were included in the final review, consisting of five cross-sectional studies, two case-control studies, and fourteen case reports. Of these, eight studies were rated as being of “good” quality, with the remainder rated as “fair”. It involved a combined total of 550 participants. Several psychopathological vulnerability factors were identified. Deficits in social interaction and communication were frequently linked to misinterpretations of consent, sexual frustration, and difficulties in understanding social or legal norms. Restrictive and repetitive sexual interests were also highlighted, particularly when these interests were directed toward inappropriate targets. In addition, individuals with ASD often showed difficulty recognizing facial expressions and accurately attributing ages. Treatment approaches emphasized the importance of tailoring interventions to the specific characteristics of ASD. Strategies included the development of emotion regulation skills to improve behavioral control, the use of visual learning techniques such as video feedback and modeling, and behavioral adaptations focusing on identifying triggers and modifying responses. Family therapy and psychoeducation were also noted as valuable for strengthening support systems. Criminological and legal findings revealed that the most common offenses committed by individuals with ASD included possession of child exploitation material, public masturbation, and child molestation. Importantly, offending behaviors were often understood as being driven by ASD-related symptoms rather than by malice or sexual deviance. However, legal outcomes were inconsistent, particularly regarding determinations of criminal responsibility. Conclusions Early diagnosis, access to appropriate sex education, and continuity of treatment were identified as critical in reducing the risk of offending. In addition, internet safety education is essential for ensuring that individuals with ASD can understand issues related to illegality and consent. The review highlights the need for larger population-based studies and randomized controlled trials in order to build a stronger evidence base. Finally, the adoption of proper diagnostic frameworks within forensic settings would allow for a clearer understanding of problematic behaviors and support more suitable judicial processes.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F21 Who will come? The Changing Landscape of Mental Health Crisis Response in California

PRESENTERS

Jason Barrett, Karina Diaz, Michael Panameno

LEARNING OBJECTIVES:

1. Provide a historical overview of community mental health crisis response in the United States
2. Examine the evolution of community mental health crisis response in Los Angeles and neighboring counties
3. Review data on practices aimed at safety and effectiveness when responding to mental health crises

DESCRIPTION

In October 2020, Congress established the 988 Suicide and Crisis Lifeline as the national mental health crisis number. In preparation, Los Angeles County collated several partnerships to setup a response framework. There are now variations of Alternative Crisis Response (ACR) models that have been developed across the state. Between 2021 and 2025, monthly 988 calls routed to California centers have more than doubled. According to the office of U.S. Representative Tony Cardenas (D-Los Angeles) (author of 988 Implementation Act), there is a 23% decrease in cost for mobile crisis team response as compared to police. However, concerns appear to be on the horizon. Efforts to improve the response infrastructure (including deploying a system facilitating 911 dispatchers' ability to route calls to 988 crisis centers) have been delayed. In addition, an audit by the L.A. City Controller in 2025 of Los Angeles' response to mental health crises revealed ongoing use of armed responses as the default approach. With outcomes that have led to citizens' death resulting in law enforcement conviction(s), some sheriff's departments in California have expressly stopped responding to certain calls related to mental health. This poster will explore the historical context of mental crisis response and offer steps for consideration as guidance as the need to triage the calls of those in mental health crises continue to grow.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F22 Demystifying Competency Restoration in Texas: A Visual Educational Tool to Advance Training and Research

PRESENTERS

Aaron Clark, Eryn Pynes, Patricia Ortiz

LEARNING OBJECTIVES:

1. Describe the key stages and decision points in the Texas competency restoration process.
2. Identify core variables (e.g., treatment setting, duration, outcomes) relevant to competency restoration research and system evaluation.
3. Use a visual framework to enhance understanding and teaching of competency restoration processes.

DESCRIPTION

The competency restoration process in Texas can be difficult for trainees, practicing clinicians, and non-medical stakeholders to conceptualize, representing a barrier to both effective teaching and systematic study. To address this gap, we developed a visual diagram that maps the restoration process from the initial raising of competency concerns through final legal disposition, synthesizing statutory law, clinical workflows, and common practice patterns in Texas.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F23 Childhood on the Docket: Legal, Developmental, and Policy Perspectives

PRESENTERS

Hayley Lange, Marlow Taylor

LEARNING OBJECTIVES:

1. Compare both legal and psychiatric long-term outcomes in juvenile youth who proceed with the process of certification to be tried as adults, to those who remain in the juvenile justice system.
2. Appraise the effectiveness of policy changes for the age of certification at the state level in making downstream changes in the outcomes for delinquent youth and broader society.
3. Propose a theory on factors contributing to these different outcomes and what the corresponding tradeoffs involve for both the juvenile delinquent and broader society.

DESCRIPTION

The juvenile legal system shares many similarities with the adult legal system, with several key distinctions. Importantly, the juvenile system emphasizes a rehabilitative approach, distinct from the punitive aspects of adult legal settings. The certification process, in which a determination is made on whether a juvenile should be tried as an adult, is a key branch point in the legal system's response to delinquency/offenses. Correspondingly, changes in state policy about the age of certification and the types of delinquencies/offenses that merit a certification hearing result in different mental health, ethical, legal, and financial outcomes for both the individual and broader society.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F24 A Perfect Storm of Delirium and Extreme Overvalued Beliefs: A Case Report on Competency Restoration in a State Psychiatric Hospital

PRESENTERS

Alan Tseng

LEARNING OBJECTIVES:

1. Understand the differences between delusions and extreme overvalued beliefs.
2. Evaluate the impact of medical comorbidities and delirium on psychiatric symptoms.
3. Be able to integrate complex medical and psychiatric symptoms in competency to stand trial evaluations.

DESCRIPTION

Assessing delusion-like beliefs in the forensic setting remain a challenge for evaluators. Internet communities and subcultures have provided individuals with delusion-like beliefs with easily accessible forums for strengthening and developing their convictions. The term “extreme overvalued beliefs” has been proposed to describe these rigidly held, non-delusional beliefs that are shared. Here we present a case of a 52-year-old Chinese man charged with nine felonies related to possession of ghost guns. He was evaluated for fitness to stand trial and was found mentally incompetent to stand trial and admitted to a state psychiatric hospital for competency restoration. His case was complicated by the lack of a clear psychiatric history, no contact orders with his family preventing the treatment team from obtaining collateral information for diagnostic clarity, and a medical history significant for Type 2 diabetes with diabetic neuropathy and retinopathy, labile blood pressures, and hyperlipidemia. While he initially presented overtly psychotic with a disorganized thought process and behaviors, his medical issues worsened, and cognitive deficits became more prominent with increasing treatment with psychotropic medications. His medical comorbidities were aggressively treated and his psychiatric medication regimen removed to treat a suspected underlying delirium. Over time, his cognition improved, and his disorganization resolved but what remained was a non-delusional political belief system. He was reevaluated for competency to stand trial and was recommended as restored.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F25 Assessing Cognitive Malingering with Psychological Testing in Forensic Evaluations

PRESENTERS

Destiny Porter, Glenn Egan, Jessica Grom, Peter Ash, Tomina Schwenke

LEARNING OBJECTIVES:

1. Improved understanding of psychological tests used to evaluated cognitive malingering
2. Identification of barriers to use of psychological assessments by forensic psychiatrists
3. Understanding the controversy surrounding forensic psychiatrists' role in administering, scoring, and interpreting psychological tests

DESCRIPTION

Psychological assessments are a useful adjunct and, at times, a necessary tool in forensic evaluations. While psychological assessment is a standard component of clinical psychology doctoral program curricula, the education and training forensic psychiatrists receive in psychological assessment varies. Moreover, there is ongoing controversy surrounding forensic psychiatrists' administration, scoring, and interpretation of psychological testing results. Forensic psychiatrists will be surveyed regarding the psychological assessments they commonly use to evaluate suspected malingering of cognitive impairments. They will also be asked to identify their primary concerns about using psychological assessments. Results will elucidate patterns of psychological tests use among forensic psychiatrists, as well as perceived barriers to their utilization.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F26 When Vascular Dementia Leads to Strangulation: A Case Presentation and Review of the Literature

PRESENTERS

Heidi Kiziah

LEARNING OBJECTIVES:

1. Review the literature regarding homicides committed by older adults with dementia.
2. Identify gaps in the literature and outline future directions of research to close knowledge gaps.
3. Discuss the importance of identifying and addressing dementia and neurodegenerative disorders in the forensic setting to better serve older adults.

DESCRIPTION

The geriatric population is frequently overlooked in forensic psychiatry, especially when discussing the criminal domain. As our population ages, we are facing increasing rates of dementia. It is not often that elderly adults with dementia complete homicide, however, as our population ages, we must work to improve our understanding and skillsets related to such crimes. In this poster, we present an 80-year-old male with major depressive disorder, recurrent, moderate, vascular dementia (VaD), alcohol use disorder, in sustained remission, stimulant (cocaine) use disorder, in sustained remission, cannabis use disorder, in sustained remission, multiple prior transient ischemic attacks, hyperlipidemia, and hypertension who strangled his roommate in an ALF in what was believed to be a psychotic episode. Forensic psychologists deemed the patient incompetent to proceed with trial due to his dementia with poor restoration prognosis. The court agreed and found the patient incompetent to stand trial. While vascular dementia is the second leading cause of dementia it has received limited forensic attention, which is primarily dominated by frontotemporal dementia (FTD). Though FTD carries the highest risk for criminal behavior, vascular dementia carries risk factors for violence such as executive dysfunction, psychosis, and agitation. Furthermore, a 2025 scoping review confirmed that VaD is overrepresented in forensic setting when compared to the community prevalence. The purpose of this poster is to review existing literature on homicide in dementia, identify gaps in the literature, and explore future directions of research to close identified gaps.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F27 "Why Is a Doctor Explaining My Crimes?" Forensic Role Confusion in Competency to Stand Trial Evaluations

PRESENTERS

Jonathan Gibbons, Kathleen Rivera, Massiel Montes de Oca

LEARNING OBJECTIVES:

1. Highlight ethical implications of role confusion in forensic assessments, particularly in Competency to Stand Trial evaluations.
2. Propose specific interventions that aim to enhance delineation between clinical and forensic aims including iterative role clarification and teach back at multiple points in an assessment.
3. Encourage standardized training in role delineation and patient centered communication into forensic psychiatry residency and fellowship curricula.

DESCRIPTION

Foundational forensic psychiatry texts have operationalized competency to stand trial standards established by Dusky v United States (1960) through evaluation approaches that assess understanding of charges, courtroom roles, the adversarial process, and the ability to assist counsel. The evaluator functions as a neutral agent whose task is to inform the court rather than treat the defendant or serve either party. A systematic review of ethics in forensic psychiatry points to an additional key obligation: the evaluator must ensure that the person being evaluated understands what the evaluation is for and why it is being conducted. Yet there remain longstanding concerns about role confusion in forensic assessments and the ethical dimensions of role clarification deserve attention. Training programs are often developed independently which means that the specific skill of clearly communicating the evaluator's role to defendants is unlikely to be formally or consistently taught across programs. This poster presents a descriptive observational case series conducted across multiple Connecticut competency to stand trial (CST) assessment settings (N = 12). We found that defendants often misconstrued the forensic interview as a legal examination or treatment encounter. Role confusion frequently emerged when discussions of alleged offenses and possible sentencing exposure began and sometimes persisted despite initial clarification. Iterative role clarification and teach back strategies appeared to reduce defensiveness and improve engagement, supporting the validity of CST opinions. Concluding our study, we present a synthesis of empirical observations with professional evidence on role delineation between clinical and forensic aims, a framework for iterative role framing and teach back that CST teams can implement, and a discussion of ethical considerations, limitations, and directions for future research.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F28 Autonomy in the Absence of Guardianship: Clinical, Ethical and Legal Challenges in Outpatient Psychiatry

PRESENTERS

Abha Sathe, Amal Bhullar, David Lindars, Elizabeth Worsham, Kitty Leung

LEARNING OBJECTIVES:

1. Identify ethical and legal challenges in caring for psychiatric outpatients with suspected impaired decisional capacity who lack guardianship, formal cognitive testing, or surrogate decision makers.
2. Apply a practical, resident-oriented framework for assessment, documentation, and escalation of outpatient cases involving possible incapacity in resource-limited settings.
3. Recognize gaps in psychiatry resident education related to outpatient capacity assessment, surrogate decision-making, and guardianship

DESCRIPTION

This poster examines the ethical, legal, and clinical dilemmas that arise when outpatient psychiatry patients demonstrate possible impaired decisional capacity without formal guardianship, cognitive testing, or accessible surrogate decision makers. Through a representative case, we explore challenges in medication prescribing, informed consent, risk mitigation, and continuity of care when collateral information and systems level supports are limited. Residents receive limited guidance in navigating these issues despite significant implications for patient autonomy, clinician responsibility, and legal considerations. We propose a streamlined, resident-oriented framework to strengthen evaluation, documentation, and escalation strategies for similar cases while enhancing forensic psychiatry education.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F29 Challenges in Using Medical Interpretation Services for Forensic Evaluations

PRESENTERS

Vincent Kennedy

LEARNING OBJECTIVES:

1. After reviewing this poster, attendees should be able to define three challenges to using medical interpreters in forensic evaluations.
2. After reviewing this poster, attendees should be able to explain two measures to mitigate potential challenges to using medical interpreters in forensic evaluations.
3. After reviewing this poster, attendees should be able to compare potential risks and benefits of using medical interpreters for remote versus in-person forensic evaluations.

DESCRIPTION

Forensic psychiatrists in the United States are often responsible for evaluating individuals whose preferred language is not English. AAPL guidelines indicate that an evaluator should arrange for forensic psychiatric interviews to be conducted in the evaluee's preferred language. However, differences between forensic evaluations such as those conducted for competency to stand trial and clinical evaluations for treatment purposes raise challenges in the use of certified medical interpreters for forensic psychiatric evaluations.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

F30 Physician-Assisted Death in Anorexia Nervosa: Legal Landscape, Capacity, and the Therapeutic Relationship

PRESENTERS

Elizabeth Olson

LEARNING OBJECTIVES:

1. Review U.S. and international legal frameworks governing physician-assisted death (PAD) in anorexia nervosa, including documented cases and evolving precedent.
2. Examine challenges in decisional capacity assessment in severe anorexia nervosa.
3. Explore how therapeutic alliance, care access, and unconscious bias may shape patient preferences and risk clinician-patient collusion with illness-driven hopelessness.

DESCRIPTION

Anorexia nervosa, among the most lethal psychiatric illnesses, has emerged as a focal point in debates over medical aid in dying (MAID). In the United States, all fourteen jurisdictions permitting MAID require a terminal prognosis 1. Documented cases involving anorexia have emerged from Colorado and California, and Oregon's reporting has listed anorexia among terminal conditions 2. In Belgium and the Netherlands, euthanasia is permitted for irremediable psychiatric suffering, with confirmed eating disorder cases in both countries. Across jurisdictions, clinical rationales have relied on constructs, including "treatment resistance" and "severe and enduring anorexia", that lack formal diagnostic recognition or empirical validation. Against this backdrop, anorexia poses distinctive challenges for capacity assessment: (1) malnutrition produces documented cognitive changes including reduced executive function, alexithymia, and diminished insight, (2) capacity fluctuates with nutritional state and (3) the ego-syntonic nature of the illness means expressed preferences may reflect pathological values rather than enduring personal ones. The therapeutic relationship introduces further complexity. In chronic anorexia, clinician hopelessness compounded by treatment fatigue and inadequate access to specialized treatment may be transmitted to patients, shaping expressed wishes regarding treatment refusal or hastened death. This collusion with the illness voice must be distinguished from authentic autonomous preference as legal frameworks continue to evolve.

SPECIAL EVENT | TIME: 8:00 AM - 9:45 AM | GRAND SALON F-J

AAPL Annual Business Meeting

PRESENTERS: Philip Candilis, Renee Sorrentino

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

PANEL DISCUSSION | TIME: 10:00 AM - 12:00 PM | ROOM: GRAND SALON E

The Web We Weave: Ethical Challenges for Forensic Psychiatrists Online

PRESENTERS

Barbara McDermott, Charles Scott, Jessica Ferranti

LEARNING OBJECTIVES:

1. Describe limitations and forensic implications of internet-based evaluations and remote psychological testing, including risks to admissibility and evaluation integrity.
2. Identify ethical and legal obligations governing forensic psychiatrists' online conduct, including responses to reviews, social media use, and AI tool risks.
3. Apply risk management strategies to protect yourself in the digital environment, including recognition of data exposure risks.

DESCRIPTION

This panel will examine how internet-based technologies have changed forensic psychiatric practice, with emphasis on professionalism, ethics, validity, and risk management. The session will review cyberprofessionalism for forensic psychiatrists, including telepsychiatry caveats, personal and professional social media use, websites, and online footprints. It will also address online complaints and adverse ratings, including legally and ethically appropriate responses in light of confidentiality duties and recent enforcement actions involving providers' public responses to reviews. Additional sections will examine the limitations of remote psychological testing, including concerns about standardization, test security, third-party coaching, and the forensic implications of measures not normed for remote administration. Finally, the panel will review the mechanics and limits of internet-based forensic evaluations, including informed consent, privacy, platform and website risks, third-party presence, recording, room scans, identity verification, and requests for communication with counsel during the examination. The session will also address personal safety risks created by data-aggregating platforms, use of online data removal services, and risks posed by non-compliant artificial intelligence tools. The overall focus is practical: how forensic psychiatrists can use digital tools without compromising objectivity, confidentiality, admissibility, or the integrity of the evaluation. AAPL's ethics and forensic assessment guidance already emphasize objectivity, confidentiality, and careful handling of third-party presence or recording, making this topic highly relevant to contemporary forensic practice.

CME Check-In Code: OH2I8 **CME Credit Value:** 2

PANEL DISCUSSION TIME: 10:00 AM - 12:00 PM ROOM: GRAND SALON F-J

Artificial Intelligence Presidential Task Force Report

PRESENTERS

Alan Newman, Andrew Nanton

LEARNING OBJECTIVES:

1. Understand recent technical developments in AI relevant to forensic psychiatry
2. Review AI techological and ethical guidance from medical and legal professional groups
3. Update on the synthesis of these recommendations into guidance for AAPL

DESCRIPTION

At the request of Dr. Candilis, this group convened to review current technological progress in artificial intelligence relevant to forensic psychiatrists and emerging technological and ethical guidelines from both medical and legal professional groups.

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

WORKSHOP TIME: 10:00 AM - 12:00 PM ROOM: FLORIDA SALON I - IV

The Ethics of Restoration in Developmental Disabilities: Does one size fit all?

PRESENTERS

Kenneth Weiss, Rosa Negron Muñoz, Susan Parke, Vinneth Carvalho

LEARNING OBJECTIVES:

1. Identify the difference between the restoration of competence to stand trial in an individual with a mental illness such as psychosis versus in an individual with neurodivergence.
2. Articulate the distinction between genuine competency restoration and trained performance and describe evaluation methods capable of differentiating the two.
3. Explore the disposition possibilities based on crime severity and capacity in individuals with intellectual disability.

DESCRIPTION

The criminal competency evaluation and restoration system was designed to serve individuals whose mental state can be assessed, restored, and adjudicated. The system is based on frameworks built around psychiatric illnesses and typical adult cognition. However, defendants with IDD and ASD do not conform to this model, yet they must navigate the same procedures. They are subjected to standard custodial questioning, assessed with tools that are only marginally applicable to their groups, educated through standardized restoration curricula, and adjudicated under the Dusky v. United States standard. This standard provides no guidance on cognitive heterogeneity, domain-specific capacities, or the distinction between learning new information and truly understanding it, aside from instructing that defendants must demonstrate a rational understanding of the proceedings they face. This discussion examines the ethical principles involved at each stage of this process, from the capacity to appreciate rights under interrogation to competency restoration.

CME Check-In Code: 55UYA **CME Credit Value:** 2

WORKSHOP TIME: 10:00 AM - 12:00 PM ROOM: GRAND SALON A-D

Challenges of Visibility for International Medical Graduates in Forensic Psychiatry Practice

PRESENTERS

Charles Dike, Elif Amadi, Myrline Rose Belzince, Topaz Sampson-Mills

LEARNING OBJECTIVES:

1. Define visibility risk for IMGs within psychiatry and in forensic psychiatry practice.
2. Apply ethical principles to dilemmas involving professional advancement and personal vulnerability.
3. Explore the role of culture and political climates in navigating the ethics of visibility.

DESCRIPTION

Professional visibility in academic psychiatry is widely encouraged through scholarship, research, teaching, leadership, and expert testimony, as well as through public activities such as media engagement, national conferences, and educational outreach. For international medical graduates (IMGs) and physicians who are not citizens of the United States, visibility may carry perceived or actual personal risk especially in the current negative sociopolitical climate surrounding diversity, equity, and inclusion (DEI). The result is an under-recognized ethical dilemma: participation in activities aligned with professional values may conflict with concerns about personal safety, family stability and immigration security. Additionally, participation in research may be penalized as publication of research findings could invite unwanted and even dangerous scrutiny. This presentation introduces the framework of visibility risk and examines how it intersects with core principles of forensic ethics, including respect for persons, honesty, justice and management of dual agency. IMGs and non-U.S. citizen physicians may fear that publicly associating their names with scholarship or testimony addressing inequity, structural racism or immigration-related topics could expose them to harassment, employment vulnerability or heightened scrutiny in legal or bureaucratic systems as an individual and as an expert witness. In forensic contexts, expert testimony and written opinions are permanent, searchable and often detached from their nuance, potentially amplifying these concerns. These pressures may influence decisions about whether and how to present opinions and professional values, creating tension between ethical obligations to truthfulness and justice and concerns about professional or personal consequences. This workshop will utilize case examples to invite participants to reflect on how issues of race, culture and justice impact forensic practice, viewing this within the framework of our field's evolving models of ethical practice. Further attention will be given to the area of cultural and structural competency, with a particular focus on how these should be applied to forensic practice. Participants will engage in small-group discussions, audience polling and guided writing exercise to apply ethical frameworks to realistic scenarios. The session will provide practical strategies for maintaining ethical integrity while navigating complex professional and structural constraints.

CME Check-In Code: 4N2F1 **CME Credit Value:** 2

RESEARCH-IN-PROGRESS TIME: 10:00 AM - 12:00 PM ROOM: FLORIDA SALON V-VI

Research-in-Progress #1

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

CME Check-In Code: O7VLB **CME Credit Value:** 2

Operationalizing Grave Disability in Civil Commitment Law

PRESENTERS

Joseph De Luca, Rocksheng Zhong, Tobias Wasser

LEARNING OBJECTIVES:

1. Identify and catalogue models courts use to authorize involuntary psychiatric commitment under the grave disability or other analogous standards across jurisdictions.
2. Demonstrate how similar statutory language can result in different judicial interpretation and different legal thresholds for involuntary psychiatric commitment.
3. Describe how courts implement these standards, including in how they weigh medication different evidentiary standards when authorizing involuntary psychiatric commitment.

DESCRIPTION

The authors will present an ongoing study examining how U.S. courts interpret and apply psychiatric involuntary commitment statutes using the "grave disability" standard. We conducted a survey of case law using the Westlaw legal database. Keyword searches for "grave disability," "inability to care for oneself," "inability to meet basic needs," "involuntary civil commitment," and related terms identified relevant statutes and cases in all 50 states and the District of Columbia. These were further supplemented with cases and statutes catalogued in prior scholarship and through citation tracing within judicial opinions. Our preliminary results demonstrate that most jurisdictions have case law interpreting these statutes. Courts operationalize grave disability in three ways: 1) embedded basic-needs dangerousness, where self-neglect must constitute dangerousness; 2) survival-incapacity, which requires present inability to survive safely; and 3) functional deterioration, which impairs or is likely to impair the ability to survive. We demonstrate how prior research exploring statutory language alone reached different conclusions regarding the jurisdictions' categorization. The analysis indicates that courts interpret these statutes in different ways, producing different thresholds for involuntary commitment even where statutory language is similar. These findings reveal important variations in the legal standards and evidentiary requirements for involuntary commitment authorization.

RESEARCH-IN-PROGRESS TIME: 10:00 AM - 12:00 PM ROOM: FLORIDA SALON V-VI

Patients or Prisoners? Physicians' Knowledge, Beliefs, and Experiences Treating Incarcerated Individuals

PRESENTERS

Katherine Michaelsen, Maya Prabhu, Raina Aggarwal, Rijul Asri, Tobias Wasser

LEARNING OBJECTIVES:

1. Review legal and ethical considerations relevant to providing medical care to incarcerated individuals in non-carceral clinical settings.
2. Examine survey data on physicians' training, knowledge, and clinical experiences related to caring for incarcerated patients, particularly in emergency department and inpatient settings.
3. Identify gaps in physician education and prioritize strategies to improve preparedness to provide ethically and legally informed care to individuals in custody.

DESCRIPTION

Incarcerated individuals have high rates of chronic medical and psychiatric illness and frequently receive care in non-correctional hospitals when specialty or emergency treatment is required. In these settings, physicians may treat patients who remain under correctional custody yet receive care outside traditional correctional health systems. Despite this clinical reality, many physicians receive little formal education regarding the legal rights of incarcerated patients or the ethical issues that arise when providing medical care to individuals in custody. In psychiatry, there have been increasing efforts to expand training related to the care of incarcerated individuals. To better understand physicians' preparedness to care for this population, presenters conducted a survey of physicians across medical specialties practicing in non-carceral clinical settings, primarily focusing on emergency department and inpatient settings. The survey assessed physicians' prior education regarding the legal and ethical treatment of incarcerated patients, knowledge of incarcerated individuals' legal rights to medical treatment, and beliefs regarding the ethical obligations of physicians caring for patients in custody. The survey also explored physicians' clinical experiences treating incarcerated individuals, perceived challenges in providing care, and whether demographic factors, specialty, and training experiences were associated with differences in knowledge or attitudes. Survey findings will be used to identify potential gaps in physician education regarding the legal and ethical treatment of incarcerated patients encountered in non-carceral clinical settings. Presenters will discuss the implications of these findings for physician training and professional education, including the need for expanded training in caring for individuals in custody, and potential strategies for improving clinicians' preparedness to provide ethically and legally informed care to incarcerated individuals. (An IRB exemption to conduct this study was obtained through the Yale IRB.)

RESEARCH-IN-PROGRESS TIME: 10:00 AM - 12:00 PM ROOM: FLORIDA SALON V-VI

Dual Administration of the IES-R: A Convergent Validity Framework for Forensic Assessment of Trauma-Related Distress

PRESENTERS

Richard Adler, Spencer Bertrand

LEARNING OBJECTIVES:

1. Explain the rationale and administration of the dual-administration IES-R protocol, including the "Now" and "Worst" framework, and its relevance to assessing response style in forensic settings.
2. Interpret convergent validity findings from the PAI, including ARD-T elevations and validity scale profiles, alongside IES-R results to evaluate the credibility of reported trauma symptoms.
3. Apply a multi-instrument, convergent validity framework to the assessment of trauma-related distress in forensic evaluations, in alignment with ethical standards of forensic practice.

DESCRIPTION

Background / Objective: In forensic evaluation, the credibility of self-reported trauma symptoms is a critical concern, yet the widely used Impact of Event Scale – Revised (IES-R) lacks embedded validity measures to detect malingering (Matto et al., 2019). Nevertheless, the IES-R is a well-regarded and widely used 22-item inventory measuring trauma-related distress that is easy to administer and score. It is appropriate for repeated use and supported by established comparison data across clinical populations. Total scores above 33 are associated with a confirmed PTSD diagnosis, and the IES-R has been routinely used in medicolegal contexts. The Personality Assessment Inventory (PAI), in contrast, includes validity scales to assess response style (e.g., Positive (PIM) and Negative Impression Management (NIM)) and to detect inconsistent responding, making it a valuable adjunct to the IES-R. An emerging and validated, but not generally adopted, approach involves dual administration of IES-R in a single session. The first administration follows the standard administration procedure, with respondents rating symptoms experienced over the past seven days ("Now," T2) in relation to a defined anchor event. Immediately after this, there is a second administration; evaluees are asked to rate symptoms during a prior 7-day period when they were most symptomatic ("Worst," T1). The difference between total scores yields a change score that reflects a possible shift in symptom severity over time (T1 – T2). From experience, a difference (delta) between "Now" and "Worst" is typical. IES-R data has been admitted into evidence without exception in the senior author's experience. This study examines IES-R scores at and across the two time points, including results from the PAI obtained at T2. This normative data enhances the interpretive utility of the IES-R, especially when the PAI is co-administered. Methods Participants (N = 47; age range 21-83, M = 47.6 years, SD = 13.8; 49% female) completed both IES-R administrations as part of comprehensive evaluations conducted in clinical and forensic practice. A subset (n = 34) also completed the PAI. PAI scales examined included the validity indices (ICN, NIM, PIM), ANT, RXR, the Anxiety-Related Disorders – Traumatic Stress subscale (ARD-T), as well as the Coefficient of Fit for PTSD as provided by the standard narrative report. IRB review is pending at the

time of submission. Results Mean IES-R “Now” total score was 45.1 (SD = 19.7) and “Worst” was 62.0 (SD = 16.2), yielding a mean change (improvement) of 16.9 points (SD = 15.4; 95% CI [12.5, 21.3]). The difference between time points was statistically significant (t(46) = 7.52, p < .001, Cohen’s d = 1.10). At T2 (“Now”), 68.1% of the sample scored above the PTSD clinical cutoff (>33), compared to 93.6% at “Worst.” In the subsample who took the PAI, all validity scales were within normal limits, consistent with credible responding. The ARD-T subscale (M = 74.4, SD = 15.1) was strongly correlated with IES-R “Now” scores (r = .67, p < .001). The PTSD Coefficient of Fit did not reach statistical significance in relation to IES-R “Now” scores (r = .33, p = .055), although the trend warrants further investigation in larger samples. Conclusions Dual administration of the IES-R yielded a statistically significant measure of symptom change, with a large effect size (Cohen’s d = 1.10). The marked reduction in examinees scoring above the clinical cutoff from “Worst” to “Now” (93.6% vs. 68.1%) demonstrates that this approach provides meaningful insight regarding symptom course over time, assisting various parties in obtaining an understanding of the extent and nature of distress, past and present. PAI validity scales were all within normal limits, indicating no signs of exaggeration or inconsistent responding, and ARD-T scores were correlated with IES-R “Now” severity, as opposed to the PAI Coefficient of Fit for PTSD. These findings support this protocol’s potential for assessing credible versus non-credible or atypical PTSD presentations in evaluations. It is not advisable to use the IES-R in isolation, but rather, as only one piece of data in pursuit of “convergent validity.” These preliminary findings further support the utility of the IES-R, particularly in the assessment of validity and response style. Ongoing efforts aim to further expand the cohort size and extend analysis to within-individual (rather than group) correlations.

RESEARCH-IN-PROGRESS TIME: 10:00 AM - 12:00 PM ROOM: FLORIDA SALON V-VI

Why Should We Trust You?: Incel Research and the Digital Underworld

PRESENTERS

Alexandra Lawrynuik, John Bradford, Kathryn Baselice

LEARNING OBJECTIVES:

1. Understand the challenges and ethical considerations involved in researching the Incel community, particularly regarding recruitment and participant trust.
2. Analyze thematic patterns in Incel community responses to research recruitment efforts, including themes of hostility, privacy concerns, and perceptions of misrepresentation.
3. Apply methodological insights and best practices for conducting research with insular and stigmatized online populations, drawing on lessons learned from this study.

DESCRIPTION

The Incel ("involuntary celibate") community is an online subculture predominantly made up of young heterosexual men who express deep frustration over their lack of romantic and sexual relationships. This frustration often manifests in blaming societal structures and directing misogynistic and violent rhetoric toward women. Over the past decade, Incel-type ideology has been suggested as a possible influence in several high-profile mass killings, including those committed by Elliot Rodger, Jake Davidson, and Nikolas Cruz. Researchers have also noted growing mental health concerns within this group, such as self-identification with autism spectrum disorders and increased suicidal ideation. Despite considerable academic and media attention, studying Incels remains challenging due to their presence in anonymous online spaces, their migration to more secluded platforms, and a pervasive distrust of researchers. Public and media narratives often shape popular perceptions, making it difficult to accurately assess the true risk posed by this community without rigorous, high-quality research. This presentation will detail a research study that underwent multiple protocol revisions in an effort to recruit Incel participants. It will emphasize key obstacles encountered, including ethical considerations, resistance to recruitment, and pushback from the community itself. The researchers will share findings from a thematic analysis of Incel community reactions to recruitment attempts, such as forum comments responding to survey invitations. These responses revealed recurring themes, including hostility toward researchers, fears of misrepresentation, concerns about privacy, and complex internal dynamics related to trust and legitimacy within the community. These themes highlight broader tensions between marginalized online groups and external efforts to study them. By exploring these reactions, the presentation will demonstrate how thematic analysis can provide valuable insights not only into participant perspectives but also into the social and ethical challenges inherent in researching insular, stigmatized populations. It will conclude with methodological recommendations for future studies targeting similarly hard-to-reach groups and outline next steps in the presenters' ongoing research.

RESEARCH-IN-PROGRESS TIME: 10:00 AM - 12:00 PM ROOM: FLORIDA SALON V-VI

Systematic Review of Intellectual Disability Screening in Correctional Systems

PRESENTERS

Eryn Pynes, Silvia Ferrer

LEARNING OBJECTIVES:

1. To systematically review the prevalence of IDD in U.S. correctional populations,
2. Evaluate current screening practices,
3. Assess the need for standardized screening protocols, with emphasis on Texas systems.

DESCRIPTION

Abstract Background: Individuals with intellectual and developmental disabilities (IDD) are overrepresented in correctional settings and face increased risk of adverse legal and health outcomes. Individuals with IDD in the criminal justice system often demonstrate impaired abstract reasoning, increased suggestibility, and a tendency to acquiesce to authority figures, contributing to higher risk of false confessions and victimization [2,4]. The Bureau of Justice Statistics reports that 38% of prisoners have a disability, with cognitive disability being the most prevalent (23%) [5]. Despite this, identification of IDD in correctional systems remains inconsistent and frequently relies on self-report or untrained staff observation rather than validated tools [3]. Objective: To systematically review the prevalence of IDD in U.S. correctional populations, evaluate current screening practices, and assess the need for standardized screening protocols, with emphasis on Texas systems. Methods: A systematic review was conducted following PRISMA 2020 guidelines. Data sources included PubMed, Texas Tech Library, Centers for Disease Control and Prevention, Council of State Governments Justice Center, Texas Criminal Justice Coalition, Texas Department of Criminal Justice, ResearchGateWiley Online Library, Northumbria University Research Portal, and the Office of Justice Programs (last search: March 28, 2026). Inclusion criteria were studies of incarcerated populations in U.S. jails or prisons. Exclusion criteria included non-U.S. populations and non-correctional settings. Bias is limited by heterogeneity in screening methods and scarcity of standardized diagnostic confirmation. Key words used: Intellectual disability, jail, IDD prevalence, developmental disability, developmental delay, correctional setting, IDD screening ,prison, jails. Results: Six key sources were included, comprising observational studies, policy documents, and reviews. Formal IDD screening is uncommon; approximately 6% of jails use validated instruments, while 53% rely on self-report or staff observation [3]. Screening practices vary widely, and minimal staff training. Validated brief screening tools—such as the Hayes Ability Screening Index , Learning Disability Screening Questionnaire , Screener for Intelligence and Learning Disability, and Adaptive Functioning Assessment Tool —are described in the literature as feasible first-stage screeners requiring follow-up cognitive and adaptive assessment; however, implementation in U.S. correctional settings remains limited. In Texas, practices may rely on cross-referencing inmate records with Local Intellectual and Developmental Disabilities Authorities (LIDDAs), which may fail to identify undiagnosed individuals and are constrained by resource limitations [1,4]. Discussion: A substantial gap exists between recommended and actual practices in IDD identification in correctional systems. Current reliance on non-standardized methods increases the risk of underdiagnosis, misclassification, and adverse legal and health outcomes. Although brief screening tools are available, their validation across populations remains variable. Implementation barriers include limited training, time constraints, stigma, and lack of structured referral pathways [2]. For The AMERICAN ACADEMY OF PSYCHIATRY AND THE LAW, This submission cannot conduct or assess research in forensic psychiatry due to scant information on the current situation and poor accessibility to the criminal system to evaluate this specific topic. Current information is key to addressing any gap between the available screening tools and their implementation. Conclusions: Standardized, validated IDD screening at intake is critically needed in U.S. correctional facilities. Adoption of brief screening tools with clear follow-up pathways may improve identification, ensure appropriate accommodations, and reduce legal vulnerability. Key gaps remain, including limited and recent U.S.-based prevalence studies using standardized methods and insufficient evidence linking screening practices to clinical and legal outcomes.

DISTINGUISHED SPEAKER TIME: 1:15 PM - 2:15 PM ROOM: GRAND SALON F-J

Epistemic Injustice, Law, and Psychiatry

PRESENTERS

Amandine Catala

LEARNING OBJECTIVES:

DESCRIPTION

Epistemic injustice is a type of injustice that affects an individual specifically in their capacity as a knower. It arises when a person is either not adequately believed or consulted, or not adequately understood or represented, because of individual or societal biases regarding her group membership or social identity. In the first case, when a person receives unduly diminished levels of credibility, she faces what is called testimonial injustice. In the second case, when a person receives unduly diminished levels of intelligibility, she faces what is called hermeneutical injustice. This presentation shows how epistemic injustice and the undue credibility and intelligibility deficits it involves can play a problematic role in the context of law and psychiatry, including with respect to certain understandings of what a typical patient, victim, or perpetrator looks like or is capable of. When a patient and/or witness testifies, being believed and understood is crucial; yet their credibility and intelligibility can easily be undermined by epistemically unjust exchanges, conditions, or institutions.

CME Check-In Code: Q2KFH **CME Credit Value:** 1

SPECIAL COURSE **TIME: 2:20 PM - 6:30 PM** **ROOM: MEETING ROOMS 8-10, 3RD FLOOR**

Roles for Forensic Psychiatry in Behavioral Threat Assessment and Management

PRESENTERS

John "Jack" Rozel, Ronald Schouten

LEARNING OBJECTIVES:

1. Attendees will appreciate the fundamental principles of behavioral threat assessment and management (BTAM) and its utility in preventing acts of mass and targeted violence.
2. Attendees will be able to describe the diverse ways in which forensic psychiatric skills and knowledge can contribute to the BTAM process.
3. Attendees will understand the bases for legal liability arising from acts of mass and targeted violence and their potential role as expert witnesses.

DESCRIPTION

The first-ever AAPL course on Fundamentals of Threat Assessment and Management was offered at the 2018 meeting in Austin, TX. Received with skepticism by some senior colleagues who viewed the subject matter as "not psychiatry, and certainly not forensic psychiatry", the course nevertheless sold out and was well received. Eight years later, the field of Behavioral Threat Assessment and Management (BTAM) has grown in size and application in response to the all-too-frequent incidents of targeted violence, including school and other mass attacks. Multiple states now require that schools form and operate threat assessment teams. Even more states require workplace violence prevention programs in schools and healthcare organizations. One state, California, requires such programs in all places of employment with more than 10 employees. This course will explore the fundamental principles and practice of BTAM, the growth of the field and its standards of practice, and the roles that psychiatry, and forensic psychiatry in particular, can play in three specific areas: 1. As clinicians asked to assess patients for the risk of targeted violence and manage that risk. 2. As consultants in the BTAM process, where psychiatrists are underrepresented and where forensic psychiatrists, in particular, can play an important role. 3. And as forensic experts in BTAM-related litigation.

Separate CME Certificate Provided Following Course

Note: Separate Registration Required.

PANEL DISCUSSION | TIME: 2:30 PM - 4:00 PM | ROOM: FLORIDA SALON I - IV

Closing the Forensic Gap: Standardized Curriculum, Measurable Outcomes, and What Two Institutions Learned About Training Psychiatry Trainees

PRESENTERS

David Mancini, Evan Vitiello, Tobias Wasser

LEARNING OBJECTIVES:

1. Describe a standardized, sequenced forensic psychiatry curriculum for general psychiatry residents and subspecialty fellows across training levels.
2. Analyze pre/post assessments and confidence surveys to evaluate the impact of forensic education on resident literacy and preparedness.
3. Apply a multi-institutional curriculum framework to design or enhance forensic psychiatry training with attention to sustainability and faculty development.

DESCRIPTION

Forensic psychiatry concepts are encountered by psychiatrists across all practice settings, yet many general psychiatry residents complete training without adequate grounding in the legal and ethical frameworks that govern clinical care. Issues such as civil and criminal competency, violence and safety risk assessment, confidentiality and privacy, the right to treatment and refusal of treatment, and the recognition of malingering are not peripheral concerns—they are fundamental to safe and competent psychiatric practice. Despite this, formal forensic instruction in general residency training programs remains inconsistent and often insufficiently tailored to the specific developmental needs of junior and senior residents.

This panel will first review the current literature on training general psychiatric residents on core forensic topics, including national initiatives to reach programs that may have available forensic faculty. Next, panelists will present the development, implementation, and outcomes of standardized forensic psychiatry curricula at two distinct training institutions: courses designed for junior and senior general psychiatry residents, respectively, as well as one integrated into a Consultation-Liaison (C-L) psychiatry fellowship subspecialty program. Panelists will describe the curriculum development process, including the identification of core competency domains, the sequencing of content across training levels, and any pedagogical methods used to develop the curriculum. Topics addressed across all curricula will include: introduction to the legal system and the psychiatrist's role within it; civil competencies including decision-making capacity and guardianship; criminal competencies and criminal responsibility; violence and safety risk assessment; confidentiality and privacy; right to treatment and right to refuse treatment; and malingering and symptom validity.

Given the importance of ongoing research to advance the field, outcome data drawn from pre/post knowledge assessments, self-reported confidence surveys, and qualitative resident feedback will be presented, demonstrating the measurable positive impact of structured forensic training on residents' forensic literacy, clinical confidence, and perceived preparedness to navigate forensic issues in general practice. Panelists will also address the practical challenges of curriculum integration, faculty development, and sustainability across program types. Attendees will leave with concrete, adaptable frameworks for implementing or enhancing forensic education within their own training programs.

CME Check-In Code: ERG09 **CME Credit Value:** 1.5

PANEL DISCUSSION TIME: 2:30 PM - 4:00 PM ROOM: FLORIDA SALON V - VI

Transgender and Incarcerated: Resources for Forensic Psychiatrists

PRESENTERS

Ahmad Adi, Anthony Tamburello, Carolina Klein, Joseph Penn, Morgan Deal

LEARNING OBJECTIVES:

1. Describe the importance of transgender health care in carceral settings.
2. List and explain the statutory and case law relevant to transgender health care.
3. Discuss existing guidelines, including their strengths and limitations, and common challenges in providing gender-affirming care in carceral settings.

DESCRIPTION

Transgender healthcare in carceral settings is becoming an increasingly critical topic for forensic psychiatrists and providers to master, often replete with numerous ethical dilemmas, including research limitations. This session will feature multiple members who are developing the American Psychiatric Association (APA)'s Council on Psychiatry and Law (CPL)'s resource document on transgender healthcare in carceral settings. The panel will begin with an overview of the importance of transgender healthcare in carceral settings, followed by a summary of the relevant statutory and case law. The panel will discuss current transgender carceral healthcare guidelines and resources for carceral providers, including CPL's resource document on transgender healthcare in carceral settings. Finally, the panelists will explore common limitations and ethical dilemmas that arise when providing gender-affirming care in carceral settings.

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

PANEL DISCUSSION | TIME: 2:30 PM - 4:00 PM | ROOM: GRAND SALON A-D

From Supervision to Tragedy: System Failures, Threat Assessment, and Liability in a Case of Stalking Homicide

PRESENTERS

Adrienne Saxton, Omari Baines-Waiz, Peter Pattakos, Philip Saragoza

LEARNING OBJECTIVES:

1. Explain legal principles governing liability for violent acts toward third parties and their relevance to clinicians and supervising agencies.
2. Describe how pathway behaviors toward targeted violence may present in treatment and supervision settings.
3. Apply core concepts from threat assessment to improve recognition and management of individuals progressing toward targeted violence.

DESCRIPTION

This panel presents an in-depth case discussion of a wrongful death lawsuit arising from the actions of a pretrial supervisee with a history of psychosis, substance use, stalking-like behavior, and a pending felony charge. This individual escaped court ordered GPS monitoring, traveled approximately twelve hours across state lines, and killed the spouse of a woman with whom he had developed an obsessive fixation. The homicide occurred despite the defendant being engaged in multiple layers of treatment and supervision that would appear, on the surface, to be risk mitigating. At the time of the offense, he was residing in a group home, participating in intensive treatment groups, receiving medication management through a community mental health agency, and under active monitoring by both a contracted pretrial supervision program and the court's pretrial services department. Despite this level of involvement, a series of systemic failures contributed to the tragic outcome. These included faulty assumptions about risk, incomplete recognition of stalking and targeted violence risk factors, communication breakdowns between involved systems, and missed or inadequately addressed warning indicators. The case illustrates how risk relevant information may remain siloed across treatment, supervision, and legal systems, limiting opportunities to identify escalating pathway behaviors and intervene effectively. The panel will include the plaintiff's attorney, the forensic psychiatrist who served as an expert in the case, a nationally recognized expert in threat assessment consultation, and a resident psychiatrist. The plaintiff's attorney will review the legal framework governing liability for violent acts toward third parties, including its application to clinicians and non-clinicians, and the theory of liability advanced in this case. Other panelists will discuss stalking typologies, risk factors for stalking related violence, pathway behaviors associated with targeted violence, and how misinterpretation of confidentiality requirements can lead to siloing of critical risk relevant information. Forensic psychiatrists may encounter individuals progressing along a pathway to violence or be asked to evaluate cases involving alleged liability for acts of targeted violence. Although violence risk assessment is a core component of forensic training, less attention is given to threat assessment, an evolving discipline central to the prevention of targeted violence. This panel will highlight practical lessons from this case and emphasize the relevance of threat assessment principles for forensic psychiatric practice.

CME Check-In Code: WZM2R **CME Credit Value:** 1.5

PANEL DISCUSSION TIME: 2:30 PM - 4:00 PM ROOM: GRAND SALON F-J

AAPL Ethics Guidelines Task Force Updates

PRESENTERS

Ariana Nesbit Huselid, Graham Glancy, Jacob Appel, Richard Martinez, Susan Hatters Friedman

LEARNING OBJECTIVES:

1. Describe the current ethics guidelines
2. List ethical issues facing forensic psychiatrists in 2026
3. Discuss the process of revision of guidelines

DESCRIPTION

The AAPL Ethics Guidelines for the Practice of Forensic Psychiatry were the product of years of effort. They were adopted by AAPL in May 2005, now more than two decades ago. Their focuses include confidentiality, consent, honesty and striving for objectivity, qualifications, and procedures for handling complaints of unethical conduct. This panel is made up of several participants of the current Taskforce which has been tasked with considering updates to the guidelines. Discussion will include the history of ethics in our field, the current guidelines, the forensic psychiatric ethics works of the past two decades, and looking to the future.

CME Check-In Code: 22OQJ **CME Credit Value:** 1.5

WORKSHOP TIME: 2:30 PM - 4:00 PM ROOM: GRAND SALON E

Finding the Funny in the Unfair: Humor as a Tool for Forensic Resilience

PRESENTERS

Kristen Wynns, Nicole Wolfe

LEARNING OBJECTIVES:

1. Identify the emotional impact of unresolved workplace injustice in forensic settings
2. Explore the evidence-based effects of humor coaching on coping, resilience, and wellbeing
3. Apply structured humor-based techniques to mitigate distress and reduce risk of burnout

DESCRIPTION

Unfortunately, forensic clinicians frequently encounter outcomes that feel unjust, ethically troubling, or misaligned with their professional standards. Despite the prevalence of these experiences, there is limited discussion of how clinicians can effectively process and adapt to them. These events can contribute to disillusionment, persistent rumination, and ultimately burnout.

After a seasoned forensic clinician was sanctioned following questionably unethical defense practices, she was disillusioned and unable to move forward. In response, she adopted an unconventional strategy—humor coaching—which allowed her to process and reframe the injustice into a form that no longer carried the same emotional weight.

This workshop introduces humor coaching as an underutilized yet powerful cognitive and emotional tool for processing workplace injustice. Forensic clinicians deal with a unique set of workplace stressors. When confronted with unethical behaviors, the forensic clinician typically cannot find relief with therapy or anti-depressant medication. In such contexts, humor coaching or therapy offers an alternative pathway—facilitating psychological distance and reducing emotional intensity without requiring reconciliation with the original event. Unethical behavior by others presents a distinct challenge, as it often lacks a clear avenue for resolution or closure. Humor, in this setting, can function as a pragmatic and adaptive strategy, allowing clinicians to recontextualize distressing experiences and restore a sense of agency when traditional methods fall short.

This workshop will integrate emerging research on humor and resilience with case-based discussion and guided exercises. Attendees will learn practical strategies for using humor in response to perceived injustice or professional invalidation. This workshop will be co-led by a Forensic Psychologist turned stand-up comedian and a Forensic Psychiatrist experienced in high-profile criminal cases, together bringing over 50 years of clinical experience. Participants will gain an overview of humor coaching and its science-backed benefits, engage in interactive exercises to practice techniques and experience immediate effects, and explore real-world case examples demonstrating applications of humor therapy in forensic settings. This workshop offers a novel and creative approach to a prevalent but under-addressed challenge in forensic practice.

CME Check-In Code: XIFP2 **CME Credit Value:** 1.5

PANEL DISCUSSION TIME: 4:15 PM - 6:15 PM ROOM: FLORIDA SALON V-VI

The Bad Touch: A Primer on Gender Discrimination and Sexual Harassment

PRESENTERS

Brian Holoyda, Jackie Landess, Nina Ross, Sarah Baker

LEARNING OBJECTIVES:

1. Understand the concept of gender discrimination and how it has evolved since its inception.
2. Identify common challenges in conducting forensic psychiatric evaluations related to gender discrimination.
3. Analyze research into gender discrimination, including its etiology and impact in the workplace.

DESCRIPTION

Gender discrimination law, which includes sexual harassment, is complex and evolving. Discrimination "on the basis of sex" was recognized as actionable discrimination under Title VII of the Civil Rights Act of 1964, and included statuses such as pregnancy, biological sex, and gender stereotyping. Most recently, the U.S. Supreme Court decided the landmark case of Bostock v. Clayton County, which further expanded the definition of "sex" to include sexual orientation and gender identity. However, there has been a subsequent push by federal courts to limit the reach of this decision. Forensic psychiatrists conducting harassment and discrimination evaluations should be aware of landmark legal cases in this area, as well as relevant scientific literature that can help guide the exam. Evaluators should also be aware of common psychological claims and functional outcomes following discrimination, including posttraumatic stress disorder. They should be aware of common victim responses including what leads to a failure to report or concern for retaliation. Ultimate question issues often arise, and the evaluator may be asked to "play" factfinder given the "he said she said" nature of these claims. The potential for implicit or explicit bias arises often as well, and evaluators should have a methodology to both recognize and address personal and professional factors which lead to bias. We will review legal definitions of discrimination, governing law, and recent landmark decisions. We will also explore the historical, institutional and cultural factors which lead to the propagation and perpetuation of harassment in the workplace. Guidelines are offered to both guide the evaluator in conducting these assessments, paying close attention to diagnosis, prognosis, bias, and ultimate issue questions.

CME Check-In Code: KMI3V **CME Credit Value:** 2

PANEL DISCUSSION TIME: 4:15 PM - 6:15 PM ROOM: GRAND SALON E

When Talk Is Speech: The First Amendment, Professional Conduct, and the Implications of the Chiles v. Salazar Ruling

PRESENTERS

Akhilesh Agarwal, Jeonghyun Shin, Jeremy Colley, Jinal Patel, Merrill Rotter

LEARNING OBJECTIVES:

1. Participants will review the First Amendment doctrine of viewpoint discrimination as applied in Chiles v. Salazar, with an analysis of key landmark cases.
2. Participants will discuss the impact of the Chiles ruling on regulation of speech-related professional conduct and navigating clinical practice amidst the evolving politicization of medicine.
3. Participants will consider the implications of the Chiles ruling on care for LGBTQ+ individuals and the ethical and clinical obligations of psychiatrists.

DESCRIPTION

In 2019, the state of Colorado enacted the Minor Conversion Therapy Law (MCTL), which prohibits licensed mental health professionals from providing "conversion therapy" to clients under the age of eighteen. On March 31, 2026, the United States Supreme Court issued an 8-1 decision in Chiles v. Salazar, 607 U.S. ____ (2026), holding that the MCTL constitutes viewpoint-based regulation of speech rather than a permissible regulation of healthcare and professional conduct, and therefore must be reviewed under "strict First Amendment scrutiny."

This panel examines the constitutional underpinnings of the Chiles ruling and its implications for clinical psychiatry. The central question before the Court was whether the MCTL regulated professional conduct, which the lower courts had held warranted only "rational-basis review," or whether it regulated speech on the basis of an individual's viewpoint. The Court held that the MCTL directly targeted the content of the therapist's speech, permitting affirmation of one set of views regarding sexual orientation and gender identity while prohibiting the other, which the Court characterized as viewpoint discrimination.

There is broad consensus in the medical field that conversion therapy is not a legitimate therapeutic treatment and has been described by major medical and mental health organizations, including the American Psychiatric Association, as a potentially harmful and discredited intervention. The Chiles ruling complicates this position by reframing bans on conversion therapy as viewpoint-selective speech restrictions subject to First Amendment scrutiny, raising important questions: What is the line between politics and psychiatry, and between treatment and persuasion?

The panel will examine how the Chiles v. Salazar ruling may impact psychiatric practice, in particular, the clinical and ethical obligations of psychiatrists. The panel will address the key precedents and landmark cases that govern the constitutional question of how the First Amendment applies to professional speech. The discussion will place particular emphasis on navigating the aspiration of scientific neutrality in the context of the increasing politicization of several key issues in medicine and psychiatry, especially when standard-of-care opinions have First Amendment implications. We will examine the constitutional and ethical principles that apply when a scientific consensus on a politically complex issue underpins the justification for restricting speech and regulating professional conduct. The panel will further examine the impact of this ruling on the clinical care of gender-diverse youth, and the implications for states with current bans or those seeking future bans for therapeutic conduct that may be characterized as constitutionally protected speech in the post-MCTL era.

CME Check-In Code: G74TP **CME Credit Value**: 2

WORKSHOP TIME: 4:15 PM - 6:15 PM ROOM: FLORIDA SALON I - IV

The Mental Health Offender Program: Jacksonville's Approach to the Criminalization of Mental Health and Homelessness

PRESENTERS

Colleen Bell, Coral Messina, David Kilcrease, Shayla E. Lee, Tricia Rover

LEARNING OBJECTIVES:

1. Illustrate how criminalization of homelessness affects those on the streets and increases community costs
2. Describe key community stakeholders came together to decrease arrests, hospitalizations, and associated community costs for repeat misdemeanor offenseses related to mental illness
3. Illustrate a novel community program aimed at reducing recidivism through the court system and wrap around support

DESCRIPTION

Mass incarceration, particularly of the mentally ill, continues to pervade our criminal justice system. Jails in many areas have become the largest mental health facilities, especially in large urban communities, despite increasing societal recognition across the aisle that those with mental illness are not best served behind bars, from a recidivism, cost, and/or treatment lens. Misdemeanors are an often-overlooked contributor to mass incarceration. This workshop will feature representatives from the many partners it takes to create a program where collaboration and innovation have led to an 89% decrease in the Monthly Average of Arrests, a 90% decrease in the Monthly Average days in Jail, and a 91% decrease in the Monthly Average Cost for Jail Stay. This will be an interactive session with a judge, a prosecutor, a defense attorney, a court coordinator with extensive experience at the Duval County Sheriff's Office, and a forensic psychiatrist from the community treatment partner to explore how this model might inspire your community.

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

WORKSHOP TIME: 4:15 PM - 6:15 PM ROOM: GRAND SALON F-J

Multi-State Forensic Practice: Navigating Questions of Licensure

PRESENTERS

Andrew Nanton, Maya Lopez, Patricia Westmoreland, Ray Vargas II, William Reid

LEARNING OBJECTIVES:

1. Understand what constitutes the practice of medicine in different states
2. Better navigate the rules of state medical boards as they apply in forensic cases with district requirements
3. Utilize the knowledge gained to ask appropriate questions or retaining attorneys and state medical boards

DESCRIPTION

Since COVID-19, the use of telepsychiatry has increased. Although psychiatric treatment has taken center stage, forensic psychiatrists are increasingly engaging in work in more than one state. This includes virtual IMEs, traveling across state lines for IMEs, record review, and testimony. Forensic psychiatrists who agree to perform forensic assessments are expected to have the qualifications necessary to meet the professional standards in the relevant jurisdiction. Practicing across state lines can be complex and nuanced. Conducting an IME in another state may more easily alert the forensic psychiatrist that a license is required, given that this closely approximates the rules governing clinical practice across state lines. Record review and testimony may seem unrelated to the licensure requirement, given that no interview has taken place. Medical boards differ in their definition of "medical practice," with some stipulating that it can be considered medical practice because expert witness work involves applying medical expertise. The American Medical Association also considers expert witness testimony "and related forensic work" to be the practice of medicine. Notably, other work involving the application of medical expertise, such as research and teaching, typically does not require licensure. While licensure challenges to forensic experts are reported to have been uncommon in the past, physicians may unwittingly find themselves in the crosshairs of a state medical board and their own malpractice carrier, who may not provide coverage for unlicensed acts. During this panel discussion, forensic psychiatrists Drs. Westmoreland, Lopez, Reid, and Nanton will discuss their experience with practicing in other states. Topics will include sponsorship by a physician in another state, use of interstate medical compact licensure, risk management concerns, and the practicalities of maintaining a license in other states. Trial attorney Mr. Vargas will discuss his experience with retaining out-of-state experts.

CME Check-In Code: GO6JR **CME Credit Value:** 2

SCIENTIFIC PAPER TIME: 4:15 PM - 6:15 PM ROOM: GRAND SALON A-D

Scientific Papers

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

CME Check-In Code: YIY54 **CME Credit Value:** 2

Rethinking Cannabis and Involuntary Intoxication

PRESENTERS

Mark Luskus

LEARNING OBJECTIVES:

1. Describe the pharmacological differences between natural cannabis, delta-8-THC, and synthetic cannabinoids, and explain how potency increases and product mislabeling create unpredictable intoxication.
2. Identify the elements of the involuntary intoxication defense and consider circumstances under which modern cannabinoid products= may satisfy those elements.
3. Learn a forensic evaluation framework to cases involving cannabinoid intoxication including toxicology testing, product characterization, and clinical evidence.

DESCRIPTION

The involuntary intoxication defense has rarely been applied to cannabis intoxication. Courts have consistently ruled that the effects of cannabis are foreseeable. However, the rapid evolution of the composition of cannabis compounds has led to the situation in which a consumer can purchase what they believe to be a mild product or natural cannabis, and instead experience profound and unexpected intoxication. This research article session examines the pharmacology of modern cannabinoid products including synthetic cannabinoid receptor agonists, the legal framework of the involuntary intoxication defense, and circumstances in which that defense may be available to defendants who have consumed cannabis products. The role of forensic psychiatrists in these types of cases will also be discussed.

SCIENTIFIC PAPER | TIME: 4:15 PM - 6:15 PM | ROOM: GRAND SALON A-D

Mental Health and Sentencing Principles in Canada

PRESENTERS

Priya Khalsa, Yu Chen Yue

LEARNING OBJECTIVES:

1. Review the existing framework for Canadian pre-sentence assessments
2. Identify the knowledge gaps between conducting pre-sentence assessments and appreciating the complexity of the underlying judicial principles
3. Explore the principles of sentencing that are relevant to forensic psychiatric assessments

DESCRIPTION

The question of judicial discretion is at the heart of understanding sentencing in Canada. Canadian courts historically adopted an approach that allowed judges to recognize and weigh various aims of sentencing, including rehabilitation, incapacitation, retribution, denunciation and deterrence, whereas principles are substantive rules that shape how judicial discretion is applied to choices among these objectives and to various sentencing options that the Criminal Code provides. Despite the historical struggle in dealing with undeveloped principles and conflicting objectives of sentencing, the evolving jurisprudence has demonstrated a change in judicial attitude toward a balanced and principled approach. Forensic psychiatrists may play a key role in pre-sentence assessments. Nevertheless, one cannot overlook the knowledge gaps between conducting pre-sentence assessments and appreciating the complexity of the underlying judicial principles. The aim of this article is to help bridge the aforementioned knowledge gaps between medicine and the law, thereby promoting justice and fairness in criminal proceedings. This is part of a two-stage process. In the second stage, we will specifically provide guidance for Forensic psychiatrists when assessing and writing reports for pre-sentence purposes.

SCIENTIFIC PAPER | TIME: 4:15 PM - 6:15 PM | ROOM: GRAND SALON A-D

The Impact of a Psychopathy Diagnosis in Death Penalty Litigation

PRESENTERS

Andrew Sudler

LEARNING OBJECTIVES:

1. Participants will be able to describe the construct of psychopathy.
2. Participants will be able to understand how evidence related to psychopathy diagnoses has been treated by the courts with regards to admissibility.
3. Participants will be able to describe how juries interpret information related to psychopathy and the effect that it has on sentencing in capital cases.

DESCRIPTION

The use of the diagnosis of psychopathy in death penalty cases is controversial because it may unfairly influence the jury to impose the death sentence. Psychopathy, while not an official diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM), is a clinical concept used to describe individuals who have limited interpersonal connection with others, poor emotional reciprocity, and engage in antisocial and violent behaviors. Psychopathy is often diagnosed using the Psychopathy Checklist-Revised (PLC-R), and there is some data to suggest that this tool can help predict violent recidivism outside of carceral settings. However, there is also data to suggest that psychiatric and psychological experts have used the PCL-R to offer opinions beyond the scope of what the tool is able to predict and exaggerate what a psychopathy diagnosis represents about a defendant's future risk of dangerousness. This article seeks to educate forensic psychiatrists and other mental health professionals about the current use of psychopathy in capital cases, the potential pitfalls associated with using this diagnosis in such legal contexts, and recommendations for mitigating such risks.

SCIENTIFIC PAPER | TIME: 4:15 PM - 6:15 PM | ROOM: GRAND SALON A-D

Animal Crushing: Examining Offenders and Offense Characteristics of a Unique Form of Animal Maltreatment

PRESENTERS

Brian Holoyda, M. Jenny Edwards

LEARNING OBJECTIVES:

1. Delineate federal legislation related to animal crushing.
2. Describe characteristics of animal crushing and animal crushing offenders.
3. Evaluate psychopathological considerations relevant to animal crushing offenders.

DESCRIPTION

In recent years there has been increasing media attention regarding cases of severe, intentional animal cruelty that is recorded and shared with others via social media applications or online video repositories. Despite the public's interest in such cases, there has been little effort to define or empirically study this behavior as a unique form of animal maltreatment. Animal crushing (AC), as federally defined, constitutes acts of physical violence against animals that result in serious bodily injury. AC has its roots in the 1990s with the filming of invertebrate crush videos and has expanded to involve international networks of individuals who fund, share, and consume animal crush videos (ACVs). In the United States, federal legislation targeting ACV has evolved since recognition of the problem. In this presentation, we will share the first empirical analysis of 134 AC offenders and their victims and offenses. Findings indicate that AC is a social phenomenon involving various players with different roles and that women are overrepresented in their participation in AC as compared to other forms of animal cruelty. Many individuals who create or consume AC content may have paraphilic sexual interests. We will review considerations relevant to forensic evaluators tasked with examining AC offenders, including analysis of AC-related behaviors and offenders' psychopathology, motivations, risk, and management needs.

SCIENTIFIC PAPER | TIME: 4:15 PM - 6:15 PM | ROOM: GRAND SALON A-D

A Framework for Developing Mental Health Educational Interventions for Correctional Officers

PRESENTERS

Jason Quinn, Kiran Patel, Shaheen Darani

LEARNING OBJECTIVES:

1. Identify key elements of effective mental health educational interventions for correctional officers and their impact on knowledge, skills, and attitudes.
2. Describe the components and outcomes of a multidisciplinary, simulation-enhanced mental health training program implemented in two Canadian carceral institutions.
3. Apply the proposed 5-I Framework to guide the development of future correctional mental health education programs.

DESCRIPTION

The overrepresentation of persons with mental illness in carceral settings has led to justifiable concerns about their wellbeing and the appropriateness of their care. Correctional officers may be the first point of recognition and management for incarcerated persons experiencing mental illness. Correctional officers thus unknowingly participate in mental health care without a formally recognized mental health care role or knowledge of mental health educational best practice standards. This article reviews the small literature linking specific factors in mental health educational interventions for correctional officers to improvement in knowledge, skills, attitudes, and potentially to incarcerated persons' mental health outcomes. Synthesizing that literature with the authors' experience in creating a mental health educational program for correctional officers at a large provincial detention center in Ontario, Canada, we propose a five-principle framework to guide such programs. We propose such programs be intentionally designed and evaluated with educational and quality improvement best practices in mind, an inclusive attitude toward participants and the intersectional factors in mental health in carceral settings, the use of interactive teaching methods, consideration of instructor relatability, and integration of educational programs into broader philosophical changes in carceral institutions.

SPECIAL EVENT | TIME: 6:30 PM - 8:00 PM | GRAND SALON FOYER, 2ND FLOOR



AAPL Reception

DESCRIPTION: Join us for food, beverages, music, and engagement with your peers...with a Halloween flavor! Come in costume to brighten the proceedings.

GAMIFICATION CODE: FUN

SATURDAY, OCTOBER 31, 2026

POSTER PRESENTATION **TIME: 7:00 AM - 8:00 AM** **ROOM: GRAND SALON FOYER**

Poster Session C

DESCRIPTION: Join us for coffee and fascinating poster presentations addressing a wide variety of topics in Forensic Psychiatry. Posters will remain up through lunch.

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

S2 Wernicke-Korsakoff Syndrome in Forensic Psychiatry

PRESENTERS

Enquan Cheow, Shannon Lee

LEARNING OBJECTIVES:

1. Differentiate the evolving clinical stages of alcohol-related neurocognitive disorders and their distinct implications for criminal responsibility.
2. Evaluate how cognitive impairments affect fitness to plead and the ability to participate meaningfully in legal proceedings.
3. Apply a longitudinal, time-anchored approach to forensic assessment, recognizing that mental state at the time of the offence may differ significantly from later competence to stand trial.

DESCRIPTION

Alcohol-related neurocognitive disorders complicate forensic psychiatric assessment, particularly in Wernicke Encephalopathy (WE) and Korsakoff Syndrome (KS). Distinguishing criminal responsibility at the time of an alleged offence from later competence to stand trial is challenging when neurocognitive states evolve over time. A literature review of this topic and a case report supporting the learning points has been included. A structured search of Google Scholar and PubMed was conducted using the terms “Wernicke Korsakoff Syndrome,” “Wernicke Encephalopathy,” or “Korsakoff Syndrome” combined with “criminal responsibility,” “fitness to plead,” or “forensic psychiatry.” 23 relevant articles were identified, highlighting three recurring forensic issues. First, diagnostic uncertainty: WE/KS are often misdiagnosed, and diagnoses may also evolve as the illness progresses. Second, fitness to plead: anterograde amnesia, confabulation, and executive dysfunction impair the ability to consult counsel, follow proceedings, and make informed legal decisions. Third, risk and outcomes: offending rates often decline after diagnosis due to cognitive deterioration and increased supervision. A man with longstanding alcohol use disorder was charged with disruptive behaviour on a flight while intoxicated. Weeks later, he developed WE requiring hospitalization. Initial forensic evaluation found him fit to plead. Following discharge, he deteriorated cognitively and was readmitted with features of KS. He was subsequently deemed unfit to stand trial and his memory non-restorable. This case highlights the importance of time-specific formulation, with different diagnoses having distinct legal implications. It also underscores the need for longitudinal competence assessment.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

S3 Digital Phenotyping in Forensic Psychiatry: Opportunities, Risks, and Legal Implications

PRESENTERS

Andy Ngo, Emily Leiderman

LEARNING OBJECTIVES:

1. Describe the principles of digital phenotyping and its application in assessing psychiatric symptom trajectories using behavioral and physiologic data.
2. Evaluate the clinical and forensic utility of digital behavioral evidence, including its role in risk assessment, symptom monitoring, and reconstruction of behavioral timelines.
3. Identify key ethical and legal challenges associated with digital phenotyping, including algorithmic bias, privacy concerns, and evidentiary admissibility under standards such as Daubert.

DESCRIPTION

Digital phenotyping leverages continuous behavioral and physiologic data from personal digital devices to quantify real-world mental states. These include mobility, communication patterns, sleep, social engagement, and autonomic signals such as heart rate variability and electrodermal activity. Advances in artificial intelligence (AI) enable integration of multimodal data, generating objective indices of behavior and stress reactivity. Evidence shows moderate correlations with depressive symptom severity, with models achieving ~75% accuracy in detecting depression. In schizophrenia, reduced behavioral variability is linked to negative symptoms and relapse risk. In bipolar disorder, decreased sleep and increased activity predict mania, while reduced mobility correlates with depression. Physiologic markers also capture autonomic arousal, supporting detection of anxiety and panic states. These findings suggest digital phenotyping may enhance forensic psychiatric evaluations by informing symptom trajectories, behavioral consistency, functional impairment, and behavioral timelines. This review evaluates the applications, limitations, and ethical and legal implications of digital phenotyping in forensic psychiatric evaluations. Key challenges include limited validation in forensic populations, model interpretability, and lack of standardized frameworks. Ethical and legal concerns, particularly algorithmic bias, privacy, and informed consent remain critical. Future work should prioritize explainable models and establish admissibility standards under Daubert to support responsible forensic integration.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

S4 Mass Institutionalization to Deinstitutionalization to Transinstitutionalization to Reinstitutionalization? The Current Phenomenon in Multiple States

PRESENTERS

Jennifer Kim

LEARNING OBJECTIVES:

1. Identify the significant historical phases of institutionalization in the United States focusing on current trends of reinstitutionalization.
2. Understand the reasons for the public sector funded increase in psychiatric beds.
3. Discuss challenges and ethical concerns to reinstitutionalization.

DESCRIPTION

Recently, many states have invested millions and billions of dollars to increase psychiatric inpatient capacity. Increased number of individuals with serious mental illness in the criminal system, lack of community resources and treatment, homelessness, rising costs and orders for timely competency restoration efforts all contribute to the pressure and demand for more beds. This poster examines the history of psychiatric institutionalization in the United States since the deinstitutionalization movement, focusing on the current investments into increasing state inpatient psychiatric capacity as a response to the crisis of court orders, competency restoration demands, and increased criminalization of mental illness. The poster also examines various reasons why despite the expansions, the overall increase in beds is smaller, including closure of private psychiatric hospital beds. The response to increasing public sector psychiatric beds is viewed as a corrective action opposed to a preventive one and potential future trends are analyzed if without reform.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

S5 Placement Safety for LGBTQ+ Youth in Foster Care

PRESENTERS

Olivia Hindera

LEARNING OBJECTIVES:

1. Explain state and federal laws impacting foster care youth who identify as LGBTQ+
2. Explore potential legislative steps to improve LGBTQ+ youth outcomes
3. Articulate potential policy changes or advocacy efforts to improve LGBTQ+ youth outcomes

DESCRIPTION

Bates v. Pakseresht (2026) raises the question of state regulations concerning foster care youth who identify as LGBTQ+. After Oregon updated regulations to require foster parents to support and affirm a youth's gender and sexual identity, a prospective foster parent raised concerns that this would violate her first amendment rights as this requirement does not align with her religious views. The 9th Circuit Court of Appeals affirmed her position, as compelling an individual to support specific beliefs in order to be a foster parent violated their right to religious freedom. Oregon's policy aimed to protect LGBTQ+ youth who are overrepresented in the child welfare system and are more likely to experience adverse outcomes related to discrimination and harassment. States have implemented a wide range of policies regarding child safety that include training fosters to be inclusive, allowing LGBTQ+ individuals to be foster parents, and providing access to appropriate services and behavioral health care. This poster will review relevant policies by state and explore the positive or negative impacts on LGBTQ+ youth outcomes. It will provide recommendations for providers to advocate legislation changes in their state.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

S6 The "Trapped" Clinician: Four Hypothetical Pathways to Compelled Participation in Physician-Assisted Suicide

PRESENTERS

Elizabeth Olson

LEARNING OBJECTIVES:

1. To illustrate how psychiatrists may experience compelled participation in physician-assisted death (PAD) despite existing conscience protections.
2. To analyze how legal, institutional, and doctrinal forces can constrain meaningful refusal in forensic and state-controlled settings.
3. To explore the implications of compelled participation for clinical judgment, professional identity, and patient care.

DESCRIPTION

Legal frameworks governing physician-assisted death (PAD) emphasize voluntariness and include conscience protections intended to shield clinicians from participation in practices that conflict with their moral commitments. In forensic and institutional psychiatric settings, however, these protections may be difficult to operationalize. Psychiatrists practice within systems that constrain both patient autonomy and clinician discretion, complicating the ability to refuse participation. We present four hypothetical but legally grounded scenarios illustrating how clinicians may become "trapped" between competing obligations. One scenario describes conflicting regulatory regimes across institutional settings, creating mutually exclusive duties and raising theoretical liability under constitutional standards such as Estelle v. Gamble and federal statutory obligations such as Civil Rights of Institutionalized Persons Act.1-3 A second explores administrative processes culminating in an order requiring the treating psychiatrist, as the statutorily defined attending physician, to prescribe PAD without a viable transfer mechanism.4 A third considers the expansion of "less restrictive alternative" doctrine from Lake v. Cameron into PAD determinations, effectively compelling evaluative participation.5 A fourth highlights tensions around whether informed consent requirements may obligate clinicians to disclose PAD as an option.6,7 Across scenarios, the central concern is not explicit legal compulsion, but forms of compelled participation that arise through role-based obligations, jurisdictional inconsistencies, and expanding definitions of involvement. These cases expose gaps between statutory conscience protections and the realities of psychiatric practice in state-controlled environments.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

S7 *Mental Health Symptoms and Social Vulnerability Are Associated with Higher Rates of Specific Criminal Charges*

PRESENTERS
Debra Pinals

LEARNING OBJECTIVES:

1. Explain what kinds of criminal charges are most strongly related to mental health problem
2. Explain what kinds of charges are most strongly linked to social vulnerability
3. Report at least one intervention likely to be helpful in this population

DESCRIPTION

Introduction: Public defenders represent clients facing criminal charges who cannot afford private attorneys. Many of these individuals live in poverty, facing social issues and mental health challenges. Public defense professionals often worry that poverty and mental health issues are criminalized, leading to legal penalties for vulnerable people who might be spared if they had more resources. This perspective suggests that certain charges may be disproportionately linked to mental health issues and social vulnerability. To test this hypothesis, we reviewed records from over 700 clients, measuring their social status and mental health symptoms, to see which charge types were significantly linked to mental health symptoms or social determinants.Methods: This cross-sectional analysis used retrospective data from 708 adult public defender clients collected between June 2024–July 2025. These clients completed a computerized assessment of mental health symptoms measured using the Computerized Adaptive Mental Health Assessment (CAT-MH) and social determinants of health (SDOH). The CAT-MH included validated severity categories for symptoms of depression, anxiety, PTSD, ADHD, psychosis, mania, and substance use disorder (SUD). SDOH assessment included 3 questions related to housing, food security, and employment. A composite score of Global Mental Health severity was calculated such that more severe scores across a greater number of mental health domains resulted in higher severity scores (range 0–21). A composite score of SDOH was calculated such that more severe SDOH values had higher values (range 0-6). Both the Global Mental Health Score and the Global SDOH scores were standardized and then treated as predictor variables in separate series of negative binomial regressions to predict each charge category separately. Age was treated as a covariate in all analyses. Type I error inflation was controlled using False Discovery Rate (FDR) for Global Mental Health and for SDOH separately. Incidence Rate Ratios (IRRs) were reported as effect sizes and reflected the expected change in charge incidence per standard deviation increase in psychosocial predictor severity. Results: More severe Global Mental Health was significantly associated with higher incidence of charges related to drug possession (IRR = 1.36, padj = < .001), theft ; larceny (IRR = 1.44, padj = < .001), legal obstruction (IRR = 1.42, padj = < .001), breaking ; entering (IRR = 1.35, padj = .030), and court violations (IRR = 1.29, padj = .043). More severe Global Mental Health scores were associated with lower incidence of traffic violations (IRR = .64, padj < .001)) and driving under the influence (DUI) charges (IRR = 0.66, padj = .031). More severe Global SDOH scores were significantly associated with increased incidence of charges related to public order violations (IRR = 1.73, padj = < .001), drug possession (IRR = 1.39, padj = < .001), theft and larceny (IRR = 1.32, padj = .004), legal obstruction (IRR = 1.36, padj = .004), and breaking and entering (IRR = 1.39, padj = .014) and with decreased incidence of charges related to driving under the influence (IRR = 0.58, padj = .004), weapons (IRR = 0.64, padj = .01), and license and registration violations (IRR = 0.78, padj = .043).Conclusion: These findings suggest that many of the most common criminal charges in a public defense context are non-violent and related to poverty (e.g., public order offenses, such as sleeping on improved surfaces or trespassing misdemeanors) and survival (e.g., petty theft and breaking and entering). Other common charges are related to the legal system itself, such as obstruction charges and court violations. We believe this shows that the pervasive use of law enforcement and legal consequences in this context reflects systemic inequities arising from the criminalization of poverty and mental illness. Evidenced-based recommendations to reduce this kind of injustice include: 1) targeted decriminalization of low-level offenses, 2) replacing many police responses with co-responder and crisis intervention teams, 3) increased referral for social services, especially free housing and food programs, and mental health treatment rather than incarceration and 4) providing clearer limits on discretionary enforcement especially for public order and legal obstruction.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

S8 Teaching Ethics at the Psychiatry–Law Interface Through Simulation-Based Education

PRESENTERS

Olivia Rivera

LEARNING OBJECTIVES:

1. Describe the design and implementation of a simulation-based scenario for teaching ethical decision-making during involuntary psychiatric treatment.
2. Identify ethical and legal tensions in involuntary psychiatric care, including autonomy, treatment pressure, and clinician authority.
3. Discuss simulation-based medical education as a tool for teaching ethical decision-making in psychiatry.

DESCRIPTION

Psychiatrists frequently operate at the interface of medicine and law, particularly when treating patients under involuntary hospitalization or other forms of mandated care. To promote adherence to recommended treatment, psychiatrists utilize strategies including persuasion, interpersonal leverage, and coercion, each of which raises complex ethical and legal questions concerning autonomy, transparency, and procedural justice. Simulation-based medical education (SBME) offers a controlled and immersive environment in which trainees can practice navigating ethically and legally complex encounters, offering the advantage of active experiential learning over traditional lecture-based discussions. While SBME is increasingly used to teach clinical skills across different specialties, its application to teaching ethical decision-making in legally constrained clinical contexts remains underexplored. Here, we review emerging literature on using SBME to teach psychiatric ethics and describe the development and implementation of an ethics-focused simulation curriculum to train psychiatry residents in the ethical and legal dimensions of communicative strategies during involuntary treatment.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

S9 Rogers or Rennie? The State of Involuntary Medication in the United States

PRESENTERS

Eryn Pynes, Nubia Lluberes

LEARNING OBJECTIVES:

1. Viewers from the United States will improve their understanding of their state's involuntary medication statutes.
2. Viewers will improve their understanding of the different methods by which states legislate the administration of involuntary medications.

DESCRIPTION

Individuals with severe mental illness are more likely to experience anosognosia, a condition which limits their ability to understand their own symptoms, recognize their illness, and agree to treatment. In cases in which this refusal to comply with treatment increases their risk of harm to self or others, or the likelihood of irreversible deterioration of their condition, the involuntary administration of medication becomes necessary despite the violation of their autonomy. When the government has a clear interest in the treatment of their mental health, as is the case when they are detained or committed to competency restoration, legal precedent is clear on the process by which physicians are expected to seek judicial permission for involuntary medication. When the government interest is less clearly defined, as in the case of individuals civilly committed to mental health treatment, defining due process is instead left to the states. The two landmark cases Rogers v. Okin and Rennie v. Klein both address this conflict, recognizing the necessity of due process in depriving an individual of the right to refuse psychoactive medications; however, they differ in the extent to which the legal system itself plays a role. Despite this significant disparity in judicial safeguards and the frequency by which psychiatrists interact with civilly committed patients, the bulk of the academic literature focuses on involuntary medication as it applies to incarcerated patients or patients committed to competency restoration. In a search of the term 'involuntary medication' within the Journal of AAPL, only three of the twenty-nine results pertained to civilly committed patients uninvolved in competency restoration; none discussed the differences between the states' interpretations and applications of the two cases. To correct this, we propose creating an interactive, visual representation of the legal process involved in involuntary medication within each state that can be easily understood by practicing physicians and physicians-in-training, with a focus on the psychiatric discipline. This will provide a more foundational understanding of the legal implications of involuntary medications and facilitate interstate communication regarding different approaches to the dilemma of autonomy versus beneficence and non-maleficence.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

S10 AI in Forensic Psychiatry: Applications, Ethics, and Gaps

PRESENTERS

Kelly Cembrale, Simarpreet Kaur

LEARNING OBJECTIVES:

1. Identify the five AI application domains in forensic psychiatric opinion work — algorithmic risk assessment, LLM-assisted report drafting, AI-facilitated malingering, neuroprediction
2. Recognize the four cross-domain ethical risk categories identified in this review — racial bias/disparate impact, non-delegation of expert opinion, evidentiary integrity/hallucination, and malingering
3. Articulate the four critical gaps in existing AAPL Ethics Guidelines regarding AI use — absence of an LLM disclosure standard, citation verification requirement, bias auditing protocol, and AI compete

DESCRIPTION

This study is a systematic scoping review conducted in accordance with the PRISMA Extension for Scoping Reviews (PRISMA-ScR) as described by Tricco et al. (2018, Ann Intern Med). - Scoping review methodology was selected over a conventional systematic review because: (a) the field of AI in forensic psychiatry is rapidly evolving and methodologically heterogeneous; (b) the primary objective is evidence mapping rather than effect estimation; and (c) the review encompasses a range of study designs, publication types, and evidence sources that would not be appropriate for meta-analysis. - No protocol was pre-registered on PROSPERO given the time-limited preparation context; pre-registration to be done prior to journal submission. 2. Research Question How are artificial intelligence (AI) tools currently applied in forensic psychiatric evaluations and opinion formulation, what ethical concerns arise from their use within the American Academy of Psychiatry and the Law framework, how has existing literature addressed these issues empirically versus conceptually, and what gaps remain in AAPL-specific ethical guidance for forensic psychiatric practice?

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

S11 Settled Insanity, Substance Use, and Criminal Responsibility

PRESENTERS

Anton Shkundin, Hasan Issa, Jason Hershberger, Tolu Olupona

LEARNING OBJECTIVES:

1. Identify clinical features that may help distinguish acute voluntary intoxication from persistent psychosis in criminal responsibility evaluations.
2. Describe how co-occurring substance use and primary psychotic illness complicate forensic analysis of criminal responsibility.
3. Apply collateral information, symptom chronology, and longitudinal psychiatric history to criminal responsibility evaluations involving possible settled insanity.

DESCRIPTION

The concept of settled insanity presents a recurrent challenge in forensic psychiatry when substance use co-occurs with primary psychotic illness. In such cases, the central question is not simply whether the defendant was intoxicated, but whether the mental state at the time of the offense reflected only the transient effects of voluntary substance use or a more persistent psychotic condition relevant to criminal responsibility. This poster presents an arson case involving a defendant with schizoaffective disorder, bipolar type, longstanding substance use, repeated psychiatric decompensation, medication nonadherence, and multiple prior hospitalizations. At issue was whether psychotic symptoms surrounding the offense were attributable solely to acute intoxication or instead reflected exacerbation of a chronic psychotic disorder with persistence beyond intoxication. Reported history included delusional thoughts and auditory hallucinations before the offense, as well as continued psychotic symptoms after intoxication had resolved. We examined the difficulty of distinguishing settled insanity from voluntary intoxication in criminal responsibility evaluations, with particular attention to the temporal relationship between substance use and symptom onset, persistence of psychosis beyond sobriety, evidence of prior psychotic episodes independent of intoxication, and the role of collateral records in reconstructing the defendant's mental state at the time of the offense. These considerations are relevant when intoxication may complicate, but not necessarily preclude, forensic consideration of possible settled insanity in the setting of an underlying psychotic disorder.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

S12 Development of an Objective Triage Tool for Juvenile Mental Health Referrals in a Detention Setting

PRESENTERS

Roberto Kutcher Diaz

LEARNING OBJECTIVES:

1. Describe challenges in prioritizing mental health referrals within resource-limited juvenile detention settings.
2. Identify objective clinical and historical markers associated with increased psychiatric acuity in detained youth.
3. Explain the structure and intended use of an objective, point-based triage tool for referral prioritization.

DESCRIPTION

Juvenile detention facilities face increasing demand for mental health services, straining limited psychiatric resources and complicating timely identification of high-risk youth (Weitzman et al. 2025). Common screening tools that rely on self-reported symptoms may demonstrate variable sensitivity across populations, potentially contributing to inefficient triage and delays in care (Eno Louden et al., 2017). At the Juvenile Probation Department in El Paso, Texas, mental health referrals are primarily processed in chronological order, with only limited prioritization based on acute clinical presentation. This approach may not reliably identify youth at greatest risk for adverse outcomes, including aggressive behavior, self-harm, suicide attempts, and complications related to medication side effects (Weitzman et al., 2025; Owen, Wallace, & Committee on Adolescence, 2020). To address this gap, we are developing an objective triage scoring system that incorporates clinically relevant markers associated with psychiatric acuity and risk. These include prior psychiatric hospitalizations, history of suicide attempts, current psychotropic treatment requiring laboratory or metabolic monitoring, established psychiatric diagnoses, and history of violent offenses. These variables are integrated into a simplified point-based framework designed to stratify referrals by level of urgency. The poster will describe the development of this tool, its conceptual framework, and its intended application within a juvenile detention setting. Planned next steps include completion and preliminary review of the tool. Planned evaluation will assess feasibility and perceived utility among clinicians. By introducing a structured, objective triage approach, this tool has the potential to improve the allocation of limited psychiatric resources, reduce delays in care, and mitigate adverse outcomes in a vulnerable population.

OSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

S13 Assessing Capacity to Consent to Sexual Activity in Individuals with Intellectual Disability: A Balance of Rights and Protections

PRESENTERS

Andrew Kim, Ashley Maestas, Melissa Piasecki, Rachael Lambin

LEARNING OBJECTIVES:

1. To review current approaches to assessing sexual consent capacity in adults with intellectual disability (ID).
2. To delineate the role of the forensic psychiatrist in evaluating both the present capacity to consent in adults with ID and whether a prior sexual encounter was consensual.
3. To propose a structured, ethically and legally informed framework for evaluating sexual consent capacity in adults with ID.

DESCRIPTION

The assessment of sexual consent in adults with intellectual disability (ID) represents a complex intersection of ethics, forensic assessment, and law. Compared to individuals with normal cognitive functioning, those with ID are at increased risk of sexual victimization and are less likely to report abuse, further heightening their vulnerability. Forensic psychiatrists are asked to provide opinions not only on whether an individual possesses the capacity to consent to sexual activity, but also—retrospectively—whether a specific encounter was consensual. These determinations may influence criminal culpability and prosecutorial outcomes. Such was the case in the recent 2024 Oregon Supreme Court ruling in State v. Wallace. Despite the significance of this matter, there remains a lack of standardized, widely accepted guidelines to inform and structure forensic evaluations of capacity to consent. This poster reviews ethical and human rights concerns, existing approaches to the evaluation of sexual consent in adults with ID, the role of the forensic psychiatrist in such evaluations, and future directions for this ethical and legal dilemma.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

S15 Recidivism Outcomes for Patients Discharged from Forensic Hospitals

PRESENTERS

Alice Hou, Meghan Medellin

LEARNING OBJECTIVES:

1. Identify the three strongest predictors of recall to hospital among conditionally discharged forensic patients
2. Conditional discharge is associated with lower recidivism rates than absolute discharge
3. Identify protective factors from recidivism

DESCRIPTION

Forensic psychiatric hospitals serve patients whose mental illness has intersected with serious criminal behavior, with treatment goals that include both clinical stabilization and safe reintegration into the community. Following discharge, criminal recidivism is an important outcome for patients, clinicians, forensic systems, and the public. Estimates of post-discharge recidivism vary widely across studies, reflecting differences in patient populations, legal frameworks across the world, community supervision, follow-up duration, and the way recidivism itself is defined. Despite these limitations, identifying consistent patterns in post-discharge recidivism can help clarify which patient- and system-level factors are associated with successful community reintegration. This systematic review examines primary studies published from 2016 to 2026 evaluating criminal recidivism after discharge from forensic psychiatric inpatient care, with secondary consideration of psychiatric readmission, recall, and revocation. A systematic search was performed in accordance with PRISMA guidelines across four databases (PubMed, PsycINFO, Cochrane, and Scopus) from their inception until March 2026, using the search terms above. Thirty-one reports from 12 countries were included, representing over 17,000 unique patients. Across countries and jurisdictions, substance use disorder was the most consistent predictor of adverse outcomes, while younger age, prior criminal history, and personality pathology were also recurrent risk factors. Structured community supervision and practical supports were repeatedly associated with better outcomes, as supported housing and guardianship were associated with lower recidivism in Sweden, conditional release with lower reconviction in Belgium, and California CONREP patients had markedly lower rearrest than directly discharged patients. The HCR-20/HCR-20V3 was the most consistently represented risk-assessment tool and generally showed moderate-to-strong prediction of post-discharge violence, although other tools such as START, VRS, VRAG-R, PCL-R, and OGRS-2 also demonstrated predictive validity. Overall, cross-national differences appeared to reflect variation in follow-up duration, legal frameworks, patient characteristics, and intensity of post-discharge supervision rather than a simple country effect. This systematic review found that criminal recidivism following discharge from forensic psychiatric care is low-to-moderate in the short term, with serious violent reoffending occurring less frequently than broader criminal outcomes. Across international jurisdictions, substance use disorder was found to be the most consistent predictor of poor outcomes, with young age and personality pathology also being recurrent risk factors. In contrast, structured community supervision and supported living – whether labeled conditional release, CONREP, recall, or revocation – is consistently associated with lower recidivism. The review also noted distinct country-specific patterns, with Nordic countries reporting the lowest recidivism alongside the longest treatment duration, for example. Limitations included substantial heterogeneity in legal systems, discharge criteria, patient populations, outcome definitions, follow-up duration, and methods of measuring recidivism. Studies were primarily observational and retrospective, so confounding and reverse causation factors should be considered. Future studies should prioritize harmonized outcome definitions, prospective designs with matched comparison groups, and investigation of the mechanisms by which structured supervision and substance use treatment reduce recidivism, in order to provide the evidence needed to optimize forensic discharge planning and community reintegration across jurisdictions.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

S16 Gender Differences in Risk Factors for Violence: A Literature Review

PRESENTERS

Ayzal Tahir, Chandler Williams, Emily Leiderman

LEARNING OBJECTIVES:

1. Identify key gender differences in the prevalence and predictive strength of risk factors for violence among men and women.
2. Differentiate between internalizing and externalizing pathways to violence and explain how these pathways vary across genders.
3. Evaluate the implications of gender-based differences in risk factors for improving violence risk assessment and developing gender-responsive prevention strategies.

DESCRIPTION

Research has shown that gender differences exist in both the prevalence and nature of risk factors for violence, with specific predictors carrying different weights or manifesting differently across genders. Historically, research on violence risk factors has focused predominantly on male offenders, with findings often generalized to women despite limited gender-specific validation. The present study aims to explore these differences in risk factors for violence among men and women to develop better predictors for violence across the two genders. A literature search was conducted using Google Scholar, PubMed, ResearchGate, and JSTOR. Key search terms included “violence risk factors,” “gender differences,” and “sex differences.” Studies were included if they were original research articles written in English between 1990 and 2025 and provided comparative data on male and female risk factors for violence. This process identified 14 studies that met the inclusion criteria and were used for the present review. All reviewed studies showed significant differences exist in pathways to violence across the two genders. Nine studies showed that internalizing behaviors such as depression, anxiety, self-harm, and emotional dysregulation have a consistently stronger link to violence in women than men. In contrast, seven studies found that externalizing behaviors, including antisocial traits, prior offending, impulsivity, substance abuse, and delinquent peers, were more likely to lead to violence in men than women. Three articles also found a significantly stronger link between low academic achievement and risk for violence in men as compared to women. Although the reviewed articles examined a variety of risk factors, commonly reported differences among genders included school performance, self-harm, mood dysregulation, prior offending, and substance abuse. Internalizing behaviors, including self-harm and mood dysregulation, consistently emerged as stronger predictors of violence in women. In comparison, externalizing behaviors such as substance abuse and school delinquency were stronger predictors in men. These findings emphasize the importance of gender-specific approaches to assess and address the risk of violence because gender specific tools may under- or overestimate the risk of violence across genders.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

S17 The Overturned Colorado Conversion Therapy Ban: First Amendment Implications for Professional Regulation in Psychiatry

PRESENTERS

Chinmoy Gulrajani, Rathisha Pathmathasan

LEARNING OBJECTIVES:

1. Understand psychiatry's complex relationship with homosexuality and the evolution of conversion therapy
2. Demonstrate and understanding of the narrow circumstances under which a state may impinge upon a person's free speech rights
3. Distinguish regulation of professional speech from that of professional conduct

DESCRIPTION

In Chiles v Salazar, the United States Supreme Court opined that Colorado's ban on conversion therapy constitutes impermissible viewpoint discrimination under the First Amendment. The Court distinguished between the regulation of professional conduct and the regulation of professional speech in determining whether Colorado's prohibition on sexual orientation and gender identity change efforts performed by licensed mental health professionals on minors violated the free speech rights of practitioners. In doing so, the Court established a precedent with significant implications for conversion therapy bans across 23 states and the District of Columbia, the authority of states to regulate mental health practices, and the psychiatric profession's ability to enforce evidence-based standards of care. This presentation traces the history of psychiatry's troubled relationship with homosexuality. It further examines the evolution of conversion therapy from aversive techniques to talk-based interventions and how the DSM's reclassification shaped the profession's consensus against these practices.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

S18 Concomitant Use of Dual Long-Acting Antipsychotic Agents in the USA

PRESENTERS

Arooj Chaudhry, Celina Salcido, Courtney Schattle, Ethan Hinds, Jason Green, Kehinde Obikoya

LEARNING OBJECTIVES:

1. Learners will learn potential risks and benefits associated with the use of concomitant Dual LAI antipsychotics
2. Learners will identify at least two ethical considerations in the utilization of dual LAI antipsychotics
3. Learners will understand ethical frameworks relevant in the utilization of long acting antipsychotics in a forensic settings

DESCRIPTION

Antipsychotic medications are central to treating serious mental illnesses such as primary psychotic illnesses and bipolar disorder. Successful treatment depends heavily on consistent medication adherence, yet many individuals with psychotic or bipolar disorders experience anosognosia—lack of insight—resulting in poor adherence and worse outcomes. Long-acting injectable antipsychotics (LAIs) have been shown to improve adherence and clinical stability compared with oral formulations. Despite this, approximately 34% of individuals with schizophrenia exhibit treatment resistance, which is linked to poorer quality of life, and treatment outcomes. When treatment resistance coexists with aggressive or self-destructive behaviors and lack of insight, risks of dangerous behaviors escalate, often leading to repeated hospitalizations, criminalization, or institutionalization. For treatment-resistant cases, antipsychotic polypharmacy can sometimes improve symptom control but carries higher risks of adverse effects. Such dual antipsychotic use occurs in 9.5–41.6% of patients. While combining two LAIs is far less common and usually reserved for severe cases involving dangerous behaviors, it has been found to be a necessary line of treatment that is poorly studied in the United States. Current literature on dual LAIs is limited, mostly small case series from outside the United States, with only one systematic study done outside the USA, from countries that have different LAI antipsychotic medications available compared to the United States. The proposed study will be the first U.S.-based literature review examining concurrent use of two LAI antipsychotics. Ethical concerns include balancing patient autonomy with the need for safety and clinical effectiveness. We aim to better describe the clinical characteristics and treatment outcomes of patients on concomitant dual LAI antipsychotic medications in the USA, an identify gaps in the research and literature.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

S19 From Courtroom to Classroom: Effectiveness of a Forensic Mock Trial as a Teaching Tool for Psychiatry Residents

PRESENTERS

Divyaraj Bavishi, Michael Rayel

LEARNING OBJECTIVES:

1. Analyze the impact of a mock trial as a teaching tool for enhancing medicolegal awareness, including its effectiveness in improving knowledge, confidence, and understanding of legal concepts.
2. Evaluate the benefits of interactive learning methods, such as mock trials, in addressing educational deficiencies among psychiatry residents and other medical trainees.
3. Discuss how participation in a mock trial can enhance understanding of malpractice litigation and court proceedings

DESCRIPTION

Background: Medicolegal knowledge is a critical component of psychiatric practice, yet residents often report limited exposure to legal concepts during their training. Traditionally, structured legal education and mock trials are reserved for forensic psychiatry fellowships. Introducing such experiential learning earlier, i.e. during the residency training, may enhance confidence and competence in navigating medicolegal issues frequently encountered in general psychiatric practice. Objectives: To evaluate the effectiveness of a forensic mock trial in improving self-reported knowledge, confidence, and understanding of medicolegal issues in general psychiatry residents and other attendees. Methods: A mock trial simulating a malpractice case relevant to psychiatry was conducted for an audience of general psychiatry residents (n = 13; as the primary study population) and other attendees (n = 25; medical students, psychology trainees, faculty, etc.). Study participants included in the study observed a full role-play of courtroom roles (e.g., judge, attorneys, expert witnesses) and proceedings. Pre- and post-intervention surveys were administered to evaluate the utility of the mock trial. The surveys measured knowledge, comprehension, and confidence using Likert scales, along with multiple-choice questions to test objective knowledge. Post-intervention surveys also assessed satisfaction and perceived value. The Wilcoxon Signed-Rank test was used to compare the median responses for each item on the questionnaire. Results: General psychiatry residents (n = 13) showed statistically significant improvements across all six Likert-scale domains. Median scores rose from 2–3 at baseline (“not very well/somewhat well”) to 4 (“moderately well”) post-intervention, with all p-values < 0.007. Gains included greater understanding of malpractice concepts, the four elements of malpractice, court proceedings, roles of court personnel, and the complexity of proving malpractice, as well as improved confidence in recognizing malpractice situations. No participants declined across these domains, and most improved consistently. On the multiple-choice items, factual knowledge improved significantly for identifying the four elements of malpractice (p = 0.0253), though no significant change was seen for basic definitions of malpractice and trial procedures. Post-intervention ratings also showed high satisfaction and value (median = 5 “very satisfied” and 5 “very valuable”), with residents strongly endorsing the mock trial as a recommendable learning experience. Similar findings were also seen when all attendees were taken into consideration (n = 38). Conclusion: This study demonstrates that a forensic mock trial is an effective, engaging, and well-received educational intervention for general psychiatry resident attendees. It significantly improved residents’ self-reported knowledge and confidence in medicolegal concepts while fostering interest and satisfaction. Incorporating mock trials into psychiatry training may bridge gaps in medicolegal education, preparing residents for real-world clinical and forensic challenges.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

S20 Inmate Access to Electronic Health Records: Does the Access Fit the Standard?

PRESENTERS

Cameron Eck, Chandler Melton, Evan Vitiello, Rachel Hianik, Sally Johnson

LEARNING OBJECTIVES:

1. Identify key landmark legislation that may offer guidance on inmates' rights to EHR access.
2. Explore the relevance of prior legal cases that considered deficiencies in EHR interoperability and right of inmate/proxy access to these records.
3. Encourage further exploration of inmates' protections in order to seek an ethical balance between correctional realities and the significant health burdens of inmates.

DESCRIPTION

Incarcerated individuals suffer from a high prevalence of both acute and chronic medical conditions, in addition to high rates of psychiatric illness. Various studies have outlined the significant health morbidity of this population, although the use of comprehensive electronic health record (EHR) systems remains severely limited with extensive variability between jails and prisons even located within the same county. Landmark federal legislation, including the Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health Act (HITECH), has been passed in the last 30 years to help expand the rights of patients to access confidential medical information and improve EHR "meaningful use." Additionally, the 21st Century Cures Act, passed in 2016, granted patients the right to have near real time access to their electronic health records with strict guidelines on limiting that access. There were no exceptions to allow for information blocking for incarcerated individuals in most cases in this legislation, yet many inmates have limited ability to readily access their medical records, especially via electronic means. However, incarcerated individuals may have access to technology (i.e. tablets) that offer opportunities for engagement if permitted. We seek to review relevant legislation pertaining to this discrepancy, as well as review prior medical and psychiatric legal cases that may involve this potentially inappropriate lack of access. While there are understandable exceptions to inmate access due to safety concerns, there remains a significant gap between rationales for information blocking and individual rights protections. We aim to discuss ethical considerations related to restricting inmate EHR access while also considering how forensic psychiatrists can educate carceral facilities while advocating for patients in the context of these limitations.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

S22 North Carolina's Responsible Individuals List: Forensic Psychiatrists' Ethical Conflict of Balancing Child Protection, Risk Assessment, & Due Process

PRESENTERS

Katelyn Einloth

LEARNING OBJECTIVES:

1. Describe the purpose and legal framework of North Carolina's Responsible Individuals List, comparing it to methods of abuse and neglect reporting in other states.
2. Explain how the RIL affects employment, licensure, and personal and professional opportunities for those named on the list.
3. Discuss how forensic psychiatrists may inform legal decision-making surrounding abuse / neglect cases, risk assessment, and placement on the RIL.

DESCRIPTION

Most states have a centralized child abuse and neglect database, used for background checks and for the purpose of child protection. In addition to a central registry, North Carolina also maintains a Responsible Individuals List (RIL). Contrary to its name, a "responsible individual" describes a parent, guardian, custodian, or caretaker responsible for seriously neglecting or abusing a child. The registry allows employers to know if prospective employees, who may interact with minors, have been identified previously as being unsafe with children. Unsurprisingly, individuals named on the RIL may be severely limited in their ability to foster or adopt children, while also negatively impacting employment for those who work with or near children. Some groups have argued that lifelong placement on lists like the RIL is an infringement on a person's civil rights. In more recent years, changes to North Carolina laws have helped to implement a procedure for expungement from the list. The Responsible Individuals List and these recent legal changes introduce challenging legal and ethical considerations for forensic psychiatrists, who must focus on intent, capacity, treatability, and risk of recurrence as they relate to child abuse or neglect. Here, we aim to introduce the RIL, to discuss its implications in forensic psychiatry, and to compare North Carolina's child abuse registry to those in other states. We discuss particular intersections with peripartum psychiatry and forensic psychiatry's role in cases that may involve such issues as postpartum psychosis with subsequent civil restrictions.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

S23 Overvalued and Under-Assessed: A Forensic Framework for Evaluating Extreme Overvalued Beliefs (EOBs)

PRESENTERS

Akhil Pola, Chase Hiller, Matthew Grover

LEARNING OBJECTIVES:

1. Identify key characteristics of EOBs in distinguishing them from other symptoms.
2. Learn and apply strategies that can potentially mitigate evaluator bias in evaluations involving EOBs or potential EOBs.
3. Evaluate the potential application of AI to information pertinent to EOBs in forensic settings.

DESCRIPTION

Extreme Overvalued Beliefs (EOBs) are ideas espoused by an individual in connection to a culture or religion. Individuals with EOBs are intensely committed to the belief and may engage in acts of violence aligned with the belief. In clinical settings and forensic evaluations, EOBs should be differentiated from delusions, obsessions, and other symptoms. In this poster, we will focus on considerations for forensic examiners during evaluations involving EOBs or potential EOBs. We will provide an overview of the characteristics of EOBs, discuss strategies to assess for them, propose strategies to mitigate evaluator bias in evaluations where EOBs are a consideration, and explore the potential role of artificial intelligence (AI) in screening and analyzing EOB-related data.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

S24 The Landscape of ADHD Diagnosis and Treatment in Jail Settings

PRESENTERS

Danielle Kushner, Jinal Patel

LEARNING OBJECTIVES:

1. Understand the prevalence and incidence of ADHD diagnoses among incarcerated patients in the United States and stratify by demographic subgroups.
2. Assess the relevant prescribing patterns (e.g., stimulant versus non-stimulant medications) for ADHD in carceral settings.
3. Evaluate the association of stimulant and non-stimulant medication use with mental health outcomes, including, but not limited to, self-injury and injury due to violence.

DESCRIPTION

Attention-Deficit/Hyperactivity disorder (ADHD) has been associated in several studies with an increased risk of involvement within the criminal justice system, including higher rates of arrests and recidivism. The prevalence of ADHD in incarcerated populations is high and overrepresented compared to the general population, though underdiagnosis is common in carceral settings. In the United States between 20–40% of incarcerated adults meet diagnostic criteria for ADHD, compared with 2.5–5% of the general adult population. Preliminary research has shown that in comparing individuals with ADHD diagnoses receiving medications with diagnosed individuals not receiving any treatment, those undergoing treatment had a lower overall likelihood of being charged with a crime, including a lower risk of violent offenses, and recidivism in the community, suggesting that pharmacological treatment of ADHD may lead to reduced problematic community behaviors by mitigating impulsivity and reactivity in patients. In the jail setting, untreated ADHD-related symptoms, including impulsivity, inattention, emotional dysregulation, and associated co-morbidities may adversely affect clinical outcomes, behavior, and utilization of health services. There are persistent gaps in systematic identification and treatment of ADHD within jail settings nationwide. Treatment of ADHD in carceral settings can be particularly challenging because stimulants, which are first line medications and most commonly used for treatment of ADHD, require careful prescribing and dispensing in carceral settings due to the risks of diversion of medications and co-morbid substance use disorders. A 2023 scoping review concluded there is limited data available on gold-standard treatment of ADHD in jail settings and there are inconsistent treatment recommendations and clinical guidelines in the literature. The review concluded that more research is needed on ADHD treatment in incarcerated individuals and its impact on clinical and behavioral outcomes. Standardized assessment and management approaches can facilitate the delivery of evidence-based care in jail settings. This poster will review ADHD diagnostic and treatment practices within carceral settings in the United States, stratifying by demographic subgroups. Prescribing patterns, including stimulant versus non-stimulant medications and methods of medication administration across systems, will be reviewed. The review will additionally discuss whether specific ADHD medication treatment have also been associated with particular patient outcomes, including increased self-injury or injuries due to violence. This presentation will provide a background for future quality improvement interventions in carceral settings for improving ADHD diagnostic practices and guideline-based prescribing of specific ADHD medications. A project outline from a related project at New York City Health and Hospitals' Correctional Health Services will be introduced. This review has the potential to improve clinical outcomes, enhance evidence-based care delivery, and support data-driven practice and policy development within US carceral mental health systems.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

S25 Multimodal Treatment of Disruptive Mood Dysregulation Disorder to Reduce Risk of Juvenile Justice Involvement

PRESENTERS

Arvind Dhanabalan, Marc Colon, Saveen Sall

LEARNING OBJECTIVES:

1. Identify clinical features of DMDD and its impact on adolescents.
2. Identify early risk indicators that increase justice system involvement.
3. Demonstrate a multimodal approach in managing DMDD and reducing justice system risk.

DESCRIPTION

This poster presents a case of an adolescent male with Disruptive Mood Dysregulation Disorder (DMDD) who was at increased risk for involvement with the juvenile justice system. It examines a multimodal treatment approach targeting clinical and behavioral risk factors associated with justice system involvement and highlights the potential for comprehensive intervention to reduce these risks and improve outcomes.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

S26 Financial Exploitation of the Mentally Ill

PRESENTERS

Hannah Lee

LEARNING OBJECTIVES:

1. Identify common clinical warning signs of financial exploitation in patients with psychiatric and cognitive disorders.
2. Describe ethical principles relevant to physician responses to suspected financial exploitation, including autonomy, beneficence, and nonmaleficence.
3. Apply a practical framework for assessing decisional capacity and determining appropriate physician action in cases of suspected financial harm.

DESCRIPTION

Background Financial exploitation, including scams and fraudulent schemes, is an increasingly recognized threat to patient well-being, particularly among older adults and individuals with psychiatric disorders. While physicians are guided by well-established duties to warn or protect patients from imminent physical harm, there is comparatively limited guidance regarding professional responsibilities in cases of financial harm. This gap poses ethical challenges when clinicians encounter patients at risk of severe financial exploitation. Methods We conducted a narrative literature review using PubMed, PsycINFO, and EBSCO databases to identify articles addressing financial exploitation, elder abuse, decisional capacity, and ethical obligations in medical and psychiatric care. Professional guidance from the American Medical Association (AMA), American Psychiatric Association (APA), and National Center on Elder Abuse was also reviewed. Relevant literature and ethical frameworks were synthesized alongside two illustrative patient cases encountered in clinical training to explore real-world applications. Results The literature addressing financial exploitation in medical settings is limited and often embedded within broader discussions of elder abuse, vulnerability in mental illness, and impaired decision-making. Two representative cases highlight common ethical tensions: (1) a 70-year-old woman with persistent depressive disorder who developed erotomanic beliefs in the context of a fraudulent online romance scheme, and (2) an 82-year-old man with dementia who experienced financial exploitation by domestic caregivers. Existing ethical frameworks emphasize careful assessment of decisional capacity, thorough documentation, and referral to protective services when capacity is impaired. In cases where patients retain decisional capacity, guidance is less explicit, and clinicians must navigate tensions between respecting autonomy and preventing harm. Practical approaches include patient education regarding scam risks, involvement of trusted supports with patient consent, and multidisciplinary collaboration with social and legal resources. Conclusions Although legal mandates to intervene in financial exploitation are often limited to specific populations, ethical obligations to protect patients may reasonably extend to preventing severe financial harm. Physicians should be trained to recognize warning signs of exploitation, assess financial decisional capacity, and engage appropriate interdisciplinary supports. Further research and formal guidelines are needed to clarify physician responsibilities and standardize responses to financial exploitation across clinical settings. Disclosures: The authors report no relevant financial or personal conflicts of interest.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

S27 Artificial Intelligence in the Courtroom: Assessing Large Language Model Performance in Preparation for Treatment Over Objection Case Testimony

PRESENTERS

Kristian Hogue

LEARNING OBJECTIVES:

1. Explain the legal standards that govern Treatment Over Objection hearings.
2. Describe how AI tools can be used to generate questions in Treatment Over Objection hearings.
3. Compare and contrast AI generated questions across ChatGPT, Gemini, and Claude.

DESCRIPTION

Treatment Over Objection (TOO) hearings determine whether psychiatric treatment may be administered to a patient without consent under applicable legal standards in some states. These civil hearings require careful examination of clinical evidence and statutory criteria through questioning by interested stakeholders with the psychiatrist often serving as the expert witness. As artificial intelligence (AI) tools become increasingly integrated into legal and medical settings, large language models (LLMs) may offer potential utility in generating relevant legal questions for complex medico-legal proceedings that can be used by psychiatric experts for hearing preparation. However, the accuracy, reliability, and relevant applicability of AI-generated legal questioning in specialized forensic contexts have not been systematically evaluated. This study evaluates the ability of three widely used LLMs (ChatGPT, Gemini, and Claude) to generate legally relevant questions for both the defense and prosecution in the context of TOO hearings. Each model will be provided with a de-identified treatment over objection case along with applicable New York statutes, regulatory standards, and case law for such proceedings. The models will then be prompted to generate questions that attorneys might reasonably ask a psychiatric expert on direct and cross examination during a TOO hearing. In parallel, a group of forensic psychiatrists and attorneys will independently review the same case and generate their own sets of potential questions for direct and cross examination. AI-generated questions will then be compared to the human-generated questions and evaluated for relevance and consistency with statutory criteria as well as differences noted across the three LLMs. We hope to demonstrate the value that LLMs may bring to forensic psychiatrists in preparation for treatment over objection cases with future applicability to other expert witness work.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

S28 Anosognosia and Competency to Stand Trial in California in 2025

PRESENTERS

Jennifer Wilson

LEARNING OBJECTIVES:

1. Educate regarding the prevalence of anosognsosia in patient/defendants referred for Competency to Stand Trial
2. Educate regarding the importance of identifying anosognosia and the harmful effects of untreated psychosis
3. Encourage attendees to share the information with county, court and state administrators

DESCRIPTION

I will present the poster I created and also presented at the FMHAC annual conference in 2026. I am a psychiatrist who has been conducting court ordered CST and Sell evaluations in CA for the past ten years and prior to that I treated thousands of patients with SMI and anosognosia in county MH clinics, jails and prison. I became interested in the role of anosognosia, treatment nonadherence and the duration of untreated psychosis in patient/defendant's involvement in the criminal justice system. During a literature search I found no studies that specifically look at the prevalence of anosognosia and treatment adherence in defendants who are evaluated for IST. I assembled data on 100 randomly selected CST evaluations that I conducted in CA in 2025 to examine this question along with the prevalence of other variables such as psychiatric diagnoses, homelessness, TBI, developmental disability, how many were opined incompetent, how many met Sell Criteria etc. I included selected findings along with explanations of anosognosia, how to recognize it, why it matters (ie, the harmful effects of untreated psychosis) and the right to brain sparing treatment vs the right to self determination in psychiatric treatment decision making. I also included questions for future research.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

S29 The Weight of a Word: Ethical Implications of Clinical Syntax in Competency Evaluations

PRESENTERS

Landon Smith

LEARNING OBJECTIVES:

1. Identify clinical words and jargon in forensic reports that might inadvertently convey bias or risk the presumption of innocence.
2. Apply neutral, past-tense verbs (e.g., "stated" or "reported") to translate psychiatric findings into objective, medically accurate language for the court.
3. Understand how word choices affect the court, using this knowledge to improve the overall quality and neutrality of independent forensic evaluations.

DESCRIPTION

Aligning with the AAPL theme "Advancing Our Ethics and Research," this poster explores how forensic evaluators can refine the language used in their court reports with a focus on competency evaluations. Competency to stand trial evaluations should strive for objectivity. However, standard medical training often teaches psychiatrists to use words that can inadvertently show bias, imply judgment, or blur the line between a treating clinician and an independent evaluator. This presentation reviews the ethical and legal impact of clinical word choices. Common psychiatric terms carry different meanings in a legal setting. For example, writing that a defendant "denied" symptoms can imply the evaluator suspects deception, while writing that they "admitted" to a behavior might imply guilt. Furthermore, evaluators face the challenge of translating complex psychiatric concepts into language that is easily understood by judges, attorneys, and juries, while still maintaining medical accuracy. Relying on clinical jargon like "endorsed" can confuse lay readers or cause them to misinterpret the evaluator's neutral stance. To uphold ethical standards, evaluators are encouraged to minimize loaded words in their reports. This poster offers a practical guide for writing neutral forensic reports that bridge the gap between medicine and the law. By utilizing formal, past-tense verbs—such as "stated" or "reported"—evaluators help protect the evaluee's rights, reduce the potential appearance of bias, and ensure the report remains accessible to the court. The poster will provide side-by-side examples demonstrating how modifying a few words improves objectivity without sacrificing clinical precision. Attendees will leave with actionable steps to review their writing habits, update report templates, and teach these principles to future forensic psychiatrists.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

S30 Knowing vs. Appreciating: A 50-State Comparison of Insanity Defense Standards

PRESENTERS

Stu Newman

LEARNING OBJECTIVES:

1. Describe the major insanity defense models used across U.S. jurisdictions, including M'Naghten, Model Penal Code/ALI, product rule, and jurisdictions that have abolished the insanity defense.
2. Compare key statutory differences among states, including cognitive language ("know" vs. "appreciate"), the presence of a volitional prong, and allocation of the burden of proof.
3. Discuss the practical implications of differing insanity standards for forensic psychiatric evaluation, report writing, and expert testimony across jurisdictions.

DESCRIPTION

Background: The legal definition of insanity varies widely across U.S. jurisdictions, creating meaningful differences in how mental illness is evaluated in criminal responsibility determinations. Some states retain cognitive insanity standards derived from the M'Naghten rule, although statutory language varies across jurisdictions. Others use the broader Model Penal Code test, which incorporates both cognitive and volitional components. These variations have direct implications for forensic psychiatric assessment and expert testimony. Methods: Insanity defense statutes from all 50 states were reviewed using publicly available legal sources. Jurisdictions were categorized by overall legal model (M'Naghten, Model Penal Code/ALI, product rule, or abolition of the insanity defense). Statutes were further coded for cognitive terminology ("know" vs. "appreciate" wrongfulness), the presence of a volitional prong (ability to conform conduct to the law), and allocation of the burden of proof. Results: Substantial variability was identified across jurisdictions. Many states retain primarily cognitive standards emphasizing knowledge of wrongfulness, whereas others incorporate broader language emphasizing appreciation of wrongfulness and impaired behavioral control. Most jurisdictions place the burden of proof on the defendant. A small number of states have abolished the traditional insanity defense and instead use alternative verdict structures. Discussion: Differences in statutory language reflect varying legal and philosophical approaches to mental illness, responsibility, and public safety. Forensic psychiatrists practicing across jurisdictions must understand how subtle variations in wording can significantly influence clinical formulation and expert testimony. This review provides a practical national framework and foundation for future research examining whether differing legal standards are associated with differences in forensic outcomes.

POSTER PRESENTATION TIME: 7:00 AM - 8:00 AM ROOM: GRAND SALON FOYER

S31 'The Elusive Opioid': Loperamide Misuse and Its Implications for Forensic Psychiatry: A Case Report and Review

PRESENTERS

Rohit Varanasi, Sumit Anand

LEARNING OBJECTIVES:

1. Recognize loperamide misuse as a clinically significant and often undetected condition, including its absence on routine toxicology screens and increased toxicity risk.
2. Apply forensic psychiatric principles to cases involving loperamide misuse, including assessment of criminal intent, involuntary intoxication, and sentencing or pretrial recommendations.
3. Evaluate ethical and regulatory considerations related to loperamide availability, particularly in correctional settings, and the potential need for reclassification of certain OTC medications.

DESCRIPTION

This poster presents a case of high-dose loperamide misuse in a patient with opioid use disorder, progressing from withdrawal management to euphoria-seeking behavior with legal consequences. It highlights the drug's potential for central opioid effects, cardiotoxicity, and its emerging misuse in restricted settings. Key forensic implications include lack of detection on routine toxicology screens, pharmacologic interactions, its potential (and ramifications) for being listed as a DEA controlled substance, and challenges in assessing criminal responsibility and intent.

PANEL DISCUSSION TIME: 8:00 AM - 9:45 AM ROOM: FLORIDA SALON V-VI

A Fox in the Henhouse: Behavioral Threat Assessment and Management in Healthcare

PRESENTERS

John "Jack" Rozel, Layla Soliman, Nicole Jones, Thomas Colalillo

LEARNING OBJECTIVES:

1. Understand the conceptual framework that underlies BTAM to enhance healthcare delivery systems and violence prevention infrastructure.
2. Integrate structured professional judgment approaches into targeted violence risk assessments, differentiating grievance-fueled, targeted violence risk from acute psychiatric violence risk.
3. Apply evidence-informed risk management strategies that align psychiatric intervention, security protocols, and organizational policy within a trauma-informed, holistic system of care.

DESCRIPTION

Hospitals and health care facilities face increasing concerns related to targeted violence, assaults, and threatening behaviors by or toward patients, staff, and visitors. These threats can disrupt clinical operations, compromise safety, and decrease workforce morale. Behavioral Threat Assessment and Management, a holistic approach to threat assessment, originated after the attempted assassination of President Ronald Regan, in 1981. As the decades passed, it was adapted to different settings. Perhaps the largest-scale adaptation to date has been to address school security after the tragic murders at Columbine High School. In the past several years, the model has been adapted to healthcare settings, as targeted violence has led to more and higher profile incidents. This iteration of the model has come with unique challenges posed by privacy laws and a mission that includes accessibility. Despite those challenges, there's growing recognition of the need for BTAM in healthcare; the FBI and the American Hospital Association published a joint document in February 2026 supporting the integration of BTAM best practices into healthcare security protocols. The key feature of this model is a multi-disciplinary team that partners to gather data, assess risk, and craft short- and long-term interventions. This affords forensic psychiatrists and psychologists the opportunity to work from a larger database than what we often encounter in clinical violence risk assessments, and make recommendations that might include treatment or monitoring to improve the mental state of the person of interest and help them find the "exit ramp" from the pathway to violence. In this panel, we will present perspectives from two forensic psychiatrists in different practice settings, a psychologist who is part of the North Carolina Behavioral Threat Assessment (NC BeTA) team, and the director of behavioral threat assessment and intelligence for a large healthcare system, all of whom practice BTAM. Interactive case presentations will be part of the session, in addition to an overview of many of the tools used in threat assessment and management.

CME Check-In Code: GGNY8 **CME Credit Value:** 1.75

PANEL DISCUSSION TIME: 8:00 AM - 9:45 AM ROOM: GRAND SALON A-D

Advancing Forensic Psychiatry Through Strategic Partnerships

PRESENTERS

Christopher Thompson, Jennifer Piel, Joseph Penn, Karen Rosenbaum, Kathryn Baselice

LEARNING OBJECTIVES:

1. To educate participants about key allied organizations relevant to forensic psychiatry, including their roles in correctional health care, accreditation, and interdisciplinary practice.
2. To discuss opportunities for AAPL members to engage with these organizations through educational programming, committee participation, and systems-level consultation.
3. To explore strategies for developing strategic partnerships that enhance the visibility, influence, ethics research opportunities and interdisciplinary integration of forensic psychiatry.

DESCRIPTION

Forensic psychiatry operates at the intersection of legal, clinical, and institutional systems, yet formal collaboration between the American Academy of Psychiatry and the Law (AAPL) and allied professional organizations remains limited and inconsistently developed. In response, the AAPL President convened a task force to identify and evaluate strategic partnerships that could enhance the visibility of AAPL, with particular emphasis on educational collaboration and interdisciplinary engagement. Guided by this charge, the task force conducted an initial environmental scan of organizations whose missions intersect with forensic psychiatric practice. This panel presents an update on that work, highlighting partnership opportunities with key organizations including American Medical Association (AMA); American Psychiatric Association (APA); American Academy of Forensic Sciences (AAFS); the American Bar Association (ABA); the National Commission on Correctional Health Care (NCCHC), the American Correctional Association (ACA), the American College of Correctional Physicians (ACCP), and the American Psychology-Law Society (AP-LS). These organizations represent critical domains, correctional systems, accreditation, and interdisciplinary professional forensic science communities, in which forensic psychiatrists have growing roles but limited formal integration with AAPL. Panelists will describe emerging opportunities for AAPL members to engage with these organizations through educational programming, committee service, accreditation and auditing roles, and systems-level consultation. The panel will also examine barriers to research collaboration, including credentialing requirements, inter-professional ethics standards, limited awareness of engagement pathways, and fragmentation across professional domains. Building on the task force's preliminary findings, this session will propose a framework for developing and sustaining strategic partnerships for consideration by AAPL leadership. Emphasis will be placed on enhancing the visibility of forensic psychiatry, strengthening interdisciplinary relationships, and creating pathways for early-career psychiatrists to participate in systems-level work. By outlining both current opportunities and future directions, this panel aims to position AAPL as a central hub for cross-organizational collaboration and leadership in forensic mental health.

CME Check-In Code: N5IF2 **CME Credit Value:** 1.75

PANEL DISCUSSION TIME: 8:00 AM - 9:45 AM ROOM: GRAND SALON E

Science for Sale: Debunking Junk Neuroscience

PRESENTERS

Ian Lamoureux, Manish Fozdar, Timothy Allen, Vivek Datta

LEARNING OBJECTIVES:

1. Attendees will learn the evidence-based evaluation of mild TBI cases, forming the bases to identify any deviation from the accepted standards of such an evaluation.
2. Attendees will be able to apply evidence-based research when encountering junk neuroscience in the courtroom.

DESCRIPTION

Forensic psychiatrists increasingly encounter neuroscientific evidence in both civil and criminal cases, and its use has grown dramatically over the past two decades. While some neuroimaging techniques are relatively familiar to forensic psychiatrists — CT scans, MRI, PET/SPECT, and EEG — others, such as quantitative brain imaging, diffusion tensor imaging (DTI), and QEEG, remain poorly understood by many in the field. This gap in expertise raises significant questions about how forensic psychiatrists can evaluate and present the scientific validity of such evidence in legal proceedings. This dilemma is compounded by the absence of established scientific standards for applying these techniques in medicolegal contexts. The panel will open with a discussion of evidence-based forensic neuropsychiatric evaluation — covering key components of the evaluation process, the scientific evidence guiding it, and its limitations. Against this established foundation, the panel will then examine several neuroimaging and assessment techniques whose scientific validity remains contested, yet are increasingly presented in legal proceedings as evidence of brain injury or as exculpatory and mitigating evidence in criminal cases. The panel will review the introduction of functional neurology, neuro-optometry, DTI, volumetric brain imaging, and QEEG in forensic cases — examining the evaluation methods, claimed scientific foundations, and potential forensic challenges of each. Critiques of these techniques will rely on peer-reviewed evidence, helping attendees to effectively question their admissibility and use in legal settings. For example, one presenter will explore the scientific foundations of DTI and its increasing use — sometimes years after an alleged injury — to diagnose mild TBI in forensic cases. Evidence will be shown that normal controls often display findings similar to those considered pathological in litigants. Finally, the presenter will discuss the difficulty of linking DTI lesions with clinical function, noting that visually striking results often lack meaningful neurological significance. Additional presenters will discuss the forensic use of volumetric brain imaging — including tools like Neuroquant — and quantitative EEG (QEEG). Each will highlight the limited normative databases for these techniques, the risk of overinterpretation in medicolegal settings, and the disconnect between statistically identified findings and actual clinical significance. Finally, the panel will critique the expanding forensic role of practitioners from fields like neuro-optometry, chiropractic neurology, and sports medicine. Evaluations and treatments provided by these specialists are increasingly used as evidence of brain injury in court cases — despite limited scientific validation of their diagnostic methods. The panel will give attendees the essential tools to identify, analyze, and effectively challenge such evidence in both civil and criminal cases. This panel advances the meeting's theme of advancing ethics and research by examining the limits of current knowledge, highlighting evaluators' ethical duties when faced with dubious science, and identifying gaps in the forensic literature that need further study.

CME Check-In Code: CBIB4 **CME Credit Value:** 1.75

PANEL DISCUSSION | TIME: 8:00 AM - 9:45 AM | ROOM: GRAND SALON F-J

AI Made Me Do It: Can Artificial Intelligence Cause Suicide, Homicide, or Loss of Personal Responsibility?

PRESENTERS

Charles Scott, Jake Arbon, Richard Seeber, Robert Esterquest, Warren Kane

LEARNING OBJECTIVES:

1. Describe how artificial intelligence chatbots interact with users and identify ways these interactions may influence beliefs, emotions, or behavior.
2. Discuss recent legal cases in which artificial intelligence systems have been alleged to contribute to suicide, violence, or other harmful outcomes.
3. Apply basic forensic principles to the evaluation of claims that artificial intelligence influenced behavior in criminal or civil cases.

DESCRIPTION

Artificial intelligence (AI) systems capable of natural language conversation are rapidly becoming integrated into daily life. Conversational agents powered by large language models can provide advice, simulate empathy, and engage users in extended dialogue that may feel highly personal and authoritative. As these systems become more widely used, courts and clinicians are confronting cases in which individuals claim that AI interactions influenced their beliefs, emotions, or behavior. Recent litigation has alleged that AI systems contributed to suicide, reinforced delusional thinking associated with violence, or caused other forms of harm. These developments raise complex ethical questions regarding personal responsibility, foreseeability of harm, and the role of AI interaction in forensic psychiatric evaluations. This panel will examine emerging cases and legal developments involving alleged AI influence on human behavior and consider the implications for forensic psychiatry in both criminal and civil contexts.

The panel will begin with an overview of AI systems and conversational chatbots to provide technological context for the audience. This segment will review the structure of large language models and how chatbot systems generate responses through probabilistic prediction rather than genuine understanding. Key concepts relevant to forensic clinicians will be discussed, including hallucinations, reinforcement learning, and conversational feedback loops. Particular attention will be given to how chatbots may appear authoritative or emotionally responsive, leading some users to perceive them as trusted sources of advice or validation.

The second segment will examine cases involving alleged AI influence on suicidal behavior. Recent civil lawsuits have been filed following suicides in which families alleged that chatbot interactions reinforced suicidal ideation or failed to intervene appropriately when users expressed thoughts of self-harm. In Raine v. OpenAI, the family of a minor who died by suicide alleged that interactions with a conversational AI system encouraged suicidal thinking and failed to provide adequate safeguards when the user disclosed emotional distress. Similarly, in Garcia v. Character Technologies, a wrongful death lawsuit followed the suicide of an adolescent who reportedly developed an emotionally intense relationship with a chatbot. Plaintiffs allege that the chatbot reinforced suicidal ideation and contributed to emotional dependency, raising questions about whether developers have a duty to mitigate foreseeable risks when users disclose self-harm intentions.

The third segment will explore potential AI influence on violent behavior and homicide. A recent wrongful death action arising from a murder–suicide incident in Connecticut has alleged that extensive chatbot interactions reinforced paranoid beliefs held by the perpetrator prior to the killing of a family member. While causal relationships remain uncertain, this case raises the possibility that conversational AI systems may unintentionally validate persecutory or conspiratorial beliefs expressed by vulnerable users. The panel will discuss the emerging concept of "AI-reinforced delusions" and consider how conversational feedback loops may intensify maladaptive belief systems relevant to violent behavior.

The fourth segment will examine civil litigation involving alleged harms caused by AI systems, including claims unrelated to suicide or violence. In Walters v. OpenAI, a plaintiff filed a defamation lawsuit after ChatGPT generated a false accusation that he had been involved in financial misconduct. The case highlights the real-world consequences of AI-generated hallucinations and raises questions about liability when AI systems produce inaccurate or defamatory statements. Additional litigation involving AI developers, including Tremblay v. OpenAI and Silverman v. OpenAI, illustrates broader disputes involving training data, intellectual property, and the responsibilities of AI developers.

The final segment will address implications for forensic psychiatric evaluation and personal responsibility. Forensic psychiatrists may increasingly encounter defendants or litigants who claim that AI interactions influenced their thoughts or actions. This portion of the panel will discuss how clinicians might evaluate such claims within existing forensic frameworks, including the assessment of AI-reinforced belief systems, documentation of digital interactions, and the integration of technological factors into analyses of criminal responsibility and civil causation. By examining emerging cases and legal developments, this panel will highlight how AI–human interaction may present new challenges for forensic psychiatry while underscoring the continued importance of careful evaluation of personal responsibility in human behavior.

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

WORKSHOP | TIME: 8:00 AM - 9:45 AM | ROOM: FLORIDA SALON I - IV

Faith, Belief, and the Forensic Lens: Toward a Framework for Spirituality in Forensic Psychiatric Practice

PRESENTERS

Corbin Darling, Dana Valdez, Danielle Egbe, Michael Rayel, Nubia Lluberes

LEARNING OBJECTIVES:

1. Participants will be able to identify the clinical and ethical challenges involved in distinguishing sincere religious belief from psychopathology in the context of forensic psychiatric evaluation.
2. Participants will be able to describe how the DSM-5 Cultural Formulation Interview and its Spirituality, Religion, and Moral Traditions module can be applied within forensic evaluation contexts.
3. Participants will be able to articulate key gaps in the forensic literature on spiritual and cultural formulation, and identify opportunities for a shared research agenda in this domain.

DESCRIPTION

Forensic psychiatry occupies a unique position at the intersection of law, medicine, and human meaning-making — and yet the role of faith and spirituality in forensic evaluation and practice remains an area ripe for deeper collective inquiry. When religious motivation underlies criminal behavior, evaluators face one of the discipline's most consequential interpretive challenges: distinguishing sincere religious belief from psychopathology, or recognizing when both are simultaneously present. Existing literature on this differentiation is growing in clinical psychiatry, with meaningful room to grow in forensic contexts. Similarly, although the DSM-5 Cultural Formulation Interview explicitly incorporates spiritual and religious identity, its application in forensic evaluations remains an area of emerging expertise — notable given robust evidence that incarcerated populations demonstrate elevated rates of religious engagement relative to the general population.

This presentation explores these questions with curiosity rather than prescription, proposing a Forensic Spiritual Formulation framework as an opening for field conversation. We reflect on the productive tension between forensic objectivity and the cultural humility that engaging faith requires, and we invite colleagues to consider what a shared research agenda in this space might look like. This is a conversation the field is well-positioned to have — and one from which forensic psychiatry, and the individuals it evaluates, stands to meaningfully benefit.

CME Check-In Code: DJ23L **CME Credit Value:** 1.75

PANEL DISCUSSION | TIME: 10:00 AM - 12:00 PM | ROOM: FLORIDA SALON I - IV

When Psychosis Is Not Psychosis: Recognizing Autism Spectrum Disorder in Forensic Settings

PRESENTERS

Hossein Fattahi, Jhilam Biswas, Kritika Kulkarni, Sami Osman, Sumedha Purkayastha

LEARNING OBJECTIVES:

1. Differentiate idiosyncratic, non-reality-based beliefs and cognitive styles associated with autism spectrum disorder (ASD) from true psychotic processes.
2. Apply principles of chronic risk management in individuals with ASD, with emphasis on containment, structure, and functional stability over symptom resolution.
3. Evaluate the impact of ASD-related traits on assessments of mens rea, intent, and criminal responsibility in forensic contexts.

DESCRIPTION

Autism spectrum disorder (ASD) is increasingly recognized within forensic psychiatric populations, where it presents significant diagnostic and risk-assessment challenges. The overlap between ASD and psychotic-spectrum disorders remains insufficiently understood in forensic contexts. Core ASD features—including cognitive rigidity, concrete thinking, and misinterpretation of social cues—may resemble psychotic symptoms, leaving clinicians with limited practical guidance on how to distinguish these presentations. As a result, forensic psychiatrists are often tasked with determining whether unusual beliefs and behaviors reflect psychosis, personality traits, or neurodevelopmental differences in social cognition. This panel will examine justice-involved individuals initially committed for suspected psychosis who were later found to exhibit autistic traits that more accurately account for their behavioral presentations. Discussion will focus on diagnostic formulation at the intersection of psychosis and neurodevelopmental phenomenology, treatment response, and risk-management strategies when risk may be chronic and only partially responsive to medication. The panel will also address gaps in forensic assessment, including the limitations of standard evaluation tools for neurodivergent populations. Legal implications will be considered, including the relevance of ASD-related symptoms to mens rea, the management of chronic risk in the absence of curative treatments, and the dispositional challenges that arise in these complex cases.

CME Check-In Code: 1F2BU **CME Credit Value:** 2

PANEL DISCUSSION TIME: 10:00 AM - 12:00 PM ROOM: FLORIDA SALON V-VI

Advancing Our Research: AAPL Task Force on Landmark Research Studies

PRESENTERS

Abhishek Jain, Elias Ghossoub, George Parker, Jennifer Piel, Lindsay Poplinski, Nathan Kolla

LEARNING OBJECTIVES:

1. Describe an academically grounded process to identify high-quality scientific studies in the field of forensic psychiatry.
2. Appraise the current body of empirical research in forensic psychiatry, including strengths and limitations.
3. Summarize approaches to contribute to and build on the current body of scientific knowledge in forensic psychiatry.

DESCRIPTION

With calls to continue promoting scientific literacy and research competency in forensic psychiatry, and this year's theme of "Advancing Our Research and Ethics," AAPL President Philip Candilis, MD appointed the 2025-2026 Task Force on Landmark Research Studies to compile a list of high-quality, influential studies in our field. Akin to AAPL's list of Landmark Cases, the Task Force's mission is to develop a sustainable and evolving resource for AAPL members that can support a range of forensic psychiatric activities (e.g., clinical practice, expert testimony, education, training, future studies). During this interactive panel, Task Force members will present their findings (i.e., proposed initial list of 25 "Landmark" studies), methodology, and future directions, while encouraging lively audience feedback and participation. The panel will describe the Task Force's vision and process for selecting these "Landmark" studies, and review the identified categories (e.g., criminal, civil, treatment) and selected papers (e.g., violence risk studies, competency to stand trial studies). Accessing and using this repository, and ongoing considerations for revisions and updates, will be discussed. Topics, such as leveraging artificial intelligence tools for this endeavor, will also be explored. Audience input on each of these areas will help shape this undertaking to ultimately benefit AAPL members.

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

PANEL DISCUSSION | TIME: 10:00 AM - 12:00 PM | ROOM: GRAND SALON E

From Science to Soundbite: Practical and Ethical Skills for Translating Forensic Psychiatry Research into Public Communication

PRESENTERS

Alexis Glomski, Britta Ostermeyer, Karen Rosenbaum, Praveen Kambam, Ryan Wagoner

LEARNING OBJECTIVES:

1. Explain challenges in translating forensic psychiatric research into public-facing communication
2. Demonstrate strategies for accurately communicating scientific and research findings in media-friendly formats and for non-specialist audiences
3. Apply ethical principles to decisions about simplifying and contextualizing forensic psychiatric research and scientific information

DESCRIPTION

As forensic psychiatry research continues to intersect with public discourse, psychiatrists are increasingly asked to translate complex findings into accessible language for media, legal professionals, and the public. However, this process introduces risks of oversimplification, misinterpretation, and unintended influence on legal decision-making. Despite the growing importance of public communication, formal training in knowledge translation remains limited within forensic psychiatry. This session focuses on developing practical and ethical skills for communicating forensic psychiatric research accurately across public-facing contexts. Drawing on literature in cognitive psychology, narrative bias, and science communication, presenters will examine common pitfalls in translating probabilistic and nuanced findings into simplified formats. Participants will explore how media framing can alter the interpretation of forensic evidence and contribute to misunderstanding of risk, responsibility, and mental illness. The session will emphasize skill development through structured exercises in which participants translate research findings into media-ready formats. These exercises will highlight the ethical challenges inherent in simplifying complex information while maintaining accuracy and appropriate uncertainty. Participants will be introduced to a practical framework for ethical knowledge translation, with strategies to preserve scientific integrity, contextualize findings, and avoid overgeneralization. The session will also highlight gaps in research and propose directions for advancing the field.

CME Check-In Code: 72BEF **CME Credit Value:** 2

WORKSHOP TIME: 10:00 AM - 12:00 PM ROOM: GRAND SALON F-J

Truth in the Age of Deepfakes: The Practical and Ethical Challenges of Digital Evidence

PRESENTERS

Alan Newman, Dhruv Gupta, Philip Candilis, Tanuja Gandhi

LEARNING OBJECTIVES:

1. Review emerging challenges posed by deepfakes and other AI-generated media in forensic psychiatric practice and legal proceedings.
2. Identify how manipulated digital evidence may influence psychiatric evaluations and expert testimony.
3. Discuss ethical, legal, and professional considerations for forensic psychiatrists when the authenticity of digital evidence is uncertain.

DESCRIPTION

Advances in generative artificial intelligence (AI) now allow the creation of highly convincing synthetic media, including video, audio, and written communication. As digital evidence increasingly appears in criminal and civil proceedings, forensic psychiatrists may encounter manipulated or fabricated material that could influence psychiatric evaluations and expert testimony.

In forensic psychiatry, digital recordings, online communications, and other electronic materials are frequently considered when evaluating competency to stand trial, criminal responsibility, malingering, mitigation, or behavioral history. The fabrications and alterations of synthetic media complicate the interpretation of behavioral evidence and mislead evaluators and courts. Additionally, advances in AI raise broader ethical and scientific concerns, including privacy risks, evidentiary reliability, and how digital materials informs psychiatric opinions. These developments create new challenges for forensic psychiatrists, who must carefully evaluate the reliability of digital materials and clearly communicate their limitations when providing testimony.

Drawing from emerging literature and examples in psychiatry, law, and AI, this workshop will examine the implications of synthetic media for forensic psychiatric practice. The session will review the emergence and growing prevalence of deepfakes and other AI-generated media, discuss the current limitations of detection tools, and explore the ethical implications when the authenticity of digital evidence is uncertain. Practical strategies will be offered for evaluating digital material, communicating evidentiary limitations in reports and testimony, and maintaining professional integrity and sound clinical judgment in an era of increasingly sophisticated synthetic media.

CME Check-In Code: 8Q2QE **CME Credit Value:** 2

RESEARCH-IN-PROGRESS TIME: 10:00 AM - 12:00 PM ROOM: GRAND SALON A-D

Research-in-Progress #2

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

CME Check-In Code: 7KJ9N **CME Credit Value:** 2

Systematic Review of the SAPROF Clinical Tool in Predicting Risk of Violence in Female Offenders

PRESENTERS

Pranav Chawla

LEARNING OBJECTIVES:

1. To learn about the predictive validity of SAPROF when assessing female forensic patients
2. To consider which forensic psychiatric assessment tools might be most appropriate for patients

DESCRIPTION

Background: The Structured Assessment of Protective Factors (SAPROF) is a clinical tool used by forensic psychiatrists and psychologists worldwide to assess risk of violence in forensic patients. Developed in the Netherlands in 2007, it assesses protective factors against violent recidivism such as external support, resilience and motivation for treatment. Historically, SAPROF – similar to other forensic psychiatric judgement tools – has been designed and validated predominantly in male populations, prompting scrutiny regarding its predictive validity in female offenders. While Burghart et al. (2023) reviewed SAPROF's predictive performance, they explicitly noted the lack of data on female offenders at that time, and there remains a gap in the review literature regarding this population. Objectives: This systematic review and meta-analysis aims to evaluate whether SAPROF significantly predicts desistance from violent behaviour — both in institutional and community settings — when applied specifically to female justice-involved individuals. Methods: PubMed, PsycINFO, and Web of Science were searched without date restrictions. Eligible studies were required to include female offenders assessed using SAPROF and to report quantitative outcomes. 265 studies were identified after removing duplicates, of which 24 met inclusion criteria following title/abstract and full-text screening. Interrater reliability will be examined via intraclass correlation coefficients. Predictive validity will be assessed using AUC values, converted to Cohen's d for pooled analysis within a three-level meta-analytic framework. Study quality will be appraised using the Newcastle-Ottawa Scale, with sensitivity and moderator analyses planned. Expected Contribution: This systematic review will provide the first targeted synthesis of SAPROF's validity in female offenders, informing clinical practice in forensic psychiatry and debate regarding gender-responsive forensic risk assessment.

RESEARCH-IN-PROGRESS TIME: 10:00 AM - 12:00 PM ROOM: GRAND SALON A-D

Artificial Intelligence vs Human Expert Detection of Vulnerabilities in Competency to Stand Trial Evaluations: A Pilot Study

PRESENTERS

Aubree Harrington

LEARNING OBJECTIVES:

1. Identify common structural and methodological vulnerabilities that may occur in competency to stand trial evaluations.
2. Describe emerging applications of artificial intelligence in the review of forensic psychological reports.
3. Evaluate the potential benefits and limitations of AI-assisted tools for improving forensic report defensibility and quality assurance.

DESCRIPTION

Forensic psychological reports play a critical role in legal decision-making, particularly in competency to stand trial evaluations, which directly affect whether defendants proceed through the adjudicative process or require restoration services. Despite the importance of these reports, there is limited empirical research examining structural and methodological vulnerabilities that may weaken their defensibility under cross-examination. Recent advances in artificial intelligence (AI) have introduced the possibility of using AI-assisted systems as quality-control tools for forensic report review. However, little research has examined whether AI can identify potential vulnerabilities in forensic reports at rates comparable to trained forensic mental health professionals. This study examines whether AI-assisted review can detect logical, methodological, and legal vulnerabilities in competency to stand trial evaluations when compared with human expert reviewers. The study will analyze approximately 30–50 fully de-identified competency evaluations. Each report will be independently reviewed by licensed forensic psychologists and psychiatrists as well as an AI-assisted forensic report analysis system. Reviewers will identify vulnerabilities using a structured coding framework including categories such as unsupported inferences, logical reasoning gaps, missing statutory anchors, instrument misuse, internal inconsistencies, overstated certainty, failure to address alternative explanations, and inadequate discussion of limitations. Findings will examine the frequency and type of vulnerabilities identified, the degree of overlap between human and AI findings, vulnerabilities uniquely identified by each reviewer type, and differences in review time. Inter-rater reliability among human reviewers will also be examined. This study aims to provide an empirical foundation for evaluating whether AI-assisted review systems may serve as useful quality-control tools in forensic psychological practice. Implications for forensic training, report-writing standards, expert testimony preparation, and emerging AI technologies in forensic mental health will be discussed.

RESEARCH-IN-PROGRESS TIME: 10:00 AM - 12:00 PM ROOM: GRAND SALON A-D

Long-acting Buprenorphine vs. Naltrexone Opioid Treatments in Corrections: A Randomized Trial

PRESENTERS

Rusty Reeves

LEARNING OBJECTIVES:

1. The attendee will understand the overall state of research on treatment for Opioid Use Disorder in individuals involved in the criminal justice system.
2. The attendee will be able to state the principal results of this trial of long-acting buprenorphine and long-acting naltrexone amond criminal-justice involved individuals.
3. The attendee will be able to state pertinent strengths and limitations of this study design.

DESCRIPTION

This session describes the results of a NIDA-funded, randomized, controlled, multi-year, multisite open-label retention trial of long-acting buprenorphine vs. long-acting naltrexone among criminal justice-involved persons (both incarcerated and residing in the community) with Opioid Use Disorder. A comparision group of extended-treatment-as-usual was included in the study design. Long-acting (subcutaneously injected) buprenorphine was non-inferior to long-acting (intramuscularly injected) naltrexone and demonstrated significantly greater retention overall. Overdose and adverse event rates were similar across study arms.

RESEARCH-IN-PROGRESS TIME: 10:00 AM - 12:00 PM ROOM: GRAND SALON A-D

Impact of Emergency Detention Law Changes in Indiana

PRESENTERS

Alyssa Smith, George Parker, Lauren Bryant, Micah Iticovici

LEARNING OBJECTIVES:

1. Understand key changes to Indiana's EDO laws in 2023 and how this affects the process for civil commitment.
2. Understand how legislative changes have impacted patient outcomes including length of inpatient stay and treatment received.
3. Identify how demographics of patients referred for and granted commitment has changed over time.

DESCRIPTION

In 2023, House Bill 1006 amended core provisions of IN Code § 12-26-5-0.5 et seq., Indiana's Emergency Detention Order (EDO) laws. The definitions of mental illness and dangerous were revised: mental illness was expanded to include acute alcohol and drug intoxication, and a finding of dangerousness was no longer required to be related to mental illness. Advanced practice providers were permitted to conduct EDO assessments; however, physician attestation remains required. Additionally, the timeline for detention without response from the court under EDOs was extended to 72 hours, the timeline for detention under approved EDO was extended to 7 business days, the scheduling window for civil commitment hearings was extended to 14 business days from time of admission, and physicians were permitted to treat patients over objection prior to a court granting civil commitment. By reviewing court records (N = 6,838) and medical records from two large inpatient psychiatric units (N = 1,924) spanning one year before and one year after the statute change, we will examine whether and how these changes affected patient demographics and outcomes, including time to court hearing, length of inpatient stay, and treatment received (antipsychotic name/route and presence of ECT).

RESEARCH-IN-PROGRESS TIME: 10:00 AM - 12:00 PM ROOM: GRAND SALON A-D

Evaluating the Rainbow: A Case-Based Review of Approaches, Themes, and Outcomes for Forensic Evaluations of LGBTQ+ Individuals

PRESENTERS

Carolina Ramos, Mark Fisher, Natasha Pujols, Raina Aggarwal, Rijul Asri

LEARNING OBJECTIVES:

1. To characterize how forensic evaluators capture, assess, and document psychological trauma, psychiatric diagnoses, and adverse experiences for LGBTQ+ individuals involved in the legal system
2. To identify common approaches, screening tools, questions, and themes across evaluations of LGBTQ+ individuals, with further stratification across different sexual orientations or gender identities
3. To determine the impact of expert psychological or psychiatric evaluation, including psychiatric diagnoses, on case outcomes for LGBTQ+ individuals

DESCRIPTION

It is well-documented that trauma, and, more recently, complex trauma can lead to a wide range of psychological sequelae. Forensic evaluations discuss how these adverse experiences may manifest and interplay with responsibility, competency, and other psycho-legal concepts. Given that psychological trauma and its consequences can vary across populations and social identities, comprehensive evaluation requires cultural literacy and competence. One such population is the LGBTQ+ community. From a forensic perspective, an LGBTQ+ identity in and of itself is not a mitigating factor and does not inherently impact assessment of responsibility. However, LGBTQ+ individuals face several social forces and adverse experiences – including minority stress, internalized homophobia/transphobia, and overt discrimination. These have been linked to the use of certain psychological ego defenses and the development of psychiatric conditions. Understanding how these traumatic forces manifest diagnostically and their impact on criminal or civil responsibility is a vital aspect of the comprehensive forensic evaluation of LGBTQ+ individuals. While there is a growing body of literature exploring the impact of trauma on LGBTQ+ individuals, there is a paucity of information on how LGBTQ+ trauma interacts with the psycho-legal system. To address this gap in knowledge, we are conducting a retrospective review of legal cases involving LGBTQ+ individuals and forensic evaluations using the WestLaw database. The advanced search parameters include (LGBTQ+ OR LGBTQ OR LGBT+ OR LGBT OR Gay OR Lesbian OR Transgender OR Queer) &; (“Psychiatric Evaluation” OR “Psychological Evaluation”). This search yields 1,149 cases, 640 of which are federal-level cases, and 509 are criminal cases. We are screening these results to only include cases that involve an LGBTQ+ individual and some form of forensic evaluation. Through this study, our first aim is to characterize how expert evaluators assess and capture LGBTQ+ trauma during legal proceedings. This will involve reviewing forensic evaluations to identify how evaluators describe adverse experiences faced by LGBTQ+ clients, how evaluators discuss the psychological consequences of these experiences, and how evaluators formulate a psychiatric diagnosis for LGBTQ+ clients. As part of this process, we intend to stratify and compare these evaluations across LGBTQ+ subgroups to identify common themes, questions, or screening mechanisms that can inform future LGBTQ+ evaluations. Finally, we will evaluate how expert testimony impacts overall case outcomes across jurisdictions and types of cases. This will primarily involve correlating the evaluator’s psychiatric formulation and diagnoses with the final case decision. Available court transcripts or final judicial opinion will also be reviewed to determine how the forensic evaluation was discussed as part of making the final decision.

DISTINGUISHED SPEAKER TIME: 1:15 PM - 2:15 PM ROOM: GRAND SALON F-J

Extremist Violence Risk in Adolescence: A Developmental Framework for Forensic Assessment

PRESENTERS

Randy Borum

LEARNING OBJECTIVES:

1. By offering a developmentally informed framework to understand and assess the risk of extremist violence in adolescents and introducing structured assessment guidance to distinguish cognitive radicalization from violent mobilization and to construct risk

DESCRIPTION

Assessing and managing the risk of extremist violence in young people requires a developmentally informed approach. This presentation introduces a risk–resilience framework designed to clarify pathways from vulnerability to mobilization. The model describes how Developmental Anchors (identity, maturity, social–ecological embedding) shape need-based Vulnerabilities (significance, belonging, injustice), interact with Propensities and Situational Conditions, and how motivators, disinhibitors, and destabilizers affect a young person's decision about whether to engage in violent action. To operationalize this, the Assessment of Risk for Extremist Violence in Adolescents (AREVA) is introduced. Developed with Logan, Hart, and Pyszora, this SPJ-based approach guides evaluators to distinguish cognitive radicalization from behavioral intent, synthesizing domains into risk formulations that explain the "risk of what and why" to guide management strategies.

CME Check-In Code: S173R **CME Credit Value:** 1

PANEL DISCUSSION TIME: 2:30 PM - 4:00 PM ROOM: GRAND SALON A-D

The Ethics of Expertise: Who Gets to Be an Expert in Court?

PRESENTERS

Gary Chaimowitz, Glenn Joyal, Maryana Kravtsenyuk, Ryan Wagoner, Treena Wilkie

LEARNING OBJECTIVES:

1. Examine how courts evaluate expert psychiatric testimony
2. Discuss ethical and professional responsibilities in forensic psychiatry
3. Identify strategies to strengthen the credibility and reliability of forensic psychiatric evidence

DESCRIPTION

Forensic psychiatric testimony plays a critical role in assisting courts in understanding complex mental health issues in legal proceedings. At the same time, questions surrounding the qualifications, credibility, and ethical responsibilities of expert witnesses continue to generate debate within both legal and psychiatric communities. Recent cases in North America have highlighted situations in which the expertise of witnesses has been challenged, raising broader concerns about how courts determine who qualifies as an expert and how competing expert opinions should be evaluated. This panel brings together perspectives from the judiciary and forensic psychiatry to examine the ethical and professional foundations of expert testimony. A senior Canadian judge discuss how courts assess expert evidence and what judges expect from psychiatric experts in order to assist the administration of justice. A forensic psychiatrist with experience in a landmark case involving challenges to expert qualifications will discuss lessons learned when the credibility of expert witnesses becomes a central issue in litigation. Another perspective will address evolving professional and ethical standards in forensic psychiatry and the role of professional organizations in promoting integrity and rigor in expert testimony. Finally, an early-career forensic psychiatrist will reflect on the responsibilities and challenges facing the next generation of experts, including training, mentorship, and maintaining ethical independence within adversarial legal systems. Together, the panel will examine how forensic psychiatry can advance ethical practice and research-informed testimony while strengthening the credibility and reliability of expert evidence in court.

CME Check-In Code: TJ11A **CME Credit Value:** 1.5

PANEL DISCUSSION TIME: 2:30 PM - 4:00 PM ROOM: GRAND SALON E

The Long Journey: The Ethics of Providing Psychiatric Care in ICE Detention Centers

PRESENTERS

Glykeria Teji, Luca Pauselli, Maya Prabhu, Pamela McPherson

LEARNING OBJECTIVES:

1. Summarize the range of medical and mental health conditions that are experienced by immigration detainees, both with and without mental illness, due to conditions of confinement;
2. Contrast the provision of evidence-based, trauma-informed, and culturally appropriate healthcare services in immigration detention settings with community settings;
3. Analyze how ethical and legal obligations on health care providers in detention settings may be complicated by structural barriers and professional risks.

DESCRIPTION

From 2017-2021, congressional investigations into ICE detention conditions highlighted numerous concerns about inhumane treatment, substandard medical care, and failures to follow detention standards. These inquiries, spurred by reports from the DHS Office of Inspector General and. whistleblowers, led to public outcry and calls for increased oversight. Despite these efforts, congressional investigations since 2025 continue to uncover reports in ICE detention centers about widespread medical neglect, inadequate food/water, mistreatment of pregnant women and children, and inadequate staffing especially of mental health professionals. The panel will discuss practical clinical and system challenges in caring for ICE detainees; review state and federal frameworks governing detainee protections; consider the ethical dilemmas faced by psychiatrists; and provide practical recommendations for working in these settings. Panelists will include an immigration attorney and an ICE facility psychiatrist and whistleblower who will discuss the ethical and legal bases for taking actions beyond clinical interventions. Lastly the panel will consider how the structural features of immigration detention erode mental health while creating barriers to accessing medical care and what is required to enhance oversight and accountability in these facilities.

CME Check-In Code: JE8KC **CME Credit Value:** 1.5

PANEL DISCUSSION TIME: 2:30 PM - 4:00 PM ROOM: GRAND SALON F-J

When Belief Turns Violent: The Dynamics of Religiously Motivated Terrorism

PRESENTERS

Najat Khalifa, Philip Candilis, Sana Chughtai

LEARNING OBJECTIVES:

1. Assess the quality of research surrounding religiously motivated terrorism
2. Explore currently existing patterns and themes of religiously motivated terror amongst various religious groups and geographic locations
3. Discuss the literature's focus on Islamically-motivated terrorism

DESCRIPTION

Religious extremists often justify violence by misinterpreting religious texts, suggesting that God or a higher power condones violence against enemies or non-believers. This is seen repeatedly in the work of forensic experts despite religious leaders across the globe persistently condemning religious justification for violence. Why is this the case? This team of veteran terrorism researchers conducted a literature review that matched risk factors from their primary source investigations of Middle East violence. The focus prioritized the quality of research and its ethical conduct. In this presentation, the team will discuss the definitional variations of terrorism and religious motivation, the quality of data, and their implications for forensic analysts. The analysis will address attitudes, ideologies, and motivations for religiously motivated terrorism, focusing on categorizing themes by religious groups and geographic locations. In the current literature, there is a heavy focus on Islamically-motivated terrorism originating in the Middle East and North African region as well as in parts of Southeast Asia. Furthermore, there is a lack of empirically driven data. Speakers will address this emphasis, its political motivations, and the gap in literature surrounding non-Islamically motivated religious terrorism. The presentation will conclude with a 20-minute question and answer session.

CME Check-In Code: IGQ57 **CME Credit Value:** 1.5

WORKSHOP TIME: 2:30 PM - 4:00 PM ROOM: FLORIDA SALON V-VI

The Implications of Impaired Capacity in Pregnant Women – Case Series in New York State

PRESENTERS

Akhilesh Agarwal, Hansini Kochhar, Jessica Poster, Jinal Patel, Rachel Varadarajulu

LEARNING OBJECTIVES:

1. Equip clinicians with a structured, legally informed framework grounded in landmark case law for conducting capacity evaluations and guide clinical decisions in pregnant patients.
2. Develop an understanding of the New York State legislation governing maternal personhood, including how shifting federal and state legislation affects clinical practice and interventions.
3. Examine the influence of implicit bias, and inequities on capacity evaluations in pregnancy, and identify strategies for equity-centered, gold-standard interdisciplinary clinical practices.

DESCRIPTION

The assessment of decision-making capacity in pregnant individuals sits at a complex intersection of psychiatry, obstetrics, law, and ethics. Capacity evaluations during pregnancy require clinicians to navigate the pregnant person's psychiatric and medical status alongside the legal framework governing maternal and fetal personhood, the ethics of informed consent, and the practical realities of interdisciplinary collaboration. In New York State, where maternal autonomy is legally paramount and the fetus does not have legal personhood, these determinations carry direct implications for treatment planning, surrogate decision-making, and court-mandated interventions. The 2022 overturning of Roe v. Wade has further shifted the legal landscape nationally, making a state-specific understanding of reproductive and capacity law, and its implications for clinical care, a priority. This workshop uses four illustrative clinical case vignettes drawn from acute care settings at a New York based community mental health hospital to discuss the legal, ethical, and interdisciplinary dimensions of capacity assessments in pregnancy. The cases illustrate a range of scenarios: a patient with intellectual disability and psychosis whose capacity to consent to a pregnancy termination fluctuated across clinical encounters; a patient with schizophrenia exhibiting psychotic denial of pregnancy who ultimately consented to cesarean section (C-section) after sustained rapport-building; a patient without psychiatric illness who refused C-section citing medical racism and distrust, raising questions about how structural inequities can impair the appreciation domain of capacity; and a patient with schizophrenia and active substance use whose capacity was restored through psychiatric treatment and multidisciplinary support. Together, these cases demonstrate that capacity is dynamic, decision-specific, and shaped by psychiatric illness, cognitive limitations, cultural values, and systemic inequities. Drawing on these cases, the workshop will review the Appelbaum criteria as applied to obstetric decision-making, and examine landmark New York case law: including In re A.C. (1990), Fosmire v. Nicoleau (1990), and Dray v. Staten Island University Hospital (2015), alongside the New York Reproductive Health Act (2019) and the implications of Dobbs v. Jackson Women's Health Organization (2022) which overturned Roe v. Wade. The workshop will also address the role of implicit bias and racial health disparities in capacity determinations, with an opportunity to reflect on how inequities can be addressed. We will also discuss the role of consultation-liaison psychiatry within interdisciplinary teams, present a stepwise clinical algorithm for capacity evaluation during pregnancy based on clinical guidelines, and discuss the appropriate use of advanced tools, such as birthing plans, to support decision-making during pregnancy. Participants will learn practical frameworks for conducting equitable, legally grounded capacity evaluations in pregnant patients and apply these frameworks to state-specific legislation and guidelines.

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

DEBATE TIME: 4:15 PM - 6:15 PM ROOM: GRAND SALON F-J

Ethics at the Border: A Debate

PRESENTERS

Anthony Tamburello, Charles Morgan, Jacob Appel, Samuel Rosenblatt

LEARNING OBJECTIVES:

1. Compare competing ethical frameworks as they apply to forensic psychiatric involvement in asylum evaluations.
2. Identify key ethical tensions in asylum work, including objectivity versus advocacy and neutrality within humanitarian contexts.
3. Evaluate arguments for and against forensic psychiatrists conducting asylum evaluations, and articulate conditions under which such participation may be ethically appropriate.

DESCRIPTION

The global refugee crisis has brought increasing numbers of individuals into U.S. immigration courts, where decisions may carry life-or-death consequences. In this setting, psychiatrists are often asked to conduct asylum evaluations and prepare expert reports addressing trauma and mental illness, credibility, and the psychological effects of persecution. These evaluations influence legal outcomes, with evidence showing that the presence of a medical or psychiatric affidavit substantially increases the likelihood of asylum being granted. At the same time, the role of forensic psychiatrists in this work is contested. While some view asylum evaluations as a natural extension of forensic expertise, others raise concerns about the limits of psychiatric input as it relates to the legal determination, and that the humanitarian context may compromise objectivity and blur the line between objectivity and advocacy. The speakers are forensic psychiatrists who have engaged deeply with these questions. Each will present a distinct, ethically grounded perspective on the role of forensic psychiatrists in asylum evaluations, informed by scholarship and established ethical frameworks within the field. The session will explore: What is the appropriate role of the forensic psychiatrist in asylum evaluations? Can objectivity be maintained in contexts that may invite or drift toward advocacy? Under what conditions, if any, is participation in asylum evaluations ethically justified? Attendees will be invited to examine these matters and reflect on their own professional roles. By situating asylum evaluations within a broader discussion about neutrality, advocacy, and justice, this session aims to advance a more thoughtful and rigorous practice of forensic psychiatry.

CME Check-In Code: 9HZ3W **CME Credit Value:** 2

PANEL DISCUSSION TIME: 4:15 PM - 6:15 PM ROOM: FLORIDA SALON I - IV

Frontotemporal Dementia for the Forensic Psychiatrist: A Comprehensive Primer

PRESENTERS

Jacob Holzer, Jessica Abellard, Karen Reimers, Lauren Robinson, Manish Fozdar

LEARNING OBJECTIVES:

1. Identify the core clinical features of frontotemporal dementia, distinguishing bvFTD from other neurodegenerative and psychiatric conditions.
2. Explain the neurobiological mechanisms underlying disinhibition, impaired moral reasoning, and aggression in bvFTD, and apply this to forensic formulations of volition, intent, and culpability.
3. Differentiate bvFTD-associated violence from grievance-fueled violence, and evaluate implications for forensic risk assessment and criminal responsibility opinions.

DESCRIPTION

Frontotemporal dementias (FTD) are heterogeneous neurodegenerative disorders disproportionately affecting individuals during their working years. Their varied clinical presentations include profound behavioral disinhibition, loss of empathy, compulsive and stereotyped behaviors, and executive dysfunction that carry substantial forensic relevance in both civil and criminal contexts. Despite this, FTD remains underrepresented in forensic psychiatric education and is frequently misattributed to psychiatric illness or personality disturbance for years before a correct diagnosis is established, creating significant ethical and evidentiary challenges for the evaluating forensic psychiatrist. This panel offers a systematic primer designed to equip forensic psychiatrists at all levels with a working foundation in FTD. The clinical and diagnostic landscape of FTD is reviewed, including subtypes, neuroimaging findings, biomarkers, genetic contributions, and disease course. Multiple intrinsic connectivity networks involved in behavioral variant FTD (bvFTD) and their implications for legal constructs of volition, intent, and culpability are discussed. These concepts are grounded in clinical reality through a case of bvFTD encountered in the outpatient setting, illustrating the diagnostic challenges that arise before the neurodegenerative etiology is recognized and exploring what delayed or missed diagnosis means for the forensic evaluator. The panel further addresses the broad forensic applications of FTD across civil contexts, including capacity evaluations, guardianship, and undue influence, and criminal contexts, including competency, criminal responsibility, and sentencing mitigation. Finally, violence in bvFTD is contrasted with grievance-fueled, ideological, and hate-driven violence, examining differences in cause, type, and awareness, while exploring how shared neurobiological and cognitive features bear on forensic risk assessment and culpability. This panel advances the meeting's theme of advancing ethics and research by examining the limits of current knowledge, highlighting evaluators' ethical duties under diagnostic uncertainty, and identifying gaps in the forensic literature that need further study.

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

PANEL DISCUSSION TIME: 4:15 PM - 6:15 PM ROOM: FLORIDA SALON V-VI

Competency to Stand Trial Litigation: The Good, The Bad, and The Ugly. Lessons from the Front Lines

PRESENTERS

Haylie Hoffman, Jason Beaman, Jennifer Piel

LEARNING OBJECTIVES:

1. Describe the legal foundations and systemic factors that have contributed to competency-to-stand-trial litigation in multiple U.S. jurisdictions.
2. Compare the policy responses and operational consequences associated with competency litigation in Arkansas, Washington State (Trueblood), and Oklahoma (Briggs v. Frieson).
3. Identify strategies that forensic psychiatrists and policymakers can use to improve the timeliness and effectiveness of competency services while maintaining ethical and constitutional standards

DESCRIPTION

Over the past several decades, litigation related to competency to stand trial (CST) has played an increasingly influential role in shaping forensic mental health systems across the United States. Court decisions addressing delays in competency evaluations and restoration services have compelled states to reconsider how these services are structured, funded, and delivered. These cases often emerge when systemic pressures create significant delays between court orders for evaluation or restoration and the actual delivery of those services. As courts intervene to enforce constitutional protections articulated in decisions such as Jackson v. Indiana, states must adapt their forensic service delivery models in ways that affect forensic psychiatrists, evaluators, treatment providers, and policymakers. Understanding the legal and operational consequences of competency litigation is therefore essential for forensic psychiatrists practicing in modern systems of care. This presentation examines competency litigation through a comparative case-study framework, focusing on three jurisdictions that illustrate different pathways through which litigation can influence forensic mental health systems. The session will explore how litigation can serve as a catalyst for reform, a mechanism for establishing enforceable standards, and a source of operational pressure on already strained mental health systems. The first portion of the presentation will review Washington State's landmark case Trueblood v. Washington State Department of Social and Health Services, one of the most widely discussed competency litigation cases in the United States. The Trueblood litigation established court-enforced timelines for competency evaluations and restoration services, with the goal of protecting the due process rights of defendants awaiting competency-related services. The presentation will examine how the Trueblood settlement and subsequent court oversight influenced the development of new forensic programs, altered system incentives, and introduced complex operational challenges for forensic clinicians and administrators. Both the intended benefits and the practical implications of court-imposed timelines will be discussed. The second portion of the presentation will examine Briggs v. Frieson, litigation in Oklahoma that has highlighted the challenges faced by forensic mental health systems operating under substantial demand for competency services. This case provides an example of how litigation can arise when existing system capacity struggles to keep pace with the volume of court-ordered competency evaluations and restoration services. The discussion will address the lack of experience in harming the defendants meant to help them. The discussion will focus on the broader system-level implications of competency litigation, including workforce limitations, infrastructure constraints, and the evolving responsibilities of

forensic psychiatrists within these environments. Finally, the third portion of the presentation will examine recent developments in Arkansas. These efforts focused on relationship building and best practices to avoid litigation in a state completing almost 5000 evaluations per year. Legislative and administrative reforms have been implemented to improve the timeliness and efficiency of competency evaluations and restoration services. These policy efforts illustrate how states can respond proactively to systemic challenges while maintaining the integrity of forensic psychiatric practice. Arkansas provides an instructive example of how targeted legislative changes and system-level coordination can improve the delivery of competency services and enhance collaboration among courts, clinicians, and state agencies. Throughout the presentation, the three jurisdictions will be examined comparatively by individuals involved in order to identify common themes and lessons relevant to forensic psychiatrists practicing nationwide. Particular attention will be given to the ethical responsibilities of forensic psychiatrists working within systems that face resource limitations while still maintaining constitutional obligations to defendants. The session will also explore how forensic clinicians can contribute to policy discussions, system reform efforts, and research aimed at improving competency service delivery. By examining real-world litigation and policy responses across multiple jurisdictions, this presentation will provide forensic psychiatrists with a deeper understanding of how competency litigation shapes modern forensic practice. Participants will gain practical insight into how legal mandates, policy reforms, and clinical realities intersect in the delivery of competency evaluations and restoration services. These lessons can inform both individual forensic practice and broader system-level efforts to improve competency service delivery across the United States.

CME Check-In Code: CSM3E **CME Credit Value:** 2

PANEL DISCUSSION TIME: 4:15 PM - 6:15 PM ROOM: GRAND SALON A-D

Contemporary Ethical Dilemmas in Forensic Psychiatry: An Interactive Panel

PRESENTERS

J. Christopher Buckley, Kate McGarvey, Rocksheng Zhong, Tanuja Gandhi

LEARNING OBJECTIVES:

1. The audience will identify current emerging ethical dilemmas encountered in contemporary forensic psychiatric practice.
2. The audience will describe competing ethical principles that arise when navigating complex forensic clinical situations.
3. The audience will apply ethical frameworks and practical strategies to address challenging scenarios.

DESCRIPTION

Background Ethical challenges arise frequently in forensic psychiatric practice, often at the intersection of clinical responsibilities, legal mandates, and societal interests. Psychiatrists working in carceral settings, forensic hospitals, courts, and community systems regularly encounter situations in which ethical obligations may be unclear or in tension. While formal guidelines and legal standards provide important frameworks, many real-world dilemmas require nuanced interpretation and discussion among colleagues. Objectives: This panel will aim to provide practical guidance while highlighting areas where reasonable professional disagreement exists. By incorporating questions and perspectives from the broader AAPL membership, the session seeks to foster open discussion, promote ethical reflection, and support clinicians navigating complex dilemmas in forensic psychiatry. Format: This session will present an interactive panel designed to explore contemporary ethical questions relevant to forensic psychiatrists. In advance of the meeting, AAPL members will be invited to participate in a survey regarding challenging ethical situations encountered in their clinical and forensic work. Responses will be reviewed and synthesized to identify common themes and areas of uncertainty. During the session, members of the AAPL Ethics Committee representing diverse academic and professional backgrounds will discuss selected questions in a moderated Q&A format. The session will incorporate both pre-submitted questions and moderated audience participation to promote discussion. Topics may include ethical considerations in eating disorders, firearm safety, artificial intelligence, mental competencies, the Goldwater rule, and evolving standards related to autonomy and coercion.

CME Check-In Code: QN8Q9 **CME Credit Value:** 2

PANEL DISCUSSION TIME: 4:15 PM - 6:15 PM ROOM: GRAND SALON E

AI-Related Psychosis, Suicide, and Homicide: Ethical Considerations of Digital Companionship in Clinical and Forensic Practice

PRESENTERS

Alan Newman, Bella Acosta Arias, Lucia Wang, Richard Martinez

LEARNING OBJECTIVES:

1. Identify individual susceptibilities and AI-driven factors that contribute to the destabilization of reality testing in vulnerable users.
2. Assess the evolving landscape of civil and criminal liability following cases of AI-associated psychosis, suicide, and homicide.
3. Establish a practical framework for integrating an examinee's unsupervised chatbot use into a comprehensive psychiatric formulation in clinical and forensic practice.

DESCRIPTION

This session explores the growing intersection of generative AI and forensic psychiatry, pivoting the focus of AI use from the professional to the examinee. Parallel to the need for regulatory frameworks of the practitioner's use, the patient or forensic evaluee's use of AI for therapy also needs further examination. Attendees will receive an overview of AI chatbots—from simple rule-based systems to sophisticated large language models (LLMs)—before moving into a sobering review of "the problem of reality." The destabilization of one's reality testing when using generative AI will be explored through the range of technology-driven factors and user-specific vulnerabilities. Central to the discussion is a series of incidents since 2023, where AI chatbot interactions reportedly led to rare but severe outcomes, including psychosis and suicide, as well as one case of murder-suicide. These events have precipitated civil litigation against technology developers and, in some cases, have led to criminal charges against the user. As the psychological consequences of chatbot interactions are further characterized, the phenomenon of "AI-induced psychosis" is gaining more traction as a concept. This session outlines the terminology and mechanisms behind AI-associated distortion, with considerations for diagnostic formulation, risk assessments, and criminal responsibility. A review of the current literature will be provided, along with suggested practical frameworks for assessing use of AI chatbots. Ultimately, the session examines the ethical and clinical complexities of generative AI and the resultant implications for forensic practice, as digital companionship increasingly enters the legal arena.

CME Check-In Code: Y1NLA **CME Credit Value:** 2

SUNDAY, NOVEMBER 1, 2026

PANEL DISCUSSION **TIME: 8:00 AM - 10:00 AM** **ROOM: FLORIDA SALON I - IV**

Practice Resource for Prescribing in Corrections

PRESENTERS

Anthony Tamburello, Danielle Kushner, Joseph Penn, Maryana Kravtsenyuk, Susan Hatters Friedman

LEARNING OBJECTIVES:

1. Describe how AAPL resource documents may be used to improve forensic teaching, research, and practice
2. List important considerations for prescribing for justice-involved youth
3. List important considerations for prescribing for incarcerated women

DESCRIPTION

The American Academy of Psychiatry and the Law's Practice Resource for Prescribing in Corrections provides a comprehensive, concise, and freely accessible presentation of the research and expert opinion on providing pharmacotherapy in jails and prisons, with contributions from established subject-matter experts. Published in 2018 and updated in 2022, AAPL approved another update, which is now in progress. This edition will include new or expanded sections on incarcerated women, justice-involved youth, and telepsychiatry, and all sections will be reviewed to ensure they are up to date. The panel includes select members of the work group actively working on this document. Key developments and research in the field will be discussed, with a focus on material not included in the current practice resource. For example, incarcerated women are more likely to be prescribed psychotropic medication than incarcerated men, have high rates of polypharmacy, and require understanding by prescribers of medication concerns related to life phases, drug-drug interactions, intermittent dosing schedules, pregnancy status, and unique research needs. Psychiatrists caring for justice-involved youth may not have relevant child and adolescent specialty training, and training opportunities in relevant settings are scarce. Prescribing for these individuals is challenging because of physical, emotional, and neurodevelopmental differences from justice-involved adults, as well as different legal and regulatory requirements (e.g., youth assent and informed consent from parents or legal guardians). Telepsychiatry has long been a practice in carceral systems, though its utilization has expanded considerably in recent years, with both advantages and limitations for improving access to care. Audience members are encouraged to ask questions, provide feedback, and suggest references to review. Such input may be incorporated into the final version of the document, which we anticipate will continue to be used for training, orientation, identification of research needs, and as a desk reference for practicing carceral clinicians and administrators.

CME Check-In Code: P81T2 **CME Credit Value:** 2

PANEL DISCUSSION | TIME: 8:00 AM - 10:00 AM | ROOM: FLORIDA SALON V-VI

Sexually Violent Predator Laws: Psychiatry at the Crossroads of Care and Custody

PRESENTERS

Charles Scott, Cyrus Ghaedi, Renee Sorrentino, Stacey Benson

LEARNING OBJECTIVES:

1. Analyze the role of forensic psychiatry in SVP commitment systems, including the development and limitations of risk assessment practices and the shift from therapeutic to custodial functions.
2. Evaluate ethical issues regarding indefinite detention, due process, and systemic disparities.
3. Understand how shifting institutional characterizations of confinement as 'punishment' or as 'treatment' can affect the procedural protections available to the individual subject to it.

DESCRIPTION

Sexually Violent Predator Laws: Psychiatry at the Crossroads of Care and Custody: Sexually Violent Predator (SVP) statutes illustrate a recurring legal–psychiatric paradigm in which clinical authority is mobilized to extend state control beyond traditional constitutional limits. This panel traces a 90-year trajectory of such statutes through two distinct waves: a First Wave of therapeutic optimism (1935–early 1980s), grounded in faith in psychiatric rehabilitation, and a Second Wave of preventive detention (beginning in 1990), characterized by risk management and indeterminate confinement that persists today.

Presentations examine the bioethical implications of biological interventions and the evolution of forensic risk assessment tools, highlighting the field's shift from individualized treatment toward actuarial prediction. We argue that the collapse of the rehabilitative ideal fundamentally transformed the psychiatrist's role—from therapeutic agent to gatekeeper within a parallel carceral system. Historical analysis reveals that earlier Sexual Psychopath laws functioned at times as broad social control mechanisms, disproportionately targeting marginalized groups, including homosexual individuals, persons with substance use disorders, and, in one illustrative case, a Black man prosecuted for cohabiting with a white woman in In Re Maddox (1958).

Contemporary programs further expose structural and ethical concerns. For example, Minnesota's SVP system has committed 946 individuals since 1994, with no releases in its first two decades. As of 2023, approximately 740 individuals remain confined at an annual cost exceeding $100 million, with deaths in custody (94) far outnumbering full discharges (21). These data underscore persistent questions about proportionality, efficacy, and the risk of de facto life sentences under civil commitment.

The panel also summarizes new findings on Specht v. Patterson (1967), a case that remains a fixture of fellowship training but has been taught almost entirely from the published opinion. Drawn entirely from primary sources not previously examined in the literature, this material documents how the State alternately characterized confinement under the Colorado Sex Offenders Act as punishment or as treatment depending on which constitutional claim it faced, and reconstructs the litigation that followed reversal, when Colorado sought extraordinary relief against the federal judge who ordered the petitioner's release. The record recovers both the mechanism and the man behind a decision known chiefly as precedent.

Current Legal Challenges and Future Directions: Recent legal challenges increasingly focus on whether SVP statutes, as implemented, violate constitutional protections against indefinite detention without meaningful pathways to release. Courts and advocates have raised concerns about due process, conditions of confinement, and whether these systems function as punitive rather than civil regimes. There is also growing scrutiny of the scientific validity and potential bias embedded in risk assessment instruments, particularly regarding racial disparities and the over-prediction of recidivism.

Looking forward, emerging directions include calls for stricter evidentiary standards, periodic and genuinely independent review processes, and greater investment in community-based prevention strategies that address the broader social determinants of sexual violence. Some scholars and policymakers are also exploring the ethical limits of predictive detention altogether, questioning whether risk-based confinement can be reconciled with core principles of autonomy and justice.

Ethical Considerations: At its core, the SVP framework presents an enduring ethical dilemma: the tension between public safety and individual liberty. Key concerns include the medicalization of preventive detention, dual loyalty conflicts for forensic psychiatrists, and the potential misuse of psychiatric authority to legitimize social control. The disproportionate impact on marginalized populations raises additional concerns regarding justice and equity. Moreover, the persistence of indeterminate confinement, often with limited therapeutic benefit, challenges foundational bioethical principles of beneficence, nonmaleficence, and respect for persons.

Ultimately, the panel situates SVP statutes within a broader critique of forensic psychiatry's role in carceral expansion, offering a historically grounded and ethically informed framework for re-evaluating these laws in the present moment.

CME Check-In Code: 2E7P1 **CME Credit Value:** 2

PANEL DISCUSSION | TIME: 8:00 AM - 10:00 AM | ROOM: GRAND SALON A-D

Artificial Intelligence and Suicide: Ethical Challenges in Forensic Psychiatric Analysis

PRESENTERS

Armaan Zaré, David Burrow, Kayla Fisher, Rocksheng Zhong

LEARNING OBJECTIVES:

1. Analyze the role of artificial intelligence in suicidal behavior using established forensic psychiatric frameworks, including causation, foreseeability, and proximate cause.
2. Evaluate ethical responsibilities of forensic psychiatrists in cases involving AI-mediated interactions, applying principles from the AAPL Ethics Guidelines.
3. Identify key mechanisms and pathways through which AI systems may influence suicide risk, and explore emerging legal, regulatory, and prevention strategies relevant to forensic psychiatric practice.

DESCRIPTION

The rapid integration of artificial intelligence (AI), particularly large language models and conversational agents, into digital help-seeking environments has introduced novel medico-legal and ethical challenges in cases involving suicide and self-harm. Emerging epidemiologic data indicate that approximately 60–70% of U.S. adolescents report accessing AI tools, with an estimated 25–33% engaging daily and up to 13% using AI for mental health–related guidance. Against this backdrop, recent high-profile cases have raised questions regarding the potential contributory role of AI-mediated interactions in suicidal behavior. This presentation examines the forensic psychiatric implications of AI in suicide cases, with particular emphasis on causation, foreseeability, and professional responsibility. We propose a conceptual framework outlining plausible pathways through which AI may influence suicidal behavior, including reinforcement of maladaptive cognitions, facilitation of method acquisition, amplification of social isolation via displacement of human contact, and development of parasocial or attachment-like relationships with AI agents. Case analyses of recent litigation and reported incidents involving alleged AI contribution to suicide risk will be integrated with established forensic constructs, including proximate cause, duty to warn/protect, and individual vulnerability assessment. The presentation further applies ethical principles derived from the American Academy of Psychiatry and the Law (AAPL) Ethics and other medical guidelines to AI-mediated contexts, highlighting tensions related to autonomy, nonmaleficence, and the limits of forensic psychiatrist's responsibility when evaluating third-party technological influences. A targeted review of contemporary literature on online disinhibition, human–AI attachment, and digital behavioral reinforcement mechanisms will be presented. Finally, the session will examine emerging regulatory and legislative responses, including proposed guardrails for AI deployment, and will outline prevention-oriented policy strategies relevant to forensic psychiatrists.

CME Check-In Code: UN795 **CME Credit Value:** 2

PANEL DISCUSSION | TIME: 8:00 AM - 10:00 AM | ROOM: GRAND SALON E

So, You Think You Want Another New Forensic Fellowship Program?

PRESENTERS

Andrew Kim, Joe Simpson, Maya Lopez, Stephen Noffsinger, Steven Zuchowski

LEARNING OBJECTIVES:

1. Explore the process of creating forensic psychiatry fellowship programs.
2. Discuss the nationwide distribution of fellowship programs.
3. Identify areas of the country that may need more fellowship support.

DESCRIPTION

Do we need more forensic fellowship slots nationally? Or regionally? If yes, do we need more new fellowship programs? Should we focus on expanding and improving current programs? Is the fellowship applicant pool saturated? Perhaps we should instead be talking about consolidation and contraction, which may carry its own loss of investment in programs that close. Does adding new programs or fellowship slots dilute finite training resources and negatively impact program quality? The shift to using the NMRP may have an additional impact on fill rates for individual programs. This panel will present multiple perspectives on the thorny issue of demand for forensic psychiatry fellowship programs and the geographic distribution of programs across the country. Audience engagement will be high as the panelists present their perspectives on these questions and elicit opinions from attendees. The goal of the discussion will be to engage in a nuanced analysis of the current landscape of fellowship programs, including an interpretation of the number of unfilled slots, with an eye toward future directions that will impact current and future forensic fellowship programs.

CME Check-In Code: V9K67 **CME Credit Value:** 2

PANEL DISCUSSION | TIME: 8:00 AM - 10:00 AM | ROOM: GRAND SALON F-J

Fair Game or Forbidden Territory? The Expert's Role in Evaluating Reliability, Validity, and Credibility in Civil Litigation

PRESENTERS

Ian Lamoureux, Jennifer Piel, Renee Binder, Ryan Shugarman

LEARNING OBJECTIVES:

1. Distinguish the legal and ethical limits of expert opinions and testimony regarding credibility in civil litigation.
2. Identify methods for analyzing reliability-, validity-, and credibility-related information and ethically incorporating findings into the report, testimony, and consultation with the retaining party.
3. Describe factors in sexual misconduct and professional boundary violation cases that may affect a person's perception, recollection, and reporting of events and their purported adverse sequelae.

DESCRIPTION

Although credibility determinations are ultimately the province of the trier of fact, an expert's consideration of the reliability and validity of information learned through case analysis can both strengthen the expert's opinions and benefit the factfinder. This panel, composed of forensic psychiatrists and a forensic psychiatrist-attorney, will examine the legal, ethical, and practical considerations relevant to the analysis of reliability, validity, and credibility-related information in civil forensic psychiatric evaluations. Relevant professional standards, evidentiary rules, and case law governing the admissibility and limits of expert testimony on these issues will be reviewed. The panel will discuss the extent to which experts should be proactive in seeking evidence to corroborate or refute an individual's account regarding events, symptoms, functional limitations, and treatment received, and will provide practical strategies for analyzing these factors during the forensic psychiatric examination, collateral interviews, and records review process. The panel will also examine how identified inconsistencies, disputed accounts, and gaps in available information may affect case formulation, consultation with the retaining party, report preparation, and expert testimony. Special issues and case examples involving allegations of sexual harassment, assault, exploitation, and professional boundary violations will also be discussed, including experts' consideration of individuals' reactions to alleged violations, as well as factors that may influence an individual's perception, recollection, and reporting of events and their purported adverse sequelae.

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

PANEL DISCUSSION | TIME: 10:15 AM - 12:15 PM | ROOM: FLORIDA SALON I - IV

The Report That Follows: Ethics in Juvenile Forensic Assessments

PRESENTERS

Chandler Hicks, Jessica Soto, Neil Bruce, Rachael Griffin

LEARNING OBJECTIVES:

1. Identify ethical principles in juvenile forensic evaluations, with attention to developmental variability, suggestibility, and youth decision-making capacity.
2. Evaluate the strengths and limitations of forensic assessment tools in juveniles.
3. Integrate neurodevelopmental science with legal standards in forensic evaluations.

DESCRIPTION

Forensic assessment of juveniles carries a heightened ethical responsibility due to their limited, but evolving cognitive, emotional, and legal capacities. Juveniles are a unique population given the variability in intellectual development, sophistication, and maturity. As a result, there are substantial differences in suggestibility and conceptualization of long-term consequences, even amongst adolescents of the same age. These evaluations present increased potential for bias, and inherent objectivity challenges, as evaluators are often asked to address legal questions to which outcomes may shape a youth's developmental trajectory, access to rehabilitation, and exposure to punitive systems. Rendering opinions on future risk, rehabilitation potential, and legal disposition is further complicated by systemic disparities and limitations in predictive validity of available assessment tools. A pertinent example includes transfer hearings where an adolescent may face drastically different consequences pending their retainment in juvenile versus adult court. This panel will review ethical principles and considerations in the examination of juvenile delinquents. We will provide strategies for integration of neurodevelopmental science with legal standards, particularly in waiver/transfer cases, insanity evaluations, and threat assessments. Panelists will review appropriate forensic assessment tools and how to utilize results in formulating an opinion. Finally, we will examine areas for advancement in forensic psychiatry education and research aimed at improving the knowledge base and competency of future forensic psychiatrists.

CME Check-In Code: AJH80 **CME Credit Value:** 2

PANEL DISCUSSION | TIME: 10:15 AM - 12:15 PM | ROOM: GRAND SALON A-D

Love, Lies, and Deception: The Forensic Psychiatry of Romance Scams

PRESENTERS

Evan Mashigian, Jason Beaman, Nikki Igo, Reagan Gill

LEARNING OBJECTIVES:

1. Describe common patterns and psychological dynamics involved in romance scams, including emotional manipulation and coercive influence.
2. Differentiate between normal emotional attachment, cognitive bias, and clinically significant impairment when evaluating victims.
3. Identify factors relevant to forensic opinions regarding capacity, undue influence, and financial decision-making.

DESCRIPTION

Romance scams have become one of the fastest-growing types of financial exploitation, with losses in the United States reaching billions of dollars each year. These cases often involve extended emotional manipulation, where victims believe they are in genuine romantic relationships with individuals who are actually involved in coordinated fraud. Despite widespread public awareness, victims frequently continue these relationships even after family members, law enforcement, or financial institutions raise concerns.

From a forensic psychiatric perspective, these cases raise complex questions about decision-making, vulnerability, and the boundaries between deception and mental illness. Victims are often described as “irrational” or “gullible,” yet many are otherwise high-functioning individuals with no prior psychiatric history. At the same time, perpetrators may display patterns of manipulation that resemble coercive control, identity fabrication, and psychological conditioning rather than simple financial fraud.

Courts are increasingly dealing with cases involving disputed capacity, undue influence, and financial exploitation in online relationships. Forensic psychiatrists may be asked to assess whether a victim had diminished capacity, whether psychological manipulation impaired judgment, or whether the behavior indicates a psychiatric condition rather than a situational response to deception. These assessments require careful distinction between normal emotional attachment, cognitive biases, and clinically significant impairments.

This session will give a practical overview of romance scams in forensic psychiatric evaluations. It will review common behavioral patterns in both victims and perpetrators, discuss relevant psychiatric concepts such as attachment, suggestibility, and cognitive bias, and detail how these factors can be addressed in legal settings. The lectures will focus on a balanced, evidence-based approach, avoiding over-pathologizing victims while recognizing when psychiatric factors may significantly influence decision-making.

CME Check-In Code: MKK7L **CME Credit Value:** 2

PANEL DISCUSSION | TIME: 10:15 AM - 12:15 PM | ROOM: GRAND SALON E

The Perils of Visual Diversity: Bias, Credibility, and Burnout in the Forensic Space

PRESENTERS

Bushra M. Khan, Charlotte Schwarz, Elif Amadi, Luca Pauselli, Tiffany Benjamin

LEARNING OBJECTIVES:

1. Explain concepts related to visual diversity, including implicit bias, stereotype formation, and visual intersectionality and how visible identity influences perceptions of credibility.
2. Evaluate the impact of visual bias on professional outcomes, including credibility assessments, and risk of burnout among forensic professionals.
3. Apply evidence-informed strategies to mitigate bias and promote equity at individual, institutional, and systemic levels within forensic and legal environments.

DESCRIPTION

Pursuing careers in medicine and law requires extensive training, often taking more than a decade for forensic professionals. Despite similar qualifications, biases related to visible and perceptible aspects of identity still affect professional experiences and extend into the courtroom. While earlier research mainly focused on gender, this session expands the analysis to include visual diversity such as gender expression, skin complexion, religious expression, physical ability, and language expression. We begin by reviewing key concepts in gender and diversity studies, such as implicit bias, stereotype formation, and intersectionality, highlighting limitations of binary and single-axis frameworks. We introduce visual intersectionality to explain how overlapping identities influence professional experiences in complex ways. Next, we explore how visual diversity impacts core components of credibility in forensic settings, including perceived expertise, trustworthiness, and dynamism. Through a comparative analysis, we examine how expert witnesses are perceived by juries, attorneys, and judges, drawing on the available literature on gender, race, religious expression, disability, and language variation. Progressive case-based vignettes will illustrate how bias appears during expert qualification, testimony, and cross-examination. We further examine the cumulative psychological and occupational effects of these experiences. Ongoing exposure to bias, increased scrutiny, and pressure to conform may lead to minority stress, identity threats, and burnout. Using minority stress theory and intersectionality, we conceptualize burnout as a function of structural and interpersonal inequities. Finally, we offer multi-level recommendations. At the educational level, we suggest strategies for training programs to better support diverse learners. At the professional level, we explore approaches for navigating bias while maintaining authenticity. At the structural level, we describe interventions, including training for legal stakeholders. Audience engagement will include interactive polling, vignette analysis, and guided reflection to examine assumptions about expertise and professionalism. This session equips participants with tools to recognize and mitigate visual bias while promoting sustainability and equity in the forensic workforce.

CME Check-In Code: NH9YV **CME Credit Value:** 2

PANEL DISCUSSION | TIME: 10:15 AM - 12:15 PM | ROOM: GRAND SALON F-J

What to do with Moral Insanity?: Antisocial Personality Disorder in the Age of Recovery

PRESENTERS

Darren Lish, Donald Black, Gary Chaimowitz, Joshua Griffiths, Morgan Deal

LEARNING OBJECTIVES:

1. Evaluate the construct of antisocial personality disorder in the context of historical, cultural, and philosophical paradigms
2. Be able to apply key research insights gained from the application of scientific rigor to the study of antisocial behavior
3. Tailor assessment and treatment of ASPD using recovery principles to promote safety, empowerment, and dignity

DESCRIPTION

Antisocial personality disorder (ASPD) was initially conceptualized in the Diagnostic and Statistical Manual of Mental Disorders, First Edition (DSM-I) as sociopathic personality disturbance in 1952, and diagnostic criteria for ASPD were included in the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III) in 1980. It's been nearly fifty years since this attempt at standardization. Despite this laudable paradigm shift toward scientific rigor in the study of antisocial behavior, the social goods sought by this effort have proven elusive as substantial limitations and unintended consequences of the category have emerged. Furthermore, there is no standard treatment for ASPD, and research into effective ASPD treatments is almost nonexistent. In fact, the National Institutes of Health (NIH) currently does not fund any studies on the treatment of ASPD. Even with available treatments (often more extensively researched for use for other mental disorders), voluntary treatment for ASPD is rare. Much of what can be considered treatment occurs in compulsory state systems of custody, where high-quality research remains difficult. With this in mind, this group of expert panelists with decades of experience in custodial settings will analyze the construct of ASPD through the lens of recovery. Research suggests that important outcomes in ASPD are tied to a confluence of criminogenic risk factors that span biological, psychological, developmental, social, and cultural domains, highlighting the value of holistic and tailored approaches intrinsic to the recovery model. Additionally, by acknowledging limitations of strictly curative paradigms, the recovery model serves as a valuable tool for clinicians, custodial systems, and society in promoting safety and dignity for all, even in the most intractable cases.

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

WORKSHOP TIME: 10:15 AM - 12:15 PM ROOM: FLORIDA SALON V-VI

Forensic Assessment of Mild Traumatic Brain Injury and Posttraumatic Stress Disorder in Personal Injury Cases

PRESENTERS

Armaan Zaré, James Armontrout, Mimi Yen Li, Vivek Datta

LEARNING OBJECTIVES:

1. Distinguish posttraumatic stress disorder from persistent post-concussive symptoms
2. Summarize the evidence from TRACK-TBI regarding to prognosis following a mild traumatic brain injury
3. Distinguish mTBI and PTSD from other neuropsychiatric disorders and malingering

DESCRIPTION

Mild traumatic brain injury (mTBI) and posttraumatic stress disorder (PTSD) are among the most frequently litigated conditions in personal injury cases arising from motor vehicle accidents, slip and fall incidents, and physical assaults. Despite their prevalence in civil litigation, these conditions present significant diagnostic and forensic challenges, particularly given the substantial overlap in symptom presentation, the limitations of objective biomarkers, and the heightened potential for symptom exaggeration or fabrication in medico-legal contexts.

In this interactive workshop, we present a comprehensive, evidence-based framework for evaluating claimants who present with mTBI and/or PTSD in personal injury matters. Participants will examine findings from landmark prospective studies, including the Transforming Research and Clinical Knowledge in Traumatic Brain Injury (TRACK-TBI) study, to better understand the natural history, long-term course, and prognostic factors associated with recovery and chronic impairment following mTBI and comorbid PTSD. The workshop will also address current treatment standards and their relevance to forensic opinions on causation and damages.

A central focus of the workshop will be forensic evaluation methodology, including structured approaches to record review, clinical interviewing, and the integration of neuropsychological findings. Participants will examine best practices for assessing response validity and detecting malingering, including the use of symptom validity tests, performance validity measures, and established clinical indicators of non-credible presentation.

CME Check-In Code: 92SPC **CME Credit Value:** 2

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Looking Ahead

Watch for the Call for Abstracts for the 58th AAPL Annual Meeting taking place in San Antonio, Texas from October 28 - 31, 2027!

Safe Travels!