Understanding Legal Issues within Mental Health: A Clinical Perspective

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Fall Conference

October 22, 2021

EDUCATION OBJECTIVES

1. Distinguish between fact witnesses and expert witnesses.
2. Understand the differences between a subpoena and court order and what to do when one is received.
3. Describe ethical and other requirements regarding risk and duty to warn.
4. Distinguish between emotional support animals and service animals.
5. Appreciate when to consult when a patient/client reports aberrant sexual behaviors.

OVERVIEW OF THE LEGAL SYSTEM

THREE GOALS OF JUSTICE

- Criminal law → to punish
- Tort law → to make whole
  - Common law
  - Civil wrong that causes someone to suffer loss/harm
  - Intentional emotional distress, negligence, invasion of privacy, injuries, etc.
- Quasi-criminal → to rehabilitate
  - Common or civil law
  - Court's right to punish actions/omissions as if criminal
  - Civil commitment, hunting without a license, child custody, etc.

LEGAL PROCESS

Criminal cases

- State v. defendant
- Goal is punishment

Civil Cases

- Plaintiff v. defendant
- Goal is to make the injured party whole

TORTS – CIVIL LAW

Civil wrong

- Shift damages to the wrongdoer through financial restitution
- Blameworthiness is not necessary

TORTS – CIVIL LAW

Intentional tort

- May not be covered by malpractice policy
- Examples: Assault and battery; Sex with a patient; Defamation of character

Unintentional tort

- Behavior causes an unreasonable risk of causing harm/failure to exercise usual standard of care

NEGLIGENCE- FOUR Ds

Duty

Established when a professional treatment relationship exists between clinician and patient

NEGLIGENCE- FOUR Ds

Dereliction

Deviations from minimally acceptable standards of care

NEGLIGENCE- FOUR Ds

Directly causing

Relation between dereliction of duty and harm caused

NEGLIGENCE- FOUR Ds

Damages

Amount of money awarded the plaintiff to compensate for harm caused

NEGLIGENCE- FOUR Ds

Duty	Established when a professional treatment relationship exists between clinician and patient	Dereliction	Deviations from minimally acceptable standards of care
Directly causing	Relation between dereliction of duty and harm caused	Damages	Amount of money awarded the plaintiff to compensate for harm caused

PRIVACY, CONFIDENTIALITY, PRIVILEGE

PRIVACY

- Constitutional rights of an individual
  - Outlined in federal and state constitutions
- Against unnecessary intrusion, and
- Rights of an individual to control disclosure of personal matters

CONFIDENTIALITY

- A professional promise
  - Based on professional ethics
- To reveal nothing about a patient without their consent
  - Except in cases beyond the limits of confidentiality
  - Mandated reporters
  - Patients expected everything is confidential

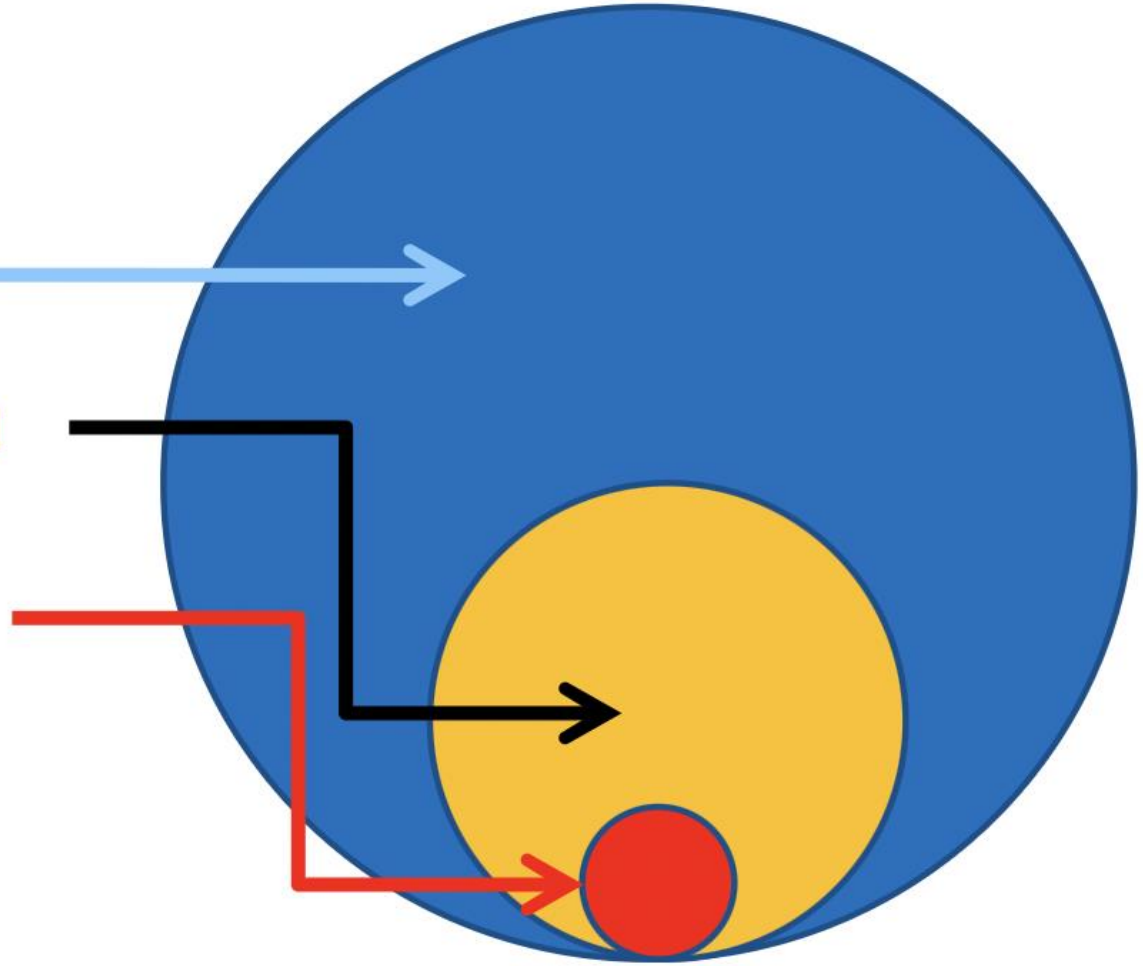
PRIVILEGE

- The legal right that exempts patients from having their confidential disclosures revealed by their therapists in legal proceedings
- Determined by state law
- Privilege is held by the patient, not the psychologist

PRIVILEGE v. CONFIDENTIALITY

- Privacy
  - A constitutional right
- Confidentiality
  - A professional standard
- Privilege
  - A narrow legal protection

Excellent confidentiality source:
http://jaffee-redmond.org/



PRIVILEGE v. CONFIDENTIALITY

Privileged Communications

- Attorney-Client Privilege
- Spousal Conversations
- Healthcare Communications

Conditions of Privilege

- Protected Relationship
- Privacy
- Not shared

PRIVILEGE v. CONFIDENTIALITY

Confidentiality

- Contact
  - confirming treatment status
- Content
  - discussing details of treatment

Certain Accepted Breaches of Confidentiality

- Suicidal thoughts, Thoughts to harm others
- Concerns re: the wellbeing of a minor
- Law Enforcement for wellness check

Clinicians have a duty of confidentiality, patients and clients have privilege

BREACHES OF CONFIDENTIALITY

Unacceptable Breaches

- Accessing confidential info without a need to know
- Assisting others to gain access to secured information
- Leaving confidential information in unsecure area
- Disclosing confidential info without authorization
- Improper disposal of confidential information
- Transferring confidential information in unsecured manner

PRIVACY, CONFIDENTIALITY, PRIVILEGE: SC SPECIFIC

- Ethical Principles of Psychologists (https://llr.sc.gov/psych/PsyEthics.aspx)
- South Carolina Code of State Regulations (https://www.scstatehouse.gov/coderegs/statmast.php)
  - Chapter 100 LLR: State Board of Examiners in Psychology
- South Carolina Code of Laws (https://www.scstatehouse.gov/code/statmast.php)
  - 19-11: Competency of Witnesses
  - 44-22: Rights of Mental Health Patients

CODE OF STATE REGULATIONS: CHAPTER 100

Confidential information: Information revealed by an individual or individuals or otherwise obtained by a psychologist

- Where there is reasonable expectation that, because of the relationship between the individual(s) and the psychologist or the circumstances under which the information was revealed or obtained, the information shall not be disclosed by the psychologist without the informed consent of the individual(s).
- When a corporation or other organization is the client, rules of confidentiality apply to information pertaining to the organization, including personal information about individuals when obtained in the proper course of that contract.
    - Such information about individuals is subject to confidential control of the organization, not of the individual, and can be made available to the organization, unless there is reasonable expectation by such individual(s) that such information was obtained in a separate professional relationship with the individual(s) and is therefore subject to confidentiality requirements in itself

ETHICAL PRINCIPLES (PRINCIPLE 5)

Psychologists have a primary obligation to respect the confidentiality of information obtained from persons in the course of their work as psychologists. They reveal such information to others only with the consent of the person or the person's legal representative, except in those unusual circumstances in which not to do so would result in clear danger to the person or to others. Where appropriate, psychologists inform their clients of the legal limits of confidentiality.

a) Information obtained in clinical or consulting relationships, or evaluative data concerning children, students, employees, and others, is discussed only for professional purposes and only with persons clearly concerned with the case. Written and oral reports present only data germane to the purposes of the evaluation, and every effort is made to avoid undue invasion of privacy.

b) Psychologists who present personal information obtained during the course of professional work in writings, lectures, or other public forums either obtain adequate prior consent to do so or adequately disguise all identifying information.

c) Psychologists make provisions for maintaining confidentiality in the storage and disposal of records.

d) When working with minors or other persons who are unable to give voluntary, informed consent, psychologists take special care to protect these persons' best interests.

e) Psychologists act in compliance with the Code of Laws of South Carolina regarding confidences of patients.

SC CODE §19-11-95 DEFINITIONS

SECTION 19-11-95. Confidences of patients of mental illness or emotional conditions

- "Provider" = licensed person who enters into a relationship with a patient to provide diagnosis, counseling, or treatment of a mental illness or emotional condition
- "Patient" = a person who consults or is interviewed by a provider to diagnose, counsel, or treat a mental illness or emotional condition
- "Confidence" = a private communication between a patient and a provider or information given to a provider in the patient-provider relationship
- "Written authorization after disclosure", or a similar phrase, = an authorization in the application or claims procedure of an insurer or a person providing a plan of benefits

SC CODE §19-11-95

Except when permitted or required by statutory or other law, a provider knowingly may not:

- Reveal a confidence of the patient;
- Use a confidence of the patient to the disadvantage of the patient;
- Use a confidence of the patient for the advantage of themself or of a third person, unless the patient gives written authorization after disclosure to the patient of what confidence is to be used and how it is to be used.

SC CODE §19-11-95

A provider may reveal:

- Confidences with the written authorization of the patient affected
  - but only after disclosure to them of what confidences are to be revealed and to whom they will be revealed;
- Confidences when allowed by statute or other law;
- The intention of the patient to commit a crime or harm himself and the information necessary to prevent the crime or harm;
- Confidences reasonably necessary to establish or collect their fee or to defend themself or employees against an accusation of wrongful conduct;
- In the course of diagnosis, counseling, or treatment, confidences necessary to promote care within the generally recognized and accepted standards, practices, and procedures of the provider's profession;
- Confidences with the written authorization of the patient affected for processing their health insurance claims, but only after disclosure to them of what confidences are to be revealed and to whom they will be revealed.

SC CODE §19-11-95

A provider shall reveal:

- Confidences when required by statutory law or by court order for good cause shown to the extent that the patient's care and treatment or the nature and extent of their mental illness or emotional condition are reasonably at issue in a proceeding; provided,
  - however, confidences revealed shall not be used as evidence of grounds for divorce;
- Confidences pursuant to a lawfully issued subpoena by a duly constituted professional licensing or disciplinary board or panel;
- Confidences when an investigation, trial, hearing, or other proceeding by a professional licensing or disciplinary board or panel involves the question of granting a professional license or the possible revocation, suspension, or other limitation of a professional license.
- A provider shall exercise reasonable care to prevent their employees, associates, and others whose services are utilized from disclosing or using confidences of a patient
- A provider releasing a confidence under the written authorization of the patient or under the provisions of this section is not liable to the patient or other person for release of the confidence to the person authorized to receive it; provided, however, a patient has a cause of action for damages against a provider, associate, agent, employee, or any other person who intentionally, willfully, or with gross negligence violates the provisions of this section.

SC CODE §44-22-90 EXCEPTIONS TO PRIVILEGED COMMUNICATIONS

Communications between patients and mental health professionals are considered privileged. The patient may refuse to disclose and may prevent a witness from disclosing privileged information **except as follows**:

- Communications between facility staff so long as the information is provided on a "need-to-know" basis;
- In involuntary commitment proceedings, when a patient is diagnosed by a qualified professional as in need of commitment to a mental health facility for care of the patient's mental illness;
- In an emergency where information about the patient is needed to prevent the patient from causing harm to themself or others;
- Information related through the course of a court-ordered psychiatric examination if the information is admissible only on issues involving the patient's mental condition;
- In a civil proceeding in which the patient introduces their mental condition as an element of their claim or defense, or, after the patient's death, when the condition is introduced by a party claiming or defending through or as a beneficiary of the patient, and the court finds that it is more important to the interests of justice that the communication be disclosed than the relationship between the patient and psychiatrist be protected;
- When a competent patient gives consent or the guardian of a patient adjudicated as incompetent gives consent for disclosure;
- As otherwise authorized or permitted to be disclosed by statute.

SC CODE §44-22-100 EXCEPTIONS TO CONFIDENTIALITY OF RECORDS

Certificates, applications, records, and reports and directly or indirectly identifying a mentally ill or alcohol and drug abuse patient or former patient or individual whose commitment has been sought, must be kept confidential, and must not be disclosed unless:

- The individual identified or the individual's guardian consents;
- A court directs that disclosure is necessary for the conduct of proceedings before the court and that failure to make the disclosure is contrary to public interest;
- Disclosure is required for research conducted or authorized by the department or the Department of Alcohol and Other Drug Abuse Services and with the patient's consent;
- Disclosure is necessary to cooperate with law enforcement, health, welfare, and other state or federal agencies, or when furthering the welfare of the patient or the patient's family;
- Disclosure to a court of competent jurisdiction is necessary for the limited purpose of providing a court order to SLED in order to submit information to the federal National Instant Criminal Background Check System (NICS), established pursuant to the Brady Handgun Violence Prevention Act of 1993, Pub.L. 103-159, and in accordance with Article 10, Chapter 31, Title 23.

SC CODE §44-22-100 EXCEPTIONS TO CONFIDENTIALITY OF RECORDS

"A person who violates this section is guilty of a misdemeanor, and, upon conviction, must be fined not more than five hundred dollars or imprisoned not more than one year, or both."

IN SC, FOR HOW LONG MUST RECORDS BE RETAINED?

CODE OF STATE REGULATIONS: CHAPTER 100

Records include:

- The presenting problem(s) or purpose or diagnosis
- The fee arrangement
- The date and substance of each billed or service-count contact or service
- Any test results or other evaluative results obtained and any basic test data from which they were derived
- Notation and results of formal consults with other providers
- A copy of test or other evaluative reports prepared as part of the professional relationship

Professional records are maintained for a period of not less than five years after the last date that service was rendered

SUBPOENAS

SUBPOENAS

Subpoenas:

- Legal commands to appear to provide testimony

Subpoenas duces tecum:

- Legal commands to appear and bring along specific documents

Commands you to:

- Appear in court
- Appear at a place and time to be deposed
- Produce specific records

SUBPOENAS

Do not ignore a subpoena!!!

Contempt. Failure to comply without adequate excuse may be deemed a contempt of the court

SUBPOENA CONCERNS

- Timely response: 14 days
- Confidentiality: Patient-Provider relationship

SUBPOENAS

- Even if not signed by a judge, must respond in a timely manner
- Can be quashed
- Responding does not mean you have to disclose confidential material
  - To disclose confidential material, must have client's consent or judge's order

CONSULTATION WITH AN ATTORNEY

- Is the subpoena valid?
- Have 14 days to object (motion to quash)
  - Fails to allow reasonable time for compliance
  - Requires travel >50 miles in state (live/work)
  - Trade secrets/test data
  - Undue burden
  - Requires disclosure of privileged information

I GOT A SUBPOENA – NOW WHAT?

- **In SC, subpoenas include:**
  - Name of the issuing court;
  - The title of the action, the court in which the action is pending, and a civil action number;
  - The specific request (i.e., attend court and give testimony, produce records).

- **Issued by the Clerk or an attorney as officer of the court.**

CONFIDENTIALITY LAWS

- PHYSICIANS RECORD ACT SC Code § 44-115-40 (2013) – express authorization, SC Code § 44-115-60 (2013), harm to patient or another/summary but not to patient's attorney,
- RIGHTS OF MENTAL HEALTH PATIENTS, SC Code § 44-22-100 (2012), express authorization, court order that directs disclosure is necessary for the conduct of the proceedings and *failure to make disclosure is contrary to public interest*
- CONFIDENTIALITY OF COMMUNICATIONS/ PROFESSIONAL COUNSELORS, THERAPISTS, SC Code § 40-75-190 (2016) *Clear and immediate danger exceptions/waiver
- HIPAA, 45 CFR 164.512(e)(ii)*Satisfactory assurance of notice to patient/minimum necessary
- SAMSHA - 42 CFR PART 2, §2.64 Criteria for entry = good cause, not available, public interest > potential injury to patient
- Court Order: limit disclosure to what is essential, include protective measures = PROTECTIVE ORDER

- * IMMUNITY from civil or criminal liability for good faith release SC Code § 44-115-140 (2013)

STEPS WHEN A SUBPOENA IS RECEIVED

- Read the subpoena, understand what is being requested
- Get written authorization from patient
- Comply with the request
- Call the attorney who issued the subpoena
  - Explore resolution
    - Withdraw/amend order
  - Motion to quash

STRATEGIES FOR DEALING WITH SUBPOENAS (APA, 2016)

1. Determine whether the carries the force of law

- Is it legally enforceable?
  - Consult with an attorney
  - If not, no legal obligation to respond
  - Subpoenas to produce documents must have a sufficient period of time to respond, if it doesn't, it may not be valid
  - Does the court have jurisdiction over the psychologist?
  - Was it properly served?

STRATEGIES FOR DEALING WITH SUBPOENAS (APA, 2016)

2. Contact the client
- See if they consent to disclosure

3. Negotiate with the requester
- Could be used as a strategy to avoid compelled testimony or deposition

STRATEGIES FOR DEALING WITH SUBPOENAS (APA, 2016)

4. Seek guidance from the court

- Write a letter, copying all parties, indicating you want to comply with the law but are ethically obligated not to produce confidential records/testify about them unless compelled by the court or with client consent
  - Suggest that the court direct you to provide test data only to another qualified psychologist
  - Suggest that the court limit the use of records to prevent wide dissemination
  - Suggest that the court limit the categories of info produced
  - Suggest that the court determine for itself via in camera hearings whether the info is relevant to the issue before the court
  - Suggest the court deny or limit the demand because it is unduly burdensome
  - Suggest the court shields from production psychotherapy notes

STRATEGIES FOR DEALING WITH SUBPOENAS (APA, 2016)

5. File a motion to quash the subpoena or file a protective order

- Motion to quash:
  - Formal application to court for having a subpoena vacated or declared invalid
- Motion for a protective order:
  - Seeks an order/decree from court that protects against untoward consequences of disclosing information
- Courts are more receptive to these if filed by the client rather than the psychologist

STRATEGIES FOR DEALING WITH SUBPOENAS (APA, 2016)

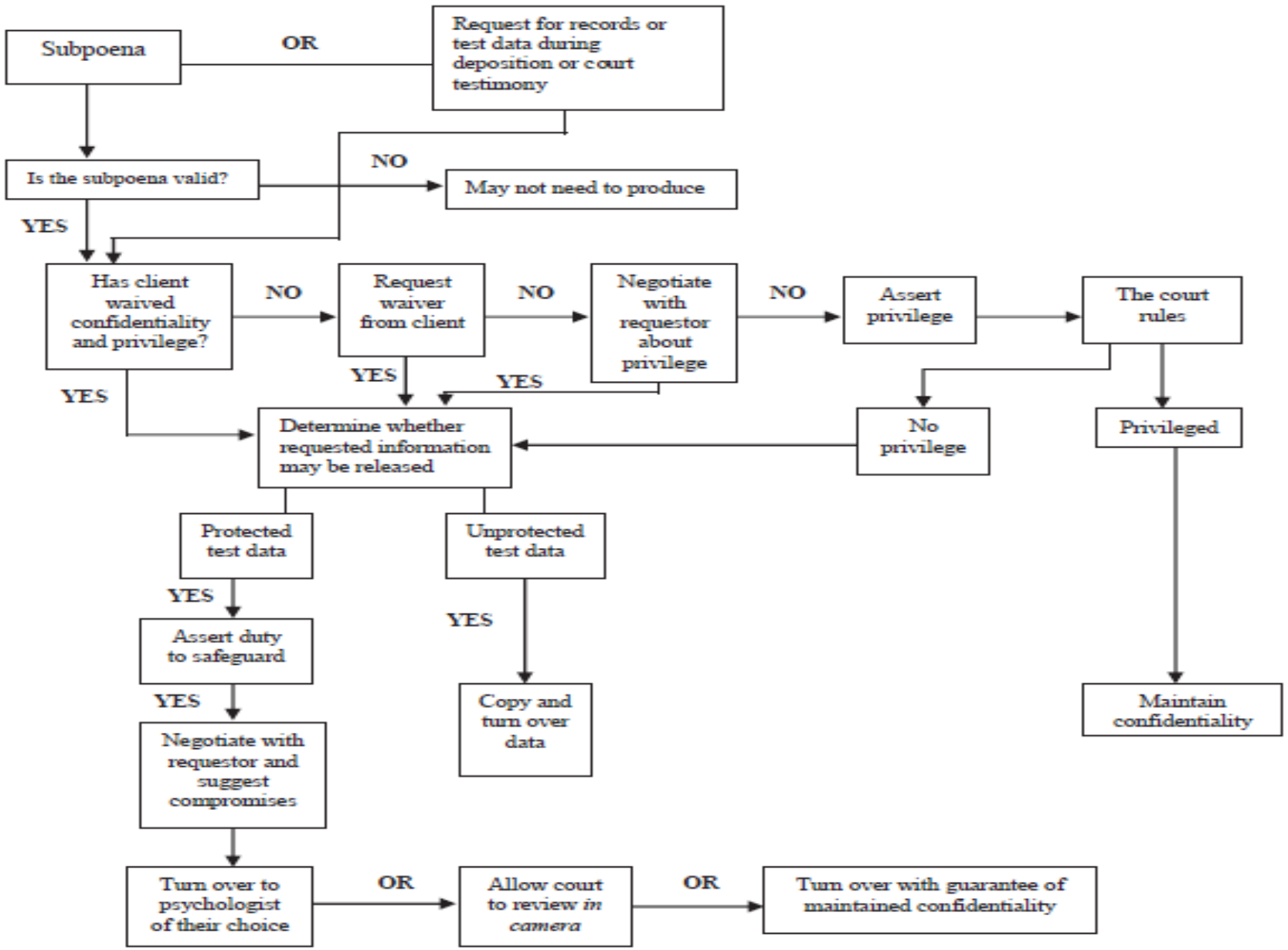
Possible grounds for opposing or limiting production of client records or test data:

- Court does not have jurisdiction
- Psychologist does not have custody /control of data sought
- Therapist-client privilege insulates the data from disclosure
- Information sought is not relevant to the issues or the scope of demand is overbroad
- Public dissemination of test information may harm the public interest
- Test publishers have an interest in the protection of test information
- Psychologists have an ethical obligation to protect integrity/security of test information to prevent misuse
- Refer to ethical/legal obligations of psychologists
- Some court rules allow the party receiving the subpoena to object on the basis of undue burden

APA, 2016

Disclosure Issues

The following steps may be taken, as appropriate:



I GOT A SUBPOENA – NOW WHAT?

- **Subpoena**
  - A request for the production or documents, referred to as *subpoenas duces tecum;*
  - A request to appear in court to provide testimony.

- **In SC, subpoenas include:**
  - Name of the issuing court;
  - The title of the action, the court in which the action is pending, and a civil action number;
  - The specific request (i.e., attend court and give testimony, produce records).

- **Issued by the Clerk or an attorney as officer of the court.**

I GOT A SUBPOENA – NOW WHAT?

- Unless excused by the Court or issuing attorney, you must respond to the subpoena.
- Does not mean you must disclose confidential information:
  - Should first determine subpoena is valid and conditions for disclosure of information are met (e.g., with client's consent);
  - Psychologists have the responsibility to maintain confidentiality and assert therapist-client privilege, unless client has waived privilege or signed a release of information.
- Clinical record can be released with client's permission or by court order.
- If client does not authorize release, HIPAA has procedures that should be followed when receiving a subpoena and there is no court order.
- When in doubt, contact legal counsel!

TYPES OF WITNESSES AND TESTIMONY

FACT WITNESS VS. EXPERT WITNESS

Expert Witness

- Have skill/knowledge/etc. in a particular subject area (e.g., forensic evaluation).
- Retained to provide an outside and expert view.
- May provide an opinion.
  - Opinions based upon sufficient data and reliable scientific methods.
  - E.g., their expert view regarding a specific type of treatment, though they were not involved in the treatment.
- Voir Dire

Fact Witness (also called Eyewitness)

- Must limit testimony to facts regarding what they have observed.
- May only provide opinion when it is based on perception of the witness or helpful to understanding their testimony.

WHY MIGHT YOU BE CALLED?

- If you treated someone who is charged with a crime.
- If you treated someone who becomes involved in civil litigation (e.g., injury).
- If you are an expert on subject matter (e.g., trauma, a particular research subject).
- If you can testify regarding specific procedures (e.g., DNA analysis).

WHAT IS TESTIMONY?

Testimony is broadly defined as speaking under oath:

- **Deposition** – testimony that occurs under oath, provided outside of court, recorded as formal record.
  - Generally occurs during civil proceedings (though can occur during criminal cases).
  - Both attorneys are present, no judge or jury.
  - Can occur in the office of an attorney, court reporter, or expert witness.

- **Courtroom** – providing testimony under oath on the witness stand.
  - Can occur at many different time points (e.g., before a trial, during a trial, sentencing).

Melton et al., 2018

DEPOSITION VS. COURTROOM TESTIMONY

ENTERING THE COURTROOM…

- Will be called up to the witness stand next to the Judge.
- Will state name, etc. for the record.
- Must be sworn in ("Swear to tell the truth, the whole truth…").
  - Can incur ***Perjury*** for lying under oath.
- Qualifications if expert witness (voir dire)
  - Qualified as expert
- Usually, the party that called you in to testify goes first:
  - ***Direct testimony***
- Next, the opposing party will ask the questions:
  - ***Cross-examination***
  - Generally speaking, these questions are more difficult to answer.

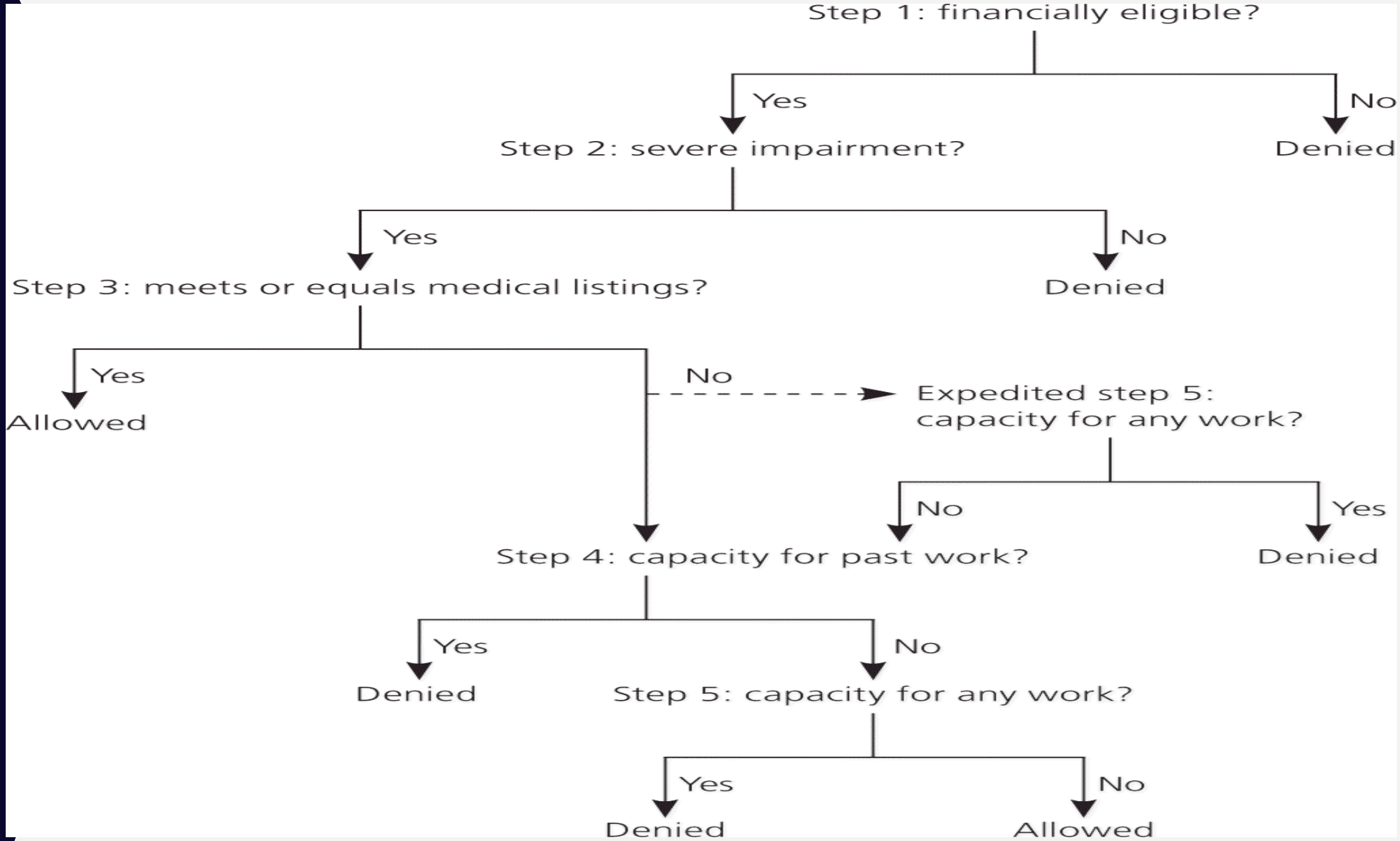
SPECIAL TOPICS IN MENTAL HEALTH PRACTICE

DISABILITY

PAPERWORK V. EVALUATION

DISABILITY

- US: >56 million workers have a disability
  - >38 million have a severe disability
- Types of disability programs:
  - Social Security Disability Insurance (SSDI)
  - Workers' Compensation
  - US Department of Veterans Affairs (VA)
  - Private Disability Insurance
- SSDI Definition of Disability:
  - "The inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months."


Step 1: financially eligible?
Yes
No
Denied
Step 2: severe impairment?
Yes
No
Denied
Step 3: meets or equals medical listings?
Yes
Allowed
No
Expedited step 5:
capacity for any work?
No
Yes
Denied
Step 4: capacity for past work?
Yes
Denied
No
Step 5: capacity for any work?
Yes
Denied
No
Allowed

PSYCHIATRIC DISABILITY

- US: ~3.4 million receive SSDI for mental illness
  - Accounts for nearly one third of all SSDI beneficiaries
  - Largest of any diagnostic criteria
  - ~$150 billion/year
    - $44 to $51.5 billion just for depressive disorders

DISABILITY PAPERWORK FOR YOUR PATIENTS

- Conflict between serving as a clinician and objective evaluator
- Need to obtain informed consent
- Applying statutory or regulatory definition of disability
- Corresponding with the patient's attorney
- Occasionally providing court testimony
- Possible pressure from patients
- Possible resentment of patients who disagree with how impairments have been represented
- Some patients misrepresent their symptoms or adherence/response to treatment

DISABILITY PAPERWORK FOR YOUR PATIENTS

- Clinical experience alone does not provide adequate prep for assessing disability
  - Social Security Administration gives greater weight to treatment providers
    - Can provide a more detailed/longitudinal picture of symptoms/impairment
- Research (Christopher et al., 2011) indicated providers frequently complete disability forms, even when they do not believe their patient is disabled
- When your patient makes a disability claim and asks you to endorse the claim by documenting impairments/disability
  - Think carefully about the true meaning of patient advocacy
    - SSDI benefits require the patient be totally and permanently disabled
    - Permanent disability status is typically not good for anyone's mental health
      - Considering oneself permanently disabled may lead to a downward spiral in mental health symptoms

DISABILITY PAPERWORK FOR YOUR PATIENTS

With this in mind, you may be asked to:

- Define and document findings related to the individual's medical problems or impairments
- Define the severity of the medical problem (e.g., temporary or permanent, partial or total impairment)
- Identify functional limitations and restrictions associated with impairments
- Synthesize medical information from different sources into a coherent picture of the individual's medical conditions and functional ability, which may include evaluation of work capability

ABERRANT SEXUAL PRACTICES

“I’ve been having thoughts about molesting a child.”

"I'VE BEEN HAVING THOUGHTS ABOUT MOLESTING A CHILD."

Imagine one day that you are walking past an elementary school playground. You glance over at the children and, out of the blue, a thought enters your head: "Did I just look at those kids in a creepy way?" Your brain immediately begins to doubt and analyze whether your glance was creepy and you are flooded with terror: "Why would I be staring at kids?" "Do other people do this?" "Was I physically attracted to one of them?" "Is there something wrong with me?" "Did I do something inappropriate?" "Did I get aroused by the children?" "Am I a pedophile?" "Am I going to become a pedophile?" "What does this mean that I am even thinking these thoughts?" *(OCD Newsletter, 2016)*

Obsessive compulsive disorder v. pedophilic disorder

CONSULTATION IS IMPORTANT!

- Are they sexually aroused to thoughts of children?
- Are they masturbating to thoughts of this child?
- Is there a specific child they have been thinking about?
- Have they made plans/preparations to be around this child?

PARAPHILIAS V. PARAPHILIC DISORDERS

Paraphilia (DSM-5, APA, 2013): "Any intense and persistent sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners."

- Activities:
  - Spanking
  - Whipping
  - Cutting
  - Binding
- Targets:
  - Shoes
  - Amputees
  - Nonhuman animals

PARAPHILIAS V. PARAPHILIC DISORDERS

Paraphilic disorders (DSM-5, APA, 2013): "A paraphilia that is currently causing distress or impairment to the individual or a paraphilia whose satisfaction has entailed personal harm, or risk of harm, to others."

- A paraphilia is a necessary but not sufficient condition for having a paraphilic disorder
  - A paraphilia, by itself, does not necessarily JUSTIFY or REQUIRE clinical intervention

SERVICE ANIMALS V. EMOTIONAL SUPPORT ANIMALS

SERVICE ANIMALS IN SC

Layla's Law (Amended Service Animal Bill; signed into law 2003)

- "'Service animal' means an animal that is trained for the purposes of assisting or accommodating the sensory, mental, or physical disability of a disabled person."
- "**Layla's Law**" makes it illegal for any person or their dog to interfere with the use of a dog guide or any other service animal, or for any person or their dog to injure, disable or cause the death of a dog guide or any other service animal.

EMOTIONAL SUPPORT ANIMALS

- Not mentioned in SC Code of Laws
- An emotional support animal is a companion animal that provides therapeutic benefit to an individual wit mental or psychiatric disability. The per seeking the emotional support animal must have a verifiable disability (the reason cannot just be a need for companionship).

DIFFERENCES

Service animals:

- Dogs individually trained to do work or perform tasks for people with disabilities.
  - Must be directly related to the person's disability.
  - May accompany persons with disabilities into places that the public normally goes.
  - The law that allows a trained service dog to accompany a person with a disability is the Americans with Disabilities Act (ADA).

Emotional support animals:

- Animal (typically a dog or cat though this can include other species) that provides a therapeutic benefit to its owner through companionship.
  - Provides emotional support and comfort to individuals with psychiatric disabilities and other mental impairments.
  - **Not** specifically trained to perform tasks for a person who suffers from emotional disabilities.
  - **Not** granted access to places of public accommodation.

SOUTH CAROLINA

- Although a "US Service Animals" website indicates, "South Carolina has extended its state law to include all assistive animals" and "Since South Carolina does not exclude emotional support animals from its protection law against all service and assistive animals, **there are no restrictions** as to where you can bring your emotional support animal except churches or religious buildings. This means you can take them shopping with you or to do any other normal day to day activities you might need them to accompany you."

- However…

SC CODE OF LAWS ARTICLE 15 PROTECTION OF GUIDE DOGS SECTION 47

- "Whereas, the term "service animal" has a distinct meaning in the law. A service animal means an animal that is trained for the purposes of assisting or accommodating the sensory, mental, or physical disability of a disabled person. Under the law, **the provision of emotional support, well-being, comfort, or companionship does not constitute the work or tasks of a service animal;…"**
- An animal wearing a vest or other marking or presentation of a "certificate" is not" a reliable indication of whether an animal is, by law, a service animal."
- There is "an increasing number of occurrences in which people **exploit the confusion** related to service animals and attempt to bring an animal into a place that it would *otherwise not be allowed to enter by passing off the pet, therapy animal, or emotional support animal as a service animal*, either by oral misrepresentation, placement of a vest or other marking on the animal, or presentation of a "certificate", despite knowing that it is not a service animal;…"

SC CODE OF LAWS ARTICLE 15 PROTECTION OF GUIDE DOGS SECTION 47

- "Whereas, when people try to falsely represent a nonservice animal as a service animal, business owners and other places of public accommodation become increasingly distrustful that the animals being represented to them as service animals are, in fact, service animals. Misrepresentation of service animals delegitimizes the program and makes it harder for persons with disabilities to gain unquestioned acceptance of their legitimate, properly trained, and essential service animals…"
- Therefore, places that allow Service Animals, **do not** have to allow Emotional Support Animals

EMOTIONAL SUPPORT ANIMALS ON AIRPLANES

- "Traveling by Air with Service Animals"
- Final rule by the Office of the Secretary, US Department of Transportation (DOT)
- Effective 1/11/2021
  - Service Animals:
    - Dog, regardless of breed, that is individually trained to do work or perform tasks for the benefit of a qualified individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability
  - **Emotional Support Animals are now recognized as pets, rather than service animals**
    - "Carriers are not required to recognize emotional support animals as service animals and may treat them as pets."
    - Partly introduced due to "the reported increase in the incidents of misbehavior by emotional support animals."
  - Permits airlines to limit two service animals per customer on a flight

DUTY TO WARN/PROTECT

DUTY TO WARN/PROTECT

- What is the clinician's duty to warn or protect an individual who may be in danger as the result of a patient's expressed thoughts to cause them harm?
- Prior to 1974, there were not clear expectations from a legal standpoint on this issue
- *Tarasoff v. Regents of the University of California (1974)* changed the landscape regarding this issue

DUTY TO WARN/PROTECT

- Prosenjit Poddar
  - Student at University of California, Berkeley, 1967
  - Fall 1968, met Tatiana Tarasoff at a social gathering
  - Brief dating history, ultimately Tatiana ended their interactions
  - Prosenjit began to stalk Tatiana

- Summer of 1969
  - Tatianna travels to South America
  - Prosenjit exhibits a decline in mental health, more neglectful of appearance, challenges academically
  - Seeks mental health treatment for depression

DUTY TO WARN/PROTECT

- UC Berkeley Cowell Memorial Hospital
  - Prosenjit starts working with Dr. Lawrence Moore, Psychologist
  - In session, Prosenjit discloses a desire to kill Tatiana
  - Dr. Moore requests that campus police detain Prosenjit
    - Diagnosis: Paranoid Schizophrenia
    - Recommendation: Civil Commitment
  - Prosenjit was briefly detained but subsequently released
    - Dr. Powelson (supervisor) recommended he be released
    - Tatiana nor her family are given any info re: Prosenjit's feelings or threats

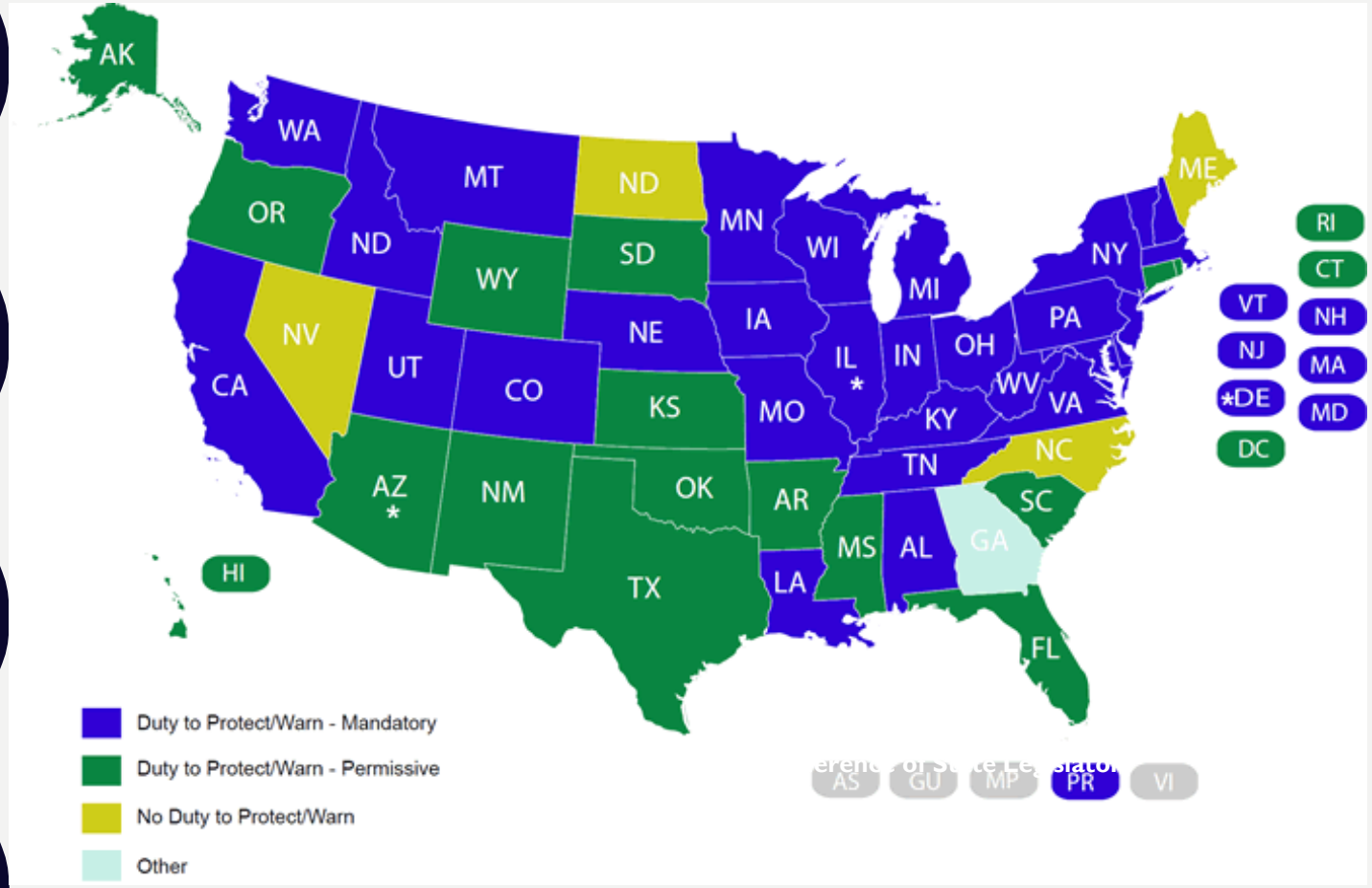
DUTY TO WARN/PROTECT

- Fall 1969
  - Tatiana had returned from her trip
  - Prosenjit stopped seeing psychologist
  - He befriends Tatiana's brother and moves in with him
- October 27, 1969
  - Prosenjit stabs and kills Tatiana
- Prosenjit is tried and convicted of second-degree murder
  - Conviction overturned due to juror instructions
  - Released conditionally if he would return to India

DUTY TO WARN/PROTECT

- California Supreme Court Ruling
  - Mental health professionals have a duty to patients and to individuals who are being threatened by a patient
  - Famous Quote from the Majority Opinion:
    - "Protective privilege ends where the public peril begins"
  - Dissenting opinions
    - Concerns about limiting privacy between psychiatrist and patient

Mental Health Professionals' Duty to Warn



DUTY TO WARN/PROTECT

FITNESS FOR DUTY EVALUATIONS V. RETURN TO WORK

FITNESS-FOR-DUTY EVALUATIONS

- A physician discovers she has a diagnosis of Parkinson's Disease. She develops a hand tremor.
- Is she fit for duty?
- What more do you need to know?
- Are you qualified to comment on her fitness for duty?

FITNESS-FOR-DUTY EVALUATIONS

- What is fitness-for-duty?
  - Physical
  - Emotional
  - Mental
- What is your role as the treating clinician in completing a fitness-for-duty evaluation?
  - Treatment relationship
  - Forensic evaluation
  - Can you do both?

FITNESS-FOR-DUTY EVALUATIONS

- Considerations for Psychiatric Fitness-for-duty Evaluations
  - Referral source specific questions
    - Clear scope is important
  - Criteria-based job description or list of responsibilities
    - Helpful to know the specifics of the job for which you are evaluating fitness
  - Thorough psychiatric history
    - Diagnoses, Medications, Treatment History, Mandated Treatment
  - Substance use history

FITNESS-FOR-DUTY EVALUATIONS

- Considerations for Psychiatric Fitness-for-duty Evaluations
  - Medical history
  - Sexual history
    - Especially important if boundary violations or problematic sexual behavior in workplace
  - Mental status exam
    - Cognitive function may need further evaluation if at issue
  - Psychometric testing
  - Collateral information

FITNESS-FOR-DUTY EVALUATIONS

- Considerations for Psychiatric Fitness-for-duty Evaluations
  - Collateral information
    - Partner / Significant Other
    - Referral Source
    - Direct Reports
    - Work Supervisors
  - Work History
    - Job performance data
    - Termination history
    - Board complaints

FITNESS-FOR-DUTY EVALUATIONS

- Considerations for Psychiatric Fitness-for-duty Evaluations
  - Conclusions
    - Psychiatric Illness? Yes / No
    - If yes, then how do symptoms of that illness interfere directly with job duties?
    - Could modifications make fitness for work possible?
    - Report should have logical connections between illness, resulting impairment, and how the impairment negative impacts the individual's job performance

RETURN TO WORK

- Generally limited form indicating patient has been out of work and under your care during a certain timeframe and may return to work on a given date.
- Does not comment on fitness for duty of the individual and is not a comprehensive forensic evaluation
- Set boundaries with patients if you are not able to complete a comprehensive return to work evaluation without an established treatment relationship

PRIVACY AND SUBSTANCE USE

42 CODE OF FEDERAL REGULATIONS (CFR) PART TWO

- Originated in 1975
- Goal was to address concerns on behalf of patients that personal information shared about their substance use was not utilized for other purposes (i.e., criminal hearings)
  - Places higher standard on the release of records and information related to substance use
- Part Two Programs are federally assisted programs providing substance use treatment

42 CODE OF FEDERAL REGULATIONS (CFR) PART TWO

- Definitions:
- [2] "Federally assisted" (defined at § 2.12 (b)) encompasses a broad set of activities, including management by a federal office or agency, receipt of any federal funding, or registration to dispense controlled substances related to the treatment of SUDs. Many SUD treatment programs are federally assisted.
- [3] A "program" (defined at § 2.11) is an individual, entity (other than a general medical facility), or an identified unit in a general medical facility, that "holds itself out" as providing and provides diagnosis, treatment, or referral for treatment for a SUD. Medical personnel or other staff in a general medical facility who are identified as providers whose primary function is to provide diagnosis, treatment, or referral for treatment for a SUD are also Programs. "Holds itself out" means any activity that would lead one to reasonably conclude that the individual or entity provides substance use disorder diagnosis, treatment, or referral for treatment.

CIVIL COMMITMENT

CIVIL COMMITMENT LAW

- All 50 states have some form of commitment laws
- Study in 2014 found that there is a significant deficit in state civil commitment statutes that promote a reasonable pathway for treatment and recovery for those who are experiencing severe mental health issues

CIVIL COMMITMENT LAW

- In 2014 study by Treatment Advocacy Center, each states' commitment statutes were reviewed and graded according to several variables.
  - Only 14 states earned a cumulative grade of "B" or better
  - 17 states earned a "D" or "F" for quality of their laws
  - No state earned a grade of "A" all around

S.C. CIVIL COMMITMENT LAW

Estimated Prevalence of Severe Mental Illness in South Carolina (2017)

- Total adult population: 3.9 million
- Individuals with schizophrenia: ~ 43,000
- Individuals with severe bipolar disorder: ~ 86,000

(SOURCE: NIMH and US BUREAU OF THE CENSUS, 2017)

GRADING SOUTH CAROLINA STATE LAWS	
PART ONE: INPATIENT COMMITMENT STATUTE	44
PART TWO: OUTPATIENT COMMITMENT STATUTE	44
TOTAL	88
GRADE	**B+**

(SOURCE: GRADING THE STATES: AN ANALYSIS OF INVOLUNTARY PSYCHIATRIC TREATMENT LAWS, Treatment Advocacy Center, 2020)

S.C. CIVIL COMMITMENT LAW

INPATIENT OR OUTPATIENT COMMITMENT

S.C. CODE ANN. § 44-17-510. Proceedings for involuntary hospitalization by judicial procedure may be commenced by filing a written petition with the probate court of the county where he is present or where he is a resident by any interested person or the superintendent of any public or private mental institution in which he may be[.]

EMERGENCY EVALUATION

S.C. CODE ANN. § 44-17-410. A person may be admitted to a public or private hospital, mental health clinic, or mental health facility for emergency admission upon: (1) written affidavit under oath by a person stating [the belief that a person meets the criteria].

S.C. CIVIL COMMITMENT LAW

S.C. CODE ANN. § 44-17-410. A person may be admitted to a public or private hospital, mental health clinic, or mental health facility for emergency admission upon:

(1) written affidavit under oath by a person stating:

(a) a belief that the person is mentally ill and because of this condition is likely to cause serious harm to himself or others if not immediately hospitalized;

(b) the specific type of serious harm thought probable if the person is not immediately hospitalized and the factual basis for this belief;

(2) a certification in triplicate by at least one licensed physician stating that the physician has examined the person and is of the opinion that the person is mentally ill and because of this condition is likely to cause harm to himself through neglect, inability to care for himself, or personal injury, or otherwise, or to others if not immediately hospitalized. The certification must contain the grounds for the opinion[.]

S.C. CIVIL COMMITMENT LAW

S.C. CODE ANN. § 44-17-430. If a person believed to be mentally ill and because of this condition likely to cause serious harm if not immediately hospitalized cannot be examined by at least one licensed physician … because the person's whereabouts are unknown or for any other reason, the petitioner seeking commitment … shall execute an affidavit stating a belief that the individual is mentally ill and because of this condition likely to cause serious harm if not hospitalized, the ground for this belief and that the usual procedure for examination cannot be followed and the reason why. Upon presentation of an affidavit, the judge of probate for the county in which the individual is present may issue an order requiring a state or local law enforcement officer to take the individual into custody for a period not exceeding twenty-four hours[.]

S.C. CIVIL COMMITMENT LAW

S.C. CODE ANN. § 44-17-580(A). If, upon completion of the hearing and consideration of the record, the court finds upon clear and convincing evidence that the person is mentally ill, needs treatment and because of his condition:

> (1) lacks sufficient insight or capacity to make responsible decisions with respect to his treatment; or
>
> (2) there is a likelihood of serious harm to himself or others,

the court shall order in-patient or out-patient treatment at a mental health facility … and may order out-patient treatment following in-patient treatment.

S.C. CIVIL COMMITMENT LAW

S.C. CODE ANN. § 44-23-10(13). "Likelihood of serious harm" means because of mental illness there is:

(a) a substantial risk of physical harm to the person himself as manifested by evidence of threats of, or attempts at, suicide or serious bodily harm;

(b) a substantial risk of physical harm to other persons as manifested by evidence of homicidal or other violent behavior and serious harm to them; or

(c) a very substantial risk of physical impairment or injury to the person himself as manifested by evidence that the person is gravely disabled and that reasonable provision for his protection is not available in the community.

S.C. CIVIL COMMITMENT LAW

S.C. CODE ANN. § 44-23-10(7) “Gravely disabled” means a person who, due to mental illness, lacks sufficient insight or capacity to make responsible decisions with respect to his treatment and because of this condition is likely to cause harm to himself through neglect, inability to care for himself, personal injury, or otherwise.

S.C. CODE ANN. § 44-23-10(21). "Person with a mental illness" means a person with a mental disease to such an extent that, for the person’s own welfare or the welfare of others or of the community, the person requires care, treatment or hospitalization.

CIVIL COMMITMENT AND GUN OWNERSHIP

S.C. FIREARM OWNERSHIP RESTORATION

- Section 23-31-1030 addresses a citizen's right to remove the prohibition from shipping, transporting, possessing, or receiving a firearm or ammunition.
- This applies to anyone who was committed under aforementioned civil statutes
- The individual is eligible to undergo this process after the current commitment order expires

S.C. FIREARM OWNERSHIP RESTORATION

- Individual must agree to give the court all information re: their current and past medical and mental health records

- Within 90 days of the petition, there must be a court hearing on the matter

At this hearing, a current evaluation must be presented from a physician specializing in mental health "specifically addressing whether due to mental defectiveness or mental illness the petitioner poses a threat to the safety of the public or himself or herself."

S.C. FIREARM OWNERSHIP RESTORATION

- The legal standard used at this hearing is preponderance of evidence
- The requirements that must be determined:
  - The petitioner is no longer required to participate in court-ordered psychiatric treatment
  - The petitioner is determined by the Department of Mental Health or a licensed physician to be not likely to act in a manner dangerous to public safety
  - Granting the petitioner relief will not be contrary to the public interest
- If the petitioner is denied relief and the provisions are not removed, they may appeal to the circuit court for a de novo review.

OVERVIEW OF FORENSIC PSYCHOLOGY

WHAT IS FORENSIC PSYCHOLOGY?

- Mr. Smith is a 24-year-old man. It is alleged that he had sexual contact with a 5-year-old neighbor and was charged with Criminal Sexual Conduct, with a Minor, in the 1st degree on 9/6/2021.
- School records indicated placement in special education and community mental health records reported a previous diagnosis of schizophreniform disorder from 2019.
- The records from the detention center indicated that he is not currently taking psychiatric medication and that he has been reporting to mental health staff that he was married to the reported victim. Other notes indicated that he reported seeing a "Chucky doll holding a knife that was laughing at him."

WHAT KINDS OF FORENSIC EVALUATIONS COULD BE REQUESTED?

WHAT KINDS OF EVALUATIONS COULD THE COURT REQUEST?

- Competency to stand trial
- Criminal responsibility
- Risk assessment
- Assessment of sexual violence risk
- Malingering assessment
- Mitigation assessment

WHAT IS FORENSIC PSYCHOLOGY?

WHAT IS FORENSIC PSYCHOLOGY?

- "The professional practice by psychologists within the areas of clinical psychology, counseling psychology, neuropsychology, and school psychology, when they are engaged regularly as *experts* and represent themselves as such, in an activity primarily intended to provide **professional psychological expertise to the judicial system**" (Heilbrun, 2000).

WHAT IS FORENSIC PSYCHOLOGY?

- "Involves the application of psychological research, theory, practice, and traditional and specialized methodology (e.g., interviewing, psychological testing, forensic assessment and forensically relevant instruments) **to provide information relevant to a legal question**" (Goldstein, 2003).

SPECIALTY GUIDELINES FOR FORENSIC PSYCHOLOGY:

- American Psychological Association (APA) Specialty Guidelines for Forensic Psychology (1/2013) (http://www.apa.org/practice/guidelines/forensic-psychology.aspx)

- These apply not to "forensic" psychologists/psychiatrists, but people performing forensic work….

CRIMINAL V. CIVIL FORENSIC EVALUATIONS

CIVIL V. CRIMINAL

Criminal

- Competencies
  - Consent to search
  - Waive Miranda/Confess
  - Plead Guilty
  - *Pro se*
  - **Stand trial**
  - Testify
  - Refuse NGRI
  - Sentenced
  - executed
- Sanity/Criminal Responsibility/Mental State at Time of (Offense)
- Risk Assessment (e.g., Violence, Sexual)
- Mitigation

Civil

- Fitness for Duty
- Parental Fitness
- Child Custody
- Pre-employment
- Guardianship/Conservatorship
- Civil Commitment
- Capacity to Consent to Treatment
- Disability
- Reinstatement of Gun Rights

COMPETENCY TO STAND TRIAL

COMPETENCY TO STAND TRIAL (CST)

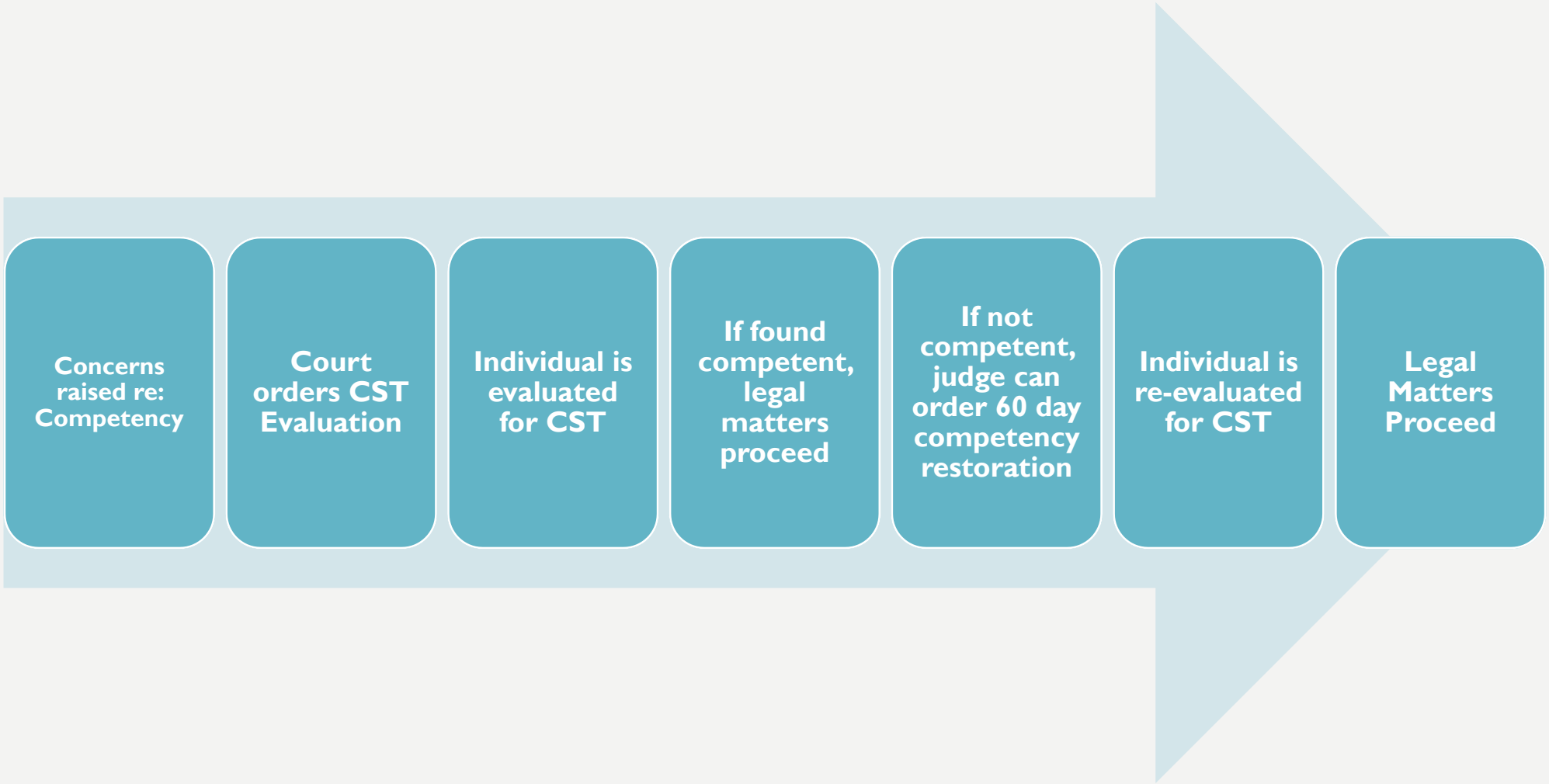
Three-prong Approach (Dusky)

- Factual understanding of the proceedings against them
  - Legal Charges
  - Roles of courtroom participants
  - Possible Pleas
    - Disorders that could interfere
- Rational understanding of the proceedings against them
  - Ability to rationally apply factual knowledge
  - Disorders that could interfere
- Ability to assist counsel in defense
  - Volition
  - Disorders that could interfere

COMPETENCY TO STAND TRIAL (CST)

- 65,000 referred annually for CST evaluation
  - 10% to 30% of these are found IST
  - 75% to 95% of these restored to competency
- Functional Assessment
  - Measures one's ability in a specific moment of time
- *Dusky v. United States* (1960)
  - Established constitutional standard for CST

CST PROCESS (IN SC)



CRIMINAL RESPONSIBILITY

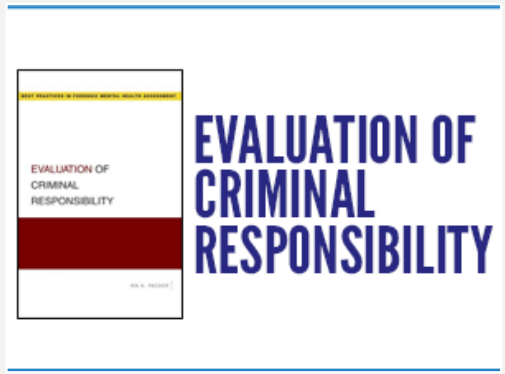
CRIMINAL RESPONSIBILITY

- Insanity
  - Legal term, defined specifically by each state
  - No Insanity Defense: Idaho, Kansas, Montana, Utah

- M'Naghten Standard
  - Developed in 1843
  - Most common insanity test used in the United States
  - "To establish a defense on the ground of insanity, it must be clearly proved that at the time of the committing of the act, the party accused was laboring under such a defect of reason, from the disease of the mind, as not to know the nature and quality of the act he was doing, or if he did know it, that he did not know that what he was doing was wrong."

CRIMINAL RESPONSIBILITY EVALUATIONS

- Goal of the evaluation is to be able to describe the defendant's mental state surrounding the time of the alleged offense.
- Evaluation of the defendant
- Extensive review of collateral
- records:
  - Psychiatric Records
  - Crime Scene Photos
  - 911 Recordings
  - Law Enforcement Body-Worn Camera Footage



NGRI: HOW COMMON?

- One-tenth of 1% of all felony cases (about 1 out of 1,000 cases) plead NGRI.
- Of these, about 25% are successful
- Misperceptions re: NGRI
  - People found NGRI are "getting away with it."
    - Individuals may spend more time in a hospital than they would have served if adjudicated guilty.

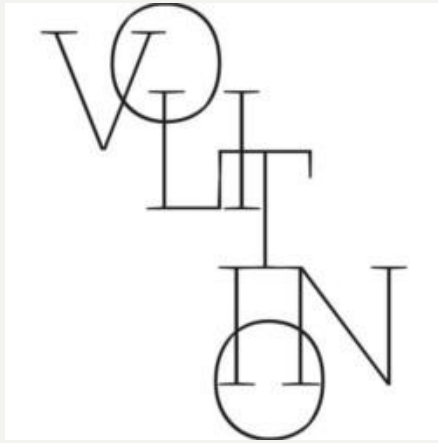
NGRI: Andrea Yates

- 6/20/2001: Drowned her five children
- "It was the seventh deadly sin. My children weren't righteous. They stumbled because I was evil. The way I was raising them, they could never be saved. They were doomed to perish in the fires of hell."

SOUTH CAROLINA STATUTE: GUILTY BUT MENTALLY ILL (GBMI) THE VOLITIONAL PRONG

- According to the South Carolina Code of Laws, §17-24-10, the standard is, "…because of mental disease or defect, a defendant lacks sufficient capacity to conform his conduct to the requirements of the law."

- Recognizes that a defendant has mental illness without having to make a decision with respect to insanity.



SOUTH CAROLINA STATUTE: GUILTY BUT MENTALLY ILL (GBMI) THE VOLITIONAL PRONG

- Capacity to make choices?
- Capacity for delay?
- Regard for apprehension?
- Foreseeability and avoidability?
- Result of a mental disorder?

GBMI CRITICISMS

- Deceptive and meaningless
  - Research shows most GBMI verdicts are reached via plea bargains rather than a jury trial
    - No practical advantage for defendant
  - "B": despite the but, no provision for a lesser punishment

ASSESSMENT OF NGRI/GBMI

- All jurisdictions require that a defendant asserting NGRI must show they suffered from a "severe" disorder at the time of the alleged offense.
  - Psychotic disorders and major affective disorders most typical; PTSD has been successfully used on a rare occasion (e.g., during a flashback)

SEXUALLY VIOLENT PREDATOR ACTS

ENACTMENT OF CIVIL COMMITMENT FOR SEXUALLY DANGEROUS PERSONS

- Allowed indefinite civil commitment of individuals convicted of sexual offenses after sentence
- Washington, 1990
  - 1989 Earl Shriner
  - 1989 Wesley Dodd
- General criteria:
  - Convicted/charged with a sexual offense
  - Mental disorder/abnormality that results in volitional impairment
  - Likely to engage in sexually violent behavior in the future

- As of 2020, over 6,300 committed (UCLA, 2020)

GENERAL SVP CRITERIA

1. Convicted* of a sexually violent offense
2. Suffers from mental abnormality/personality disorder that causes serious difficulty in controlling sexually violent behavior
3. Which makes them *likely* to commit future acts of sexual violence

US JURISDICTIONS WITH SVP ACTS

- US Federal Government
- District of Columbia

1. Arizona
2. California
3. Florida
4. Illinois
5. Iowa
6. Kansas
7. Massachusetts
8. Minnesota
9. Missouri
10. Nebraska
11. New Hampshire
12. New Jersey
13. New York
14. North Dakota
15. Pennsylvania
16. South Carolina
17. Texas
18. Virginia
19. Washington
20. Wisconsin

"MENTAL ABNORMALITY"

- "[A] congenital or acquired condition affecting the emotional or volitional capacity which predisposes the person to commit sexually violent offenses in a degree constituting such person a menace to the health and safety of others" (Kan. Stat. Ann. § 59-29a02)
- "[A] mental condition affecting a person's emotional or volitional capacity which predisposes the person to commit sexually violent offenses" (N.H. Rev. Stat. Ann. § 135-E: 2; S.C. Code Ann. § 44-48-30)
- "[Pe]rson suffers from a serious mental illness, abnormality, or disorder as a result of which he would have serious difficulty in refraining from sexually violent conduct or child molestation if released" (18 U.S.C.A. § 4247(6)).
- Most states include personality disorders in the definition

HOW LIKELY IS "LIKELY"?

- "greater than 50% chance"
- "more likely than not"
- "substantial probability"
- A person's risk of sexual recidivism poses a menace to the health and safety of others

Witt & DeMatteo, 2019

SOUTH CAROLINA SVP LAW

- Committed until "person's mental abnormality or personality dx has so changed that the person is safe to be at large"
- Annual re-examination of mental condition
  - Court can appoint independent expert
- Court conducts annual hearing
- Trial held, State has burden to prove person is not safe to be at large and likely to engage in acts of sexual violence

ASSESSING SEXUAL VIOLENCE RISK

What factors/disorders/characteristics increase RISK for sexual reoffending?

ASSESSING SEXUAL VIOLENCE RISK

- Trouble following the rules and supervision conditions (*d*=.62)
- Emotional congruence with children (*d*=.42)
- Sexual preoccupation (*d*=.39)
- General problems in self-regulation (*d*=.37)
- Conflicts in intimate relationships (*d*=.36)
- Never married (*d*=.32)
- Any 'deviant' sexual interest (*d*=.31)
  - Sexual arousal to children (*d*=.32)
- Having negative social influences (*d*=.26)
- Offense-supportive attitudes (*d*=.22)
- Poor cognitive problem solving (*d*=.22)
- Grievance and hostility (*d*=.20)

Mann et al., 2010

UNRELATED TO RISK

- Depression
- Poor victim empathy
- Poor social skills
- Lack of motivation for treatment during intake
- Denial

MUSC FORENSIC PSYCHIATRY

MUSC FORENSIC PSYCHIATRY

- Forensic Psychiatry Program (FPP)
  - Competency to Stand Trial
  - Criminal Responsibility
  - Mitigation
  - Risk Assessment
  - Psychological Autopsy
- Youth and Family Forensic Program (YFPP)
  - Juvenile CST
  - Parental Fitness
  - Child Custody
- Sexual Behaviors Clinic & Lab (SBCL)
  - Sexual Violence Risk Assessment
  - Psychosexual Evaluations
  - Group/Individual Treatment
  - Physiological Assessment
- Progressive Professionals Program (PPP)
  - Fitness for Duty
  - Preemployment Psychological Evaluations

QUESTIONS?

EMILY GOTTFRIED

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