

**American College of Forensic Psychiatry**  
**25th Annual Symposium**  
**April 26-29, 2007**  
**Santa Fe, New Mexico • Inn and Spa at Loretto**

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*The 25th Annual Symposium of the American College of Forensic Psychiatry  
is dedicated to the memory of our dear friend and colleague, Ronald Shlensky, M.D., J.D.*

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The American College of Forensic Psychiatry is accredited by the Accreditation Council for Continuing Medical Education to provide Continuing Medical Education for physicians. The American College of Forensic Psychiatry designates this educational activity for a maximum of 23 *AMA PRA Category 1 credits*<sup>TM</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The American College of Forensic Psychiatry certifies that this activity has been approved for 21.5 hours of MCLE credit by the State Bar of California.

**Goal:** The goal of this symposium is to keep forensic psychiatrists abreast of new developments in psychiatry requiring new knowledge for expert witnesses, and new case law affecting forensic practice. **Target audience:** Practicing forensic psychiatrists, physicians in other subspecialties, and attorneys who litigate civil and criminal cases involving psychiatric evaluations and expert testimony. **Objectives:** Participants will improve their skills in the following areas: evaluation and treatment of patient-litigants; new and ongoing developments in the field of forensic psychiatry; relevant concepts useful in court testimony and in working effectively within the legal system.

**Disclosure of Relevant Financial Relationships:** All faculty members received and signed a Disclosure of Relevant Financial Relationships statement in which they were asked to disclose all relevant financial relationships with any commercial interest. All of the faculty have indicated they have nothing to disclose.

The meetings each day will be in the Zuni Ballroom. Registration and continental breakfast each day will be outside the meeting room. Thursday night's welcome reception will be in the Tesuque Room.

### FINAL PROGRAM

#### Wednesday, April 25

4:30-6:00 Early Registration—Breezeway

#### Thursday, April 26

7:00-7:45 Registration and Continental Breakfast

7:45-8:00 Opening Remarks and Announcements

8:00-8:40

#### **FORENSIC PSYCHIATRY AND THE CHALLENGE OF PSEUDOSEIZURES**

Pseudoseizures resemble epileptic seizures, but are thought to be emotionally caused. Currently, diagnosis is relatively certain but causation is not. This presentation will describe pseudoseizures' clinical manifestations, diagnosis, etiologies, treatment, and outcome. Forensic aspects of evaluation and causation determination will be emphasized and a forensic case example of pseudoseizure in litigation will be used to discuss an approach to this challenging forensic issue. Attendees will be able to describe clinical manifestations of pseudoseizures; to describe diagnostic procedures currently in use; will be able to enumerate proposed etiologies of pseudoseizures; and to enumerate forensic procedures used in determining causation of pseudoseizure in a litigant.—*Alexander E. Obolsky, MD specializes in the evaluation, treatment, and fitness to work issues of employees with various anxiety, depressive, and trauma-induced mental disorders. He frequently serves as an independent examiner in workers' compensation cases, disability determination, fitness for duty, and violence evaluations.*

8:40-11:15

#### **FORENSIC SKILLS WORKSHOP: THE ROLE OF THE PSYCHIATRIST IN CIVIL LITIGATION**

This practical workshop will focus on advanced issues that confront psychiatrists in civil law cases, an interactive session involving moderator, panelists, and the audience. Vignettes submitted to the panel by practicing forensic psychiatrists will be read aloud and discussed. The vignettes describe problems and experiences that forensic psychiatrists often confront in their practices and in court. These will include procedural problems, such as ethical or practical issues in performing evaluations; dealing with courts, attorneys, or opposing experts; as well as substantive problems, such as dilemmas that come up in difficult cases, reliability of psychiatric opinion, and testimony. Attendees will be exposed to a variety of forensic cases and problems in civil areas, as well as become directly involved in this interactive session. Those attending the session are urged to bring up issues and problems that they face in their forensic work. Attendees will also learn what panelists and their colleagues think about and how to deal with advanced issues in civil law cases. The interactive format allows attendees to challenge or compare their own methods of dealing with these issues.—*Albert M. Drukteinis, MD, JD (Moderator) is Adjunct Associate Professor of Psychiatry at Dartmouth Medical*

School. He is also Director of New England Psychodiagnostics, specializing in personal injury and employment stress claims. Panelists will be **Alexander Obolsky, MD, Carla Rodgers, MD and Roger Sharp, JD.**

10:00 – 10:15 Coffee Break

11:15-12:00

#### **MILD TRAUMATIC BRAIN INJURY IN MAJOR CIVIL CASES**

Mild Traumatic Brain Injury (MTBI) is a controversial diagnosis. This paper will explore the organic versus psychological debate. An overview of the literature relevant to the forensic psychiatrist will be given. The DSM-IV-TR research criteria for Postconcussional Disorder (PCD) will also be reviewed. Medical legal aspects of MTBI will be emphasized and examples given from court cases where the author has testified as an expert witness. Psychiatrists attending this presentation will be able to diagnose the conditions and provide treatment recommendations and prognoses based on current scientific literature. Attendees will be able to ask questions regarding their own cases and benefit from the speaker's clinical and court experience.—**Stephen Donald Anderson, MD, FRCP(C)**, is Clinical Associate Professor in Psychiatry at the University of British Columbia. He works at a major trauma hospital as a Consultation-Liaison Psychiatrist, and also has an active medical legal practice.

12:00-1:20 Lunch Break (on your own)

1:20-4:20 Two Rooms

Room 1—Zuni Ballroom

1:20-2:05

#### **BLOOD ALCOHOL CONCENTRATIONS (BACS) IN ADDICTION FORENSIC PSYCHIATRY**

This presentation will discuss the importance of BACs: how they are measured, what they mean so far as behavior is concerned, and the differentiation between alcohol impairment at various BACs from “visible intoxication.” The concept of tolerance as it pertains to signs of intoxication will be described, and its etiology discussed. Reference to specific cases involving Driving While Intoxicated and Dram Shop Liability will be used as examples of situations where knowledge and interpretation of BACs are critical. Recent increase in the use of videotapes in establishments providing alcohol allows for observations in real time of behaviors that are manifest at known, or scientifically estimated, BACs. Review of these videotapes has introduced a new dimension in arriving at opinions regarding the impact of alcohol on behavior from as objective a point of view as possible.—**Eric Fine, MD** is in the private practice of consultative and forensic psychiatry in Philadelphia. He is Associate Professor of Psychiatry and Human Behavior at Thomas Jefferson University Medical College.

2:05-2:50

#### **ANABOLIC STEROIDS USE AS A DEFENSE IN FORENSIC PSYCHIATRY**

The use of anabolic steroids to enhance sports performance has been recognized for many years. While the effect of these agents on muscle development and physical endurance has been uncovered recently in prominent sports figures, these effects are also sought by many non-professional athletes. These substances can enhance an individual's workout and accelerate their body building, but their very negative side effects are often ignored. Anabolic steroids cause moodiness, aggression, irritability, self-centeredness, sleep cycle disruption, and personality change. These side effects are often ignored with dire consequences. Criminal behavior has occurred in some individuals after several cycles of anabolic steroid use. This seemingly aberrant behavior may be very different from how they behaved prior to steroid use, and would not have been anticipated by those who knew them before. This paper explores the effects of anabolic steroids. Two cases are reviewed in which individuals who had used anabolic steroids then were apprehended for crimes they committed. The defense included the role that anabolic steroid use played in their actions. The issues involved with this will be discussed.—**George S. Glass, MD** is board certified in psychiatry and addictionology. He is a Distinguished Life Fellow of the APA, and Clinical Associate Professor of Psychiatry at Baylor and University of Texas Medical School.

2:50-3:35

#### **THE CASE OF LEOPOLD AND LOEB:**

#### **THE POTENTIAL ROLE OF AUTISTIC AND PSYCHOPATHIC PATHOLOGIES**

In 1924, 18-year-old Nathan Leopold and 17-year-old Richard Loeb killed a 14-year-old boy, in an attempt to perpetrate “the perfect crime.” Their criminal case was defended by the legendary defense attorney Clarence Darrow, and from a psychiatric-legal perspective, became one of the most comprehensively analyzed cases of its time. In this presentation we revisit the case of Leopold and Loeb from a forensic psychiatric viewpoint. The case is analyzed from the perspective that both the concepts of autism and psychopathy may be relevant for an optimal understanding of the case. An in-depth diagnostic phenomenological psychohistorical analysis of both Loeb and Leopold was made and the results are presented. However, neuropsychiatric and cognitive-psychological perspectives are also important. The potential value of considering both higher functioning autism and psychopathic pathology in contemporaneous criminal cases is overviewed in this presentation. Attendees will 1) learn the basic phenomenology of Asperger's Disorder and psychopathy; 2) learn about important diagnostic and psychiatric-legal issues involving differential diagnostic issues involving Asperger's Disorder and psychopathy; and 3) gain an appreciation of the difficulties inherent in the psychohistorical analysis of forensic-psychiatric cases.—**J. Arturo Silva, MD** completed medical school and general psychia-

try training at Stanford University. He trained in forensic psychiatry at the University of Southern California Institute of Psychiatry and the Law. Dr. Silva has a practice of forensic psychiatry in San Jose, California.

3:35-4:20

### **PSYCHOLOGICAL AUTOPSY OF A SUICIDE BOMBER**

Suicide bombing is a phenomenon that needs psychiatric attention, as the best coping mechanism is prevention. Psychological and motivational aspects of suicide activists and captured suicide bombers are discussed. The milieu and psychological elements that contribute to creating this type of terrorist are explored. The psychological impact of terrorism on leaders will be included. Attendees will become familiar with the demographic status of suicide bombers, what motivates them, the psychological/personality structure of suicide bombers and the milieu elements that cultivate this type of activity.—**Jamshid A. Marvasti, MD** is a psychiatrist in Manchester, CT. Dr. Marvasti has published numerous scientific articles/chapters on the subjects of trauma, victimization and the relevant therapy.

Room 2—Tesuque Ballroom

1:20-2:05

### **THE NATURE OF SADISM**

The term sadism was introduced by Richard von Krafft-Ebing in the 19th century to refer to those individuals who derived sexual pleasure by inflicting pain and suffering on other persons. Eventually the concept of sadism evolved to include both sexual and nonsexual gratification derived from inflicting pain and suffering on others. Also, sadism is thought to be intrinsically associated with a tendency to control others. In spite of the common use of the concept of sadism in psychiatry, it remains a controversial and poorly studied subject. In this presentation the nature of sadism is briefly reviewed. Several relevant cases associated with sadistic behavior will be presented in order to highlight recent developments in the study of sadistic behavior.—**J. Arturo Silva, MD** completed medical school and general psychiatry training at Stanford University. He trained in forensic psychiatry at the University of Southern California Institute of Psychiatry and the Law. Dr. Silva has a practice of forensic psychiatry in San Jose, California. He is currently studying the potential role of Asperger Disorder and psychopathy in the genesis of criminal behavior.

2:05-2:50

### **CONSULTATIVE FORENSIC ISSUES IN AEROSPACE EVALUATIONS**

This will include a discussion of FAA regulations, issues and controversies on evaluation reports, and the latest update on the topics of certifying airman on antidepressants. Additionally similarities and differences for evaluating air traffic controllers will be considered. The attendee will have a working knowledge regarding FAA regulations for medical eligibility, understand what is needed in a credible evaluation, and be exposed to the latest major psychiatric issues.—**Charles Chesanow, DO** is Chief Psychiatrist for the FAA. **Steven Schwendeman, MD, MS** is an Occupational Medicine Physician with the FAA, and has particular expertise in medical issues involving air traffic controllers There is not a CD for this presentation..

2:50-3:35

### **UPDATE ON FORENSIC PSYCHOLOGICAL TESTING**

Learn about the patterns of psychological test use among forensic psychologists; about computer-generated personality testing reports and about typical cross-examination questions regarding computer-generated personality assessment reports. In addition to interview data and collateral information, surveys consistently report that psychological testing data are admissible, informative, and frequently utilized sources of information for forensic psychiatrists. Mindful of this, our presentation has two foci: the first provides updated survey results regarding psychological/neuropsychological test usage among forensic psychologists. Our second focus will be to analyze the texts of several different computer-generated personality assessment reports regarding adolescent and adult forensic psychological testing evaluations completed in our practice. A finding of heuristic interest, and a basis of potential courtroom queasiness, is that the reports typically provide a forensic psychiatrist with servings of contradictory, and often disparate, conclusions regarding the tests' validity, the patient's status and diagnosis. Bromides for this scenario will be presented for discussion.—**Timothy J. Michals, MD** is Clinical Assistant Professor of Psychiatry and serves as Director of the Division of Forensic Psychiatry at The Jefferson Medical College in Philadelphia. **Steven E. Samuel, PhD** is a clinical and forensic psychologist. He is completing research in the areas of assessment of attachment behaviors in homeless children and juvenile decertification.

3:35-4:20

### **A SCIENTIFIC APPROACH TO ANALYZING THE VALIDITY OF COGNITIVE, AFFECTIVE AND BEHAVIORAL SYMPTOMS IN THE MEDICOLEGAL CONTEXT**

Psychiatrists have traditionally focused their efforts on helping to alleviate distress and dysfunction. Within that context, the patient's verbal and non-verbal communications serve as the principal source of data. Increasingly, psychiatrists depart from their therapeutic role to provide impartial expert analyses of clinical issues in a medico-legal context. In so doing, the psychiatrist operates with a different set of assumptions, responsibilities, challenges and standards (i.e., Daubert). In addition to identifying crucial differences between the roles of treating psychiatrists and psychiatric experts in a forensic context, this presentation will identify specific strategies to assess the validity of psychological and neurocognitive test data, obtain and utilize empirically-based evidence from specific tests and assessment techniques; review relevant clinical research; and provide a rationale for incorporating collateral data from neuropsychological and/or clinical psychological examination.—**Tom McLaren, PhD** is a board certified clinical neuropsychologist exper-

rienced in evaluating and treating individuals with symptoms of central nervous system disorders. His practice in the last five years has been working full-time in providing neuropsychological review and consultation in a medico-legal context of disability assessment. **David A. Goldsmith, PhD** is a clinical psychologist with more than 25 years of private practice and consulting experience. For the past eight years, Dr. Goldsmith has principally assisted with forensic analyses of psychological and psychiatric data, elicited to support of long-term disability claims.

5:30-7:00 Welcome Reception—Tesuque Ballroom

### Friday, April 27

7:15-8:00 Registration and Continental Breakfast

8:00-8:40

#### **CRIMINAL LAW UPDATE: A LOOK AT SOME RECENT CASE LAW THAT SHOULD BE OF INTEREST TO THOSE WHO PROVIDE EXPERTISE IN CRIMINAL CASES**

Psychiatrists and attorneys will be exposed to case law and changes in statutes that impact forensic psychiatrists and will become familiar with some of the leading developments. There have been some notable developments in case law pertinent to criminal cases. In the aftermath of the U.S. Supreme Court's recent ruling in *Atkins v. Virginia* and *Sell v. United States* there have been varied approaches to capital case mental retardation examinations, and the assessment of the impact of medications on an individual who has been, or may be, medicated "into competence." A case from Arizona prompted review of the types of mental defense that the U.S. Constitution requires. There are still some pressing questions about whether those who testify outside of their home jurisdictions are violating local laws (in some states). This session will address these and other important recent developments—**Steven Pinkert, MD, JD, MBA** of the Pinkert Law Firm in Miami, Florida, practices in the areas of professional discipline, complex medical/technical litigation, admiralty, and patent law.

8:40-11:15

#### **FORENSIC SKILLS WORKSHOP: THE ROLE OF THE PSYCHIATRIST IN CRIMINAL LITIGATION**

This practical workshop will focus on advanced issues that confront psychiatrists in criminal law cases, an interactive session involving moderator, panelists and the audience. Vignettes submitted to the panel by practicing forensic psychiatrists will be read aloud, discussed by the panel and by the audience.—**Steven Pinkert, MD, JD, MBA** of the Pinkert Law Firm in Miami, Florida, practices in the areas of professional discipline, complex medical/technical litigation, admiralty, and patent law. Prior to law he practiced clinical psychiatry. **Andrew Schneider, JD** is an Attorney at Law in Doylestown, PA and Trenton, NJ. **Douglas Anderson, MD** is in private practice in New York City.

10:00 – 10:15 Coffee Break

11:15-12:00

#### **A STRANGE CASE OF ATTEMPTED MURDER**

A forensic psychiatrist and attorney will be discuss a case of attempted murder during which the Not Guilty By Reason of Insanity (NGRI) plea was considered. They will explain why this plea was or was not used. They will review the facts of the case and the criteria for NGRI. Dr. Rodgers will also review her findings as the sole expert witness in this case. Audience participation will be strongly encouraged. Following this presentation, attendees should be able to 1) describe the McNaughton standard for Not Guilty by Reason of Insanity (NGRI); 2) determine when their findings support an NGRI plea and when they do not; 3) describe a treatment plan that will allow the criminally mentally ill to return to society.—**Carla Rodgers, MD** is in private practice of forensic psychiatry in Bala Cynwyd, PA, a suburb of Philadelphia. She is a clinical assistant professor at University of Pennsylvania Medical School, and a senior psychiatrist on the affiliate staff of Friends Hospital in Philadelphia. **Andrew Schneider, JD** is an Attorney at Law in Doylestown, PA and Trenton, NJ.

12:00-1:30 Lunch Break (on your own)

1:30-3:30

#### **THE ANATOMY OF AN EMPLOYMENT LITIGATION CASE: FROM RETENTION TO VERDICT (SEMINAR)**

Learn the different ways plaintiff and defense attorneys think, strategize, and utilize the services of a forensic psychiatrist in employment cases; what is expected if retained by either defense or plaintiff attorneys in employment cases; the evolution of a case from the stages of retention through period of evaluation (interview and record review) to deposition and trial testimony; appreciate the intangibles in working closely as a forensic psychiatrist with an employment litigation attorney. A specific fact pattern of an actual case of alleged sexual harassment and alleged resulting Major Depressive Disorder will be presented in a written form to all participants at the conference and both panel attorneys ahead of the conference so that they can prepare for the moderator's directive to be on point within time constraints. The actual case will be adapted from the moderator's own experience, a plaintiff referred case. The moderator will keep the panelists focused upon their own unique approach at certain critical juncture points such as from initial retention, evaluation, written report, deposition, preparation for trial testimony, incorporation of expert's opinion into opening arguments, direct examination at trial, cross examination at trial, closing arguments, and post verdict jury inter-

views.—**David Glaser, MD** (moderator) is a board certified forensic psychiatrist, the medical director of Calpsychfmt, a group that delivers forensic evaluations and treatment throughout California. He is on the Faculty of the Forensic Psychiatric Fellowship Program at UCLA. He has evaluated many sexual harassment cases referred by both defense and plaintiff attorneys and has testified on this subject in numerous depositions and trials. **Craig Horowitz, JD** (plaintiff attorney panelist) is a founding partner of the law firm of Horowitz and Clayton in Los Angeles, California. Mr. Horowitz is experienced in litigating sexual harassment cases, employment related cases, and has dealt extensively with forensic psychiatrists. **Linda Savitt, JD** (defense attorney panelist) is a partner in the Los Angeles employment litigation law firm of Ballard, Rosenberg, Golper, and Savitt. Ms. Savitt is experienced in litigating sexual harassment and employment related cases.

3:30-4:30

#### **FORENSIC ETHICS, SANISM AND PRETEXTUALITY**

Do all expert witnesses profess to be neutral? What are the factors that make it less likely that experts who profess to be are, in fact, neutral? To what extent do pre-existing biases color expert testimony? How can the legal system seek to resolve the underlying dilemma? The so-called “battle of the experts” is, in most cases, a myth. Yet, contested cases are vivid (not coincidentally, often because they involve high-profile crimes, victims or defendants, thus assuring saturation media coverage), and we tend to make many of our assumptions about the criminal justice system based on our knowledge about this relatively-small database. And it is these cases that help shape our focus on an important question of forensic ethics: to what extent does a witness’s pre-existing value system of political, cultural, and social beliefs shape her expert opinions (especially, though not exclusively, in criminal and quasi-criminal cases)? **Michael L. Perlin, JD** is Professor of Law at New York Law School, where he is also the director of the Online Mental Disability Law Program and the International Mental Disability Law Reform Project. He has written 17 books and nearly 200 articles.

### **Saturday, April 28**

7:15-8:00 Registration and Continental Breakfast

8:00-8:40

#### **VIOLENT ATTACKS IN PSYCHIATRIC AND OTHER HOSPITALS**

Violent attacks in psychiatric and other hospitals by patients on staff or other patients is increasingly a matter of concern. While the actual number of attacks in hospitals is inexact—there is no national reporting system by which hospitals in general, or psychiatric facilities in particular, must report incidents of violence—it is considered to be extensive. This presentation discusses civil and criminal law remedies with reference to a number of recent cases.—**Ralph Slovenko PhD, JD** is Professor of Law and Psychiatry at Wayne State University Law School in Detroit Michigan. He is the author of the 2-volume *Psychiatry in Law/Law in Psychiatry* (Brunner-Routledge, 2002).

8:40-12:00

#### **MOCK TRIAL**

The mock trial will focus on the direct and cross-examination of the psychiatrists as expert witnesses in a medical malpractice case involving the suicide of a patient voluntarily admitted to a neuropsychiatric institute. Attendees will learn about expert testimony in court and how to conform expert testimony to optimal style and content. All of the College’s mock trials are fictionalized and presented solely to educate the attending forensic psychiatrists.—**Roger T. Sharp, JD** is an Attorney at Law in Salt Lake City, UT. **Michael Bradford, LLB** is an Attorney at Law in Phoenix, AZ; **Eric Fine, MD** is in the private practice of consultative and forensic psychiatry in Philadelphia. He is Associate Professor of Psychiatry and Human Behavior at Thomas Jefferson University Medical College; **Anna Scherzer, MD** is a board certified forensic and child and adolescent psychiatrist and pediatrician in Scottsdale, AZ. **Alan L. Levy, JD** is Chief of the Criminal Division, Tarrant County Criminal District Attorney's Office in Fort Worth, Texas. Mr. Levy will play the Judge in the trial.

10:15 – 10:30 Coffee Break

12:00-1:00

#### **FORENSIC ASSESSMENT OF PSYCHOLOGICAL INJURIES: EMPIRICAL METHODS AND PROFESSIONAL PITFALLS**

Compensation and disability claims associated with psychiatric disorders such as posttraumatic stress disorder (PTSD), depression, and other anxiety disorders have become increasingly common in torts, workers’ compensation, and employment disability settings. The law has come to increasingly compensate claims for psychological injuries (PI) and the scientific research base regarding the prevalence, course characteristics, and functional impact of these conditions has expanded dramatically in the last twenty years. However, there are still many questions asked of forensic mental health professionals for which the current psychological/psychiatric scientific knowledge base does not provide adequate guidance. Related to this scientific gap, there remains a significant gap between common forensic practice and our knowledge of best practices and the empirical limits of forensic assessment. After the presentation, participants should be able to identify common emotional states/disorders within psychological injury claims; appreciate the empirical limits of expert opinions within psychological injury assessments and understand common errors in such assess-

ments.—**William J. Koch, PhD** is a clinical and forensic psychologist who specializes in assessment and cognitive-behavioral treatment for trauma survivors. He is the first author of *Koch WJ, Douglas KS, Nicholls TL, O'Neill M: Psychological Injuries: Forensic Assessment, Treatment, and Law, Oxford University Press (2006).*

## Sunday, April 29

7:15-8:00 Registration and Continental Breakfast

8:00-8:30

### **IMPORTANCE OF KNOWLEDGE OF CULTURAL VALUES AND LINGUISTIC SHARING IN MEDICOLEGAL MATTERS**

Understanding the culture of patients is critical in assessment of meaning and veracity during clinical assessment. Patient response is highly sensitive to evaluator's competence in this respect and is necessary for empathic support, even in adversarial issues. Further, the ability to speak the language of the patient promotes a more thorough comprehension of the responses due to this issue of empathy. Nuances of language have great impact on assessment and, of course, make therapeutic contact highly improved. Participants will learn 1) the importance of understanding cultural issues in medicolegal matters; 2) the utilization of the patient's language will create respect and empathy both for assessment and evaluation; 3) promotion of a therapist's language skills reveals to patients an empathic effort which markedly enhances interpersonal connection.—**Marshall S. Cherkas, MD, PhD** has been a psychiatric and psychoanalytic practitioner for 43 years. He is chairman of the psychiatry/psychology panel for Los Angeles, Superior Court; AME, QME in worker's compensation system (25 years); and former clinical associate professor of psychiatry (USC).

8:30-9:20

### **PSYCHIATRIC MALPRACTICE—IS IT LURKING BEHIND YOUR OFFICE DOOR?**

The basic tenets of malpractice actions, plus specific issues that pertain directly to psychiatry will be reviewed. Risk management strategies to minimize the likelihood of being a defendant in a malpractice action will be discussed. To illustrate the issues, three clinical cases drawn from actual psychiatric practice and malpractice actions will be presented. Audience participation in the clinical case presentation is encouraged. Participants will be able to identify the legal requirements in order to bring a malpractice action, will learn what situations comprise the top five causes of malpractice actions against psychiatrists, and will be able to determine in advance what kinds of clinical situations are likely to result in malpractice actions against psychiatrists.—**Carla Rodgers, MD** is in private practice of forensic psychiatry in Bala Cynwyd, PA, a suburb of Philadelphia. She is a clinical assistant professor at University of Pennsylvania Medical School, and a senior psychiatrist on the affiliate staff of Friends Hospital in Philadelphia.

9:20-10:00

### **CHILDREN WHO MURDER: CAN THEY REALLY UNDERSTAND/ PREDICT THE CONSEQUENCES TO THEIR VICTIMS OR THEMSELVES?**

Learn the constellation of facts that can lead up to a child killing another; the recent genetic and neuroscientific imaging evidence that can exculpate their crime, and the psychiatric disorders that may be significant for understanding why the crime could occur and the way punishment and rehabilitation should be designed. Participants will be better able to evaluate and recommend treatment for patient-litigants. A review of the literature and the close examination of my own clinical material will be discussed in the light of neuroscientific evidence regarding brain development and psychiatric diagnostic criteria in order to discuss aspects of responsibility—psychological and legal—for children who kill. Aggression is normally held in check by impulse control mediated by both internal and external controls. Delaying the gratification of violent desire can be a compromise between genetic, maturational capability and the competing desires to please ones you love, depend upon or to avoid their wrath. Identification with the aggressor and suppressing evidence of previous wrongdoing to avoid punishment were the defenses used in the specific case which was complicated by a familial mood disorder.—**Cassandra M. Klyman, MD** is an Assistant Clinical Professor of Psychiatry at Wayne State University, School of Medicine, and on the faculty at the Michigan Psychoanalytic Institute. She is in private practice of psychiatry, psychoanalysis and forensic psychiatry in Bloomfield Hills, Michigan.

10:00-10:15 Coffee Break

10:15-11:15

### **TRIALS AND TRIBULATIONS OF TECHNOLOGY: CURRENT TOOLS USED IN VARIOUS STAGES OF LITIGATION**

The presenter will discuss how to use various modern tools to present demonstrative evidence including Trial Director, CaseMap, NoteMap, LiveNote, Document Sharing and Power Point Presentation. The presentation will be directed at forensic psychiatrists and how they can utilize these important tools. Further, some of the practical and legal problems that these tools present when used at trial will be discussed. Some basic points on Electronic Discovery will be presented, if time permits. In a society dominated by television and computers, the presence of technology in the courtroom is increasing. Psychiatrists and attorneys will learn a basic understanding of the various modern tools used at the many stages of a trial.—**Justine M. Phillips, JD** is an associate with the law firm of Seltzer Caplan McMahon Vitek in San Diego, California.

11:15-12:00

**HOMICIDE AT HOME: PARENTAL MURDER, CHILD MURDER,  
INTIMATE PARTNER MURDER—A REVIEW OF CLINICAL EXPERIENCE**

Participants will understand the psychological and psychiatric phenomena behind family murder, the murder of one member of the family by another; gain an in-depth understanding of the literature on family murder; will recognize the risk factors associated with each category of family murder, and will be able to implement this knowledge in assessing risk of family murder. Domestic violence continues to be a distressingly common phenomenon, and one that at times has fatal consequences. The Bureau of Justice Statistics indicates that some 16% of murder victims are members of the offender's own family. 6.5% are killed by their spouses, 3.5% by their parents and nearly 2% by their children. The present study is a clinical review of 68 defendants in cases of domestic/intimate homicide: 19 killed one of their children; 28 killed a spouse or intimate partner; and 21 killed one or both parents.—*Rokeya S. Farooque, MD is a forensic psychiatrist at Middle Tennessee Mental Health Institute in Nashville, TN. She was formerly an associate professor in the Department of Psychiatry, Neurology and Behavioral Science at Meharry Medical College in Nashville, TN. She has published and presented several papers on filicide and violence in the family.*

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