

# UCLA FORENSIC PSYCHIATRY LECTURE SERIES

## GOALS AND OBJECTIVES

### 1. Introduction for Forensic Psychiatry

- Defining Forensic Psychiatry The application of psychiatric science and clinical expertise to legal issues in a legal context involving civil, criminal, correctional and legislative matters,
- History and Development of the Subspecialty of Forensic Psychiatry
- How forensic Psychiatry differs from clinical psychiatry
- Responsibility of the Forensic Psychiatrist, as opposed to the Clinical Psychiatrist
- The specialty areas of forensic psychiatry) Civil, Criminal and the Legal Regulation of Psychiatry
- Introduction to the legal system .Knowledge of Courtroom Activity
- Understanding and Dealing with Biasing Factors that can Affect the Providing of Objective Testimony
- Roles and Responsibilities of Forensic Psychiatrists
- Difference in the roles of psychiatrist working in clinical settings, as opposed to working and interfacing with the legal field. Fundamental difference between forensic and clinical practice, that the expert serves not only the person being evaluated, but others as well, i.e., courts, society at large.
- Truth telling; Providing scientifically valid and relevant information to a trier of fact
- The provision of structured and focused examinations, versus patient oriented and relationship-based examinations in clinical settings.
- Identifying the client in forensic psychiatry.
- The forensic psychiatrist and problems with the traditional doctor/patient relationship Current controversies regarding to whom the forensic psychiatrists owes a duty to. Clients may include retaining attorneys, judge, jury and society at large.
- Medical responsibility and ethical concerns.
- Concerns about dual agency

### 2. Forensic practice

- Identifying the referral issue
- Clarifying roles with the retaining party
- Deciding whether to accept the case or not
- Concerns about accepting referrals outside of one's areas of expertise.
- The establishment of fee and expense agreements and contracts.
- Informing the retaining parties about availability, timelines and course of the evaluations and the structure of the evaluations.
- Scheduling psychiatric interviews and testing
- Providing guidance to attorneys with regards to obtaining records and court orders for psychiatric examinations.[Length of time of interview ,electronic recording ,the presence of third parties]

### 3. Forensic Report Writing

- When and why are reports required? Identifying the forensic issue and clarifying what the forensic psychiatrist will and will not provide in individual cases
- Elements of a model forensic evaluation: Informed consent, Identifying Data, Outline of Psychiatric Legal Issues, Psychiatric Opinions, Data and Reasoning basic to opinions,

Sources of Data Information, Confidentiality Issues; Mental Status Examination, Psychological Testing and Summary of Special Studies, Diagnostic and Forensic Formulations

- Reviewing collateral sources
- Identifying conflicting data
- Communicating results of findings of examination to retaining attorney

**Problems in forensic report writing:**

- Failing to identify all data Sources
- Excessive use of technical jargon
- Unnecessarily pejorative descriptive language
- Omission and distortion of data
- Suppressing disconfirming data
- Reliance on hearsay information
- Speculating on information not based on data base
- Unsubstantiated diagnoses
- Not addressing the forensic issues; the use of idiosyncratic psychiatric diagnoses and theories; failing to disclose limitations of the expert's areas of expertise and opinions; allowing attorneys to change expert opinion;
- Lack of comprehensiveness and detail.
- Failure to address concerns about conflicts of interest
- Lack of objectivity and neutrality
- Lack of references from psychiatry literature relevant to the report
- Submitting an improper Curriculum Vitae

**4. Civil Forensic Psychiatry**

- The spectrum of civil forensic psychiatry: personal injury litigation, workers compensation, child custody evaluations, medical malpractice.
- The role of the Forensic Psychiatrist in Civil Cases
- The rules of Civil Procedure
- The Civil Trial Process
- Discovery
- The Federal Rules of Civil Procedure Rule 35
- Frye /Daubert standards.
- Negligent and intentional torts. Foreseeability
- Damages: Compensatory and punitive.
- Intentional infliction of mental distress.PTSD.
- Vulnerability and causation: The eggshell skull defense.

**5. The Forensic Examination Process**

- Informed consent from the retaining client attorney
- Acquiring collateral documents
- Informed consent from Plaintiff
- Tests and other instruments
- Issues concerning the interpretation of psychological tests
- Case substantive interviews for plaintiff (Establishing baseline, the nature of the stressor incident, sequelae, case in fact prognosis)
- Collateral interviews
- Providing opinions in a fair and objective manner

## **6. Civil Forensic Psychiatry**

Understanding and presenting the key components of civil forensic examinations

Identifying the baseline state of psychological functioning prior to injury

- The nature and extent of injury related to the alleged report
- The nature and extent of impairment and level of disability/altered functioning
- Addressing causation for impairment and injury
- Addressing the nature of psychological interventions/treatments that are required to return client to baseline
- The purpose of the examination is to provide help with litigation, not provide treatment
- The anticipated outcome is often in a settlement that does not go to court, but may also involve having to testify in public
- No expectation of privacy in civil examinations
- The attorney/client privilege applies to the examiner/litigant relationship. The therapist/patient privilege does not apply in examination of civil cases
- The produce of the forensic examination and testimony may not be beneficial to either party

### **Personal Injury Examination**

- The need to confine opinions to observed or documented facts, rather than speculation
- Testimony: Based on objective and competent evaluation of history, collateral information and mental status examination
- Awareness of issues in the dispute and ensuring that the opinion rendered fits into the litigation and resolution of the issues and dispute for the truer of fact
- Providing clear communications either orally, in depositions or in the report
- Maintaining credibility in the report writing and testimony.
- Avoiding advocacy, even when paid by one party or the other
- Being objective in conveying opinion, and the basis of opinions, and not distorting or being selective about the utilization of data (hiding data)
- Appropriate forensic report writing, addressing the issues necessary for the trier of fact.
- Providing diagnosis and causation.
- Understanding the legal process and how to effectively and credibly contribute to the trier of fact
- Predisposition and pre-trial conferences with retaining attorneys
- The need to be truthful and concede points, even when it is not helpful to the retaining party
- Maintaining consistency in reports and testimony, so as not to fall into "hired-gun trap".

## **7. Approaches to Forensic Psychiatry: The Civil Trial Process**

Understanding steps through civil complaints in the trial process:

1. Pre-filing settlement negotiations
2. Plaintiff files complaint specifying causes of action and serves defendant
3. Defendant may file motions to dismiss, motions for counter-claim, and notice of any affirmative defenses
4. Defendant files answer
5. Defendant answers elements of complaint not dismissed
6. Discovery, including request for production of documents, interrogatories, depositions, and subpoenas for documents and physical and mental examinations under Federal Rule of Evidence 35
7. Motion for Summary Judgment
8. Pre-trial conference:

- a) Motions In Limine and motions to seal file
  - b) Witness lists, witness statements and exhibit lists
  - c) Discovery cut off
9. Plaintiff's case achieved
- a) Plaintiff rests
  - b) Motion for directive verdict by defendant
  - c) Defendant's case achieved
  - d) Defense rests
  - e) Motions for direct verdict by plaintiff
10. Verdict by trier of fact
11. Motion for Judgment, notwithstanding the verdict by nonprevailing party
12. Entry for Judgment by trier of law
13. Motion for reconsideration
14. Appellate process
15. Renewed settlement negotiations

### **8. Working with Attorneys [Daniel Willick ,Mark Lipian]**

Forensic psychiatrists have to evaluate individuals giving expert opinion. Such an opinion may be solicited for civil, criminal or legislative reasons.

- Making the initial contact with attorneys
  1. Clarifying issues regarding expertise, conflict of interest, bias and fees during the initial contact with the attorney
  2. Careful review of the attorney's requests from the expert
  3. Careful evaluation of information to make sure that limitations that might adversely affect the evaluation are addressed before
  4. Addressing potential situations that may compromise ethical and professional integrity
- Clarifying a role between a fact witness versus an expert witness
- Concerns about blurring between fact witness and expert witness
- Outlining the areas of expertise for the attorney
- Negotiating fees and retainers and signed agreements
- Determining and dealing with conflict of interest issues
- Potential areas of conflict that may occur dealing with attorneys
- Obtaining records. Concerns of attorneys providing incomplete or selective records
- Not understanding the reason for providing written information as to the need for these records.
- Clarifying if, when and what type of report is needed
- Concern for request for changes in a psychiatric report.
- Being familiar with the legal process, such as subpoenas and court orders, discovery, deposition, court room testimony, relevant to that particular case
- Depositions, court testimony, direct and cross examination
- Practical problems in dealing with attorneys
- Providing expert credentials to the court
- Scheduling issues
- Communicating with attorneys -- what is and what is not appropriate

### **9. Civil Competency**

- Competency as an issue-specific legal determination

- Understanding the nature of how psychiatric problems affect areas of competency in the civil setting. Competency is based on the context and is defined in relationship to a particular act, such as entering into a contract, giving consent to treatment or writing a will
- Factors that may result in incompetency, including age, mental illness.
- The role of the psychiatrist in questions of competency in identifying the impairment, or state that creates impairment in judgment to a specific issue or capacity Clarifying the relationship between psychiatric disorders, symptoms and functional impairment to issue-specific competence.
- Types of competencies:
  1. Competency regarding informed consent for medical care
  2. Issues of guardianship
  3. Controversies and concerns regarding informed consent doctrine in cases of AIDS
  4. Competency of child and adult witnesses
  5. Competency for making a will.
  6. Competency for contracting
  7. Competency of minor's consent to treatment
  8. Professional competency
  9. Competency in cases of Americans with Disabilities Act
- Key Points in Civil Competency
  1. Permanent and temporary impairment that results in incompetence.
  2. Identifying the psychiatric impairment or state that creates an impairment in judgment related to the specific issue or capacity
  3. Providing opinions to give informed consent to medical care, testamentary capacity, and competency of a witness
  4. Identifying specific capacity or capacities related to the competency issues in question
  5. Identifying the impairment, if present, severity, and the specific nature of the psychiatric disorder/symptoms and how it creates the impairment
  6. Addressing the severity and duration of the impairment; is the impairment likely to be temporary, permanent or likely to respond to treatment?

## **10. Voluntary and Involuntary Treatment /Hospitalization**

1. The right to treatment
2. Treatment refusal in psychiatric practice.
3. Voluntary and involuntary hospitalization
4. Involuntary civil commitment to outpatient treatment
5. Treatment refusal in psychiatric practice

## **11. Medical Board Issues**

- Understanding the legal criteria for regulating medical and psychiatric practice
- Board of Medicine procedure practices about complaints of physician misconduct
- State laws that govern medical practice
- The identifying treating and rehabilitation of medically and psychiatric abusing physicians
- Maintaining and protecting peer review systems that detect impaired practice
- Providing safeguards against excessive, harsh and unreasonable treatment
- Issues of confidentiality, fairness, due process and economic rights
- The role of diversion

- Providing expert testimony for the impaired physician
- Guarding against disciplinary excesses
- Issues of corporate liability for physician involvement institutions and HMO's
- Related issues, such as the National Practitioner Data Bank

## **12. Providing Fitness for Duty Evaluations for Physicians.**

- Forensic Psychiatric Assessment for behaviorally-disruptive physicians.
- Evaluations to agencies and committees to assess physicians who are behaviorally disruptive.
- Providing opinions about the examinee's present and future professional health and Fitness for Duty
- Outlining treatment.
- Role of professional supervision to ensure the continuation of professional activities

## **13. Psychiatric Mal-Practice**

Standard of Care:

Legal, Not a Medical Concept Standard of Care is not the same as quality of care.

Determining the relevant legal standards in regard to the Standard of Care.

The average practitioner/prudent reasonable practitioner concept.

The change from the average practitioner to the reasonable, prudent physician standard.

The four basic principles of establishing psychiatric mal-practice:

1. Evidence for duty of care
2. Deviation from the Standard of Care
3. Damage to the patient that is causally-related to the deviation
4. Standard of Care is defined by statute or case law, to which relevant facts of a specific case can be applied.

Why expert testimony is generally required to establish the Standard of Care:

1. Standard of Care: Average, ordinary or prudent reasonable care Ordinary care versus Prudent, reasonable practitioner standard
2. No requirement for exceptional care
3. Care is not substandard because the expert practices differently, or does not follow the practices of the majority of practitioners.
4. Experts providing testimony on Standard of Care: Training and experience, awareness of relevant clinical issues, in addition to the understanding of applicable legal concepts

## **14. Guidelines for providing expert testimony in Psychiatric Mal-Practice cases.**

- Reviewing records, interviews and examinations of the individual;
- Having knowledge of the relevant medical psychiatric literature and training and experience
- Concerns about overreaching a reasonable level of clinical certainty about Standard of Care and foresee ability, hindsight biased issues
- The need to perform objective analysis of psychiatric mal-practice - Relevant legal concepts and potential biasing influences
- Concerns about the use of wrong standards, causation, hindsight bias and contributory negligence
- Understanding the Standard of Care. Practice Guidelines, psychiatric literature, hospital policies and procedures, state and Federal regulations, managed care protocols and Utilization Review procedures. What role do they play?

- Concerns of offering opinions outside areas of clinical expertise
- Practice guidelines of the American Psychiatric Association
- Best practice Guidelines of HMOs. The potential role in psychiatric malpractice.
- Expert opinion: Clinical Practice Versus Courtroom testimony
- Providing information of evidence-based medicine
- Providing reasonable factual support for opinions

## **15. Stalking**

1. History and development of the crime of stalking
2. Epidemiology of stalking
3. Classification of criminal stalkers: Zona, Melloy & Mullin
4. Behaviors associated with stalking
5. Motivations for stalking
6. Psychiatric disorders among stalkers
7. Understanding who are the perpetrators and victims of stalking
8. Forensic assessment of stalking victims and perpetrators
9. Risk assessment in stalking cases
10. Arenas in which stalking can be an issue (domestic violence, workplace violence issues, Worker's Compensation, issues of civil commitment, rehabilitation and treatment of stalkers, Threat management consultations, stalking/child abduction in high-conflict child custody cases; the assessment of paraphilic and predatory stalkers.

## **Risk assessment and risk management**

### Special Issues

1. Stalking violence
2. Clinician stalking
3. False victimization

## **16. Ethical Guidelines & Dilemmas in Forensic Psychiatry**

- Clinical and forensic psychiatric ethics overlap in some instances, but also are different in important ways
- Legal ethics and psychiatric ethics are not equivalent
- Conflicting ethical duties in forensic and clinical psychiatry
- Overview of the role of professional organizations, such as the American Psychiatric Association and the American Academy of Psychiatry and Law, and providing guidelines in ethical dilemmas. Principles of medical ethics with annotations, especially applicable to psychiatry, relevant to forensic psychiatry. AAPL Ethical Guidelines

### **Ethical problems and conflicts**

- Boundary problems of whether psychiatry can be helpful to the law
- Legal and forensic ethics creates conflict between attorneys and psychiatrists
- Vulnerabilities related to the adversarial systems The adversarial legal system provides numerous opportunities for increased partiality and decreased objectivity How this may affect need to strive for honesty and objectivity The hired-gun problems
- Concerns about advocacy role and advocacy bias
- Dual agency that might result in clients coming to believe that they are being helped in forensic examinations
- The clinical versus the forensic role: Problems of dual agencies. When clinicians attempt to function as therapists and experts.
- Impact on quality of psychiatric treatment and testimony.
- Protection of patient privacy, explaining lack of confidentiality and forensic examinations Addressing with full disclosure any limitations on the usual precepts of medical confidentiality

- Concerns regarding providing opinions without having seen the client
- Concerns of bullying, disrespect the need to respect dignity and autonomy in difficult situations
- Claiming expertise in areas of forensic psychiatry where there are actual knowledge, skills, training and experience
- Distortion of data in forensic psychiatric examination concerns

### **Serious Ethical Violations**

- Sexual activity with current or former patients
- Illegal activities that bear directly upon the practice

### **Other Ethical Issues**

- Physicians and the death penalty
- Ethical issues regarding providing opinions and public figures without examination
- Psychiatric participation in determining competency to be executed. execution
- Psychiatric participation in Interrogation.

### **Ethical Practice Guidelines**

- Being familiar with AAPL and APA guidelines
- Considering ethical aspects of a forensic case, before agreeing to participate and withdrawing if the role becomes unethical
- Adhering to ethical principles of honesty and striving for objectivity and maintaining awareness of bias.
- Avoidance of dual agency whenever possible
- The need to obtain consultations from fellow professionals

## **17.Substance abuse in forensic psychiatry**

Understanding psychoactive substances and nature of addiction as it pertains to psychiatric legal issues.

- Review of the history and epidemiology of alcohol and drugs, as it pertains to forensic psychiatry
- Psychopharmacology of addictive substances
- Etiology and diagnosis of substance abuse disorders
- The role of the DSM:IV TR Substance Abuse diagnosis in forensic settings
- The connection between crime, violence, and substance abuse
- Is addictive behavior voluntary or involuntary?
- Substance abuse, criminal responsibility, insanity and diminished capacity
- Substance abuse as it pertains to child custody, child abuse, and parental rights in domestic violence
- Providing forensic expertise in cases involving drug and alcohol testing, drunk driving and liability of bartenders
- Drug abuse as it pertains to the workplace
- Malpractice and inappropriate prescription of narcotic drugs by physicians
- Substance abuse by physicians and the impaired physician

## **18.Worker's Compensation**

- History of Worker's Compensation:
- Understanding differences between having psychiatric disorders and disability
- Issues of contributory negligence, assumption of risk, fellow-servant rule
- Concepts of impairment, disability; partial, total, temporary and permanent disability
- Maximum medical improvement
- Causation

- Apportionment
- Use of the AMA guides
- Legal criteria: Physical/mental, mental/physical, and mental/mental claims
- Landmark cases in Worker's Compensation: Carter V. General Motors Corporation (1960)
- The eight-Work Function Impairment areas in California Worker's Compensation
- Recommendations for treatment
- Understanding the problems of forensic evaluations of Worker's Compensation claims in managed-care context
- The role of Malingering and Somatoform Disorders in Worker's Compensation and other civil litigation

## **19. Child custody evaluations**

- History of Child custody evaluations
- Understanding the legal standards in child custody evaluations
- The best interest standard

### **Legal presumptions in child custody**

1. Sex of the parent and parenting capacity
2. Types of child custody arrangements
3. Sexual orientation of separating parents

### **The child custody evaluation process:**

1. Appointment
2. Notification
3. Consent
4. Evaluation of the child
5. Evaluation of the children, including direct observation
6. The role of psychological testing in child custody evaluations
7. Dealing with third-party information
8. Report writing and testifying in child custody cases
9. Understanding areas of research relevant to child custody evaluation and decision making
10. Attachment theory, child development and parenting
11. Psychiatric disorders and substance abuse in parents
12. Parenting practices in child development
13. The impact of divorce on the child's psychological and social adjustment
14. The role of parental and marital conflict, pre and post divorce, on the child.
15. Issues of parenting after divorce
16. Sole custody/joint custody and access for the noncustodial parent

### **Special Issues:**

1. Allegations of sexual and physical abuse in child custody settings
  2. Parental alienation and
  3. Relocation issues
  4. Parental Substance Abuse and Mental Illness.
  5. Domestic Violence
  6. Gay and lesbian parents
- The AFCC model standard for a child custody evaluation
  - The American Academy of Child and Adolescent Psychiatry Practice parameters in child custody evaluations

## **20. Assessment of Sex Offenders**

- Understanding the history of the sexual psychopath laws and statutes
- Registration and community notification
- Kansas V. Hendricks and the new Era of Sex offender Civil Commitment
- Factors significant for the civil commitment of sex offenders
- The legal versus clinical mental disorder issue
- Mental abnormality Versus Personality Disorder
- The risk assessment of sex offenders
- Problems associated with clinical predictions; the use of actuarial instruments for risk prediction; the use and misuse of sex offender profiles
- Problems related to base weights
- The special population, i.e., juveniles, mental retarded
- Paraphilias
- Risk management with sex offenders; Methodological problems in evaluating treatment
- Specific Sex Offender treatment modalities
- Presenting expert witness testimony in sex offender cases
- Ethical issues in sex offender evaluation and treatment; dual agency, limits of science
- Review of Major US and California cases, with respect to sexually violent predator commitment laws

## **21.The Death Penalty**

- History of capital punishment in the U.S.
- Medical ethics and the death penalty
- Ethical concerns about forensic psychiatrists participating in death penalty process
- Psychiatric expert witness testimony for prosecution and defense
- Forensic psychiatric testimony in presenting mitigating factors to the trier of fact in death penalty cases
- The role of Ake Okagama, which set a minimal requirement for capital case defendants who have access to psychiatric consultation
- Competency to proceed
- Riggins vs. Nevada, Godinez V. Moran, (1993), U.S. Supreme Court. Ruling did not favor the death row inmate. During the trial, Moran waived his right to counsel, pleaded guilty, and subsequently received a death sentence

### **Special Circumstances:**

- Death penalty bias, with respect to demographic factors:
- African-American defendants
- Juveniles
- The mentally retarded (Henry V. Lynaugh (1989) Supreme Court ruled that mental retardation does not automatically precluded a death sentence
- Juvenile death penalty. In Thompson V. Oklahoma (1988) , high court forbade capital punishment for those under 16 in Thompson V. Oklahoma (1988), but not for those age 16 and 17 in Stanford V. Kentucky and Wilkens V. Missouri (1989)

## **22.Forensic Assessment of Psychopathy**

The nature of Psychopathy: Clinical features, diagnostic and assessment issues

- Review of assessment procedures
- Structured diagnostic interviews, self-report questionnaires and inventories
- Psychopathy as a level concept
- Juvenile psychopathy
- Psychopathy in violence risk
- Cultural factors in the assessment of psychopathy

- Concerns about the assessment of psychopathy in forensic factors
- Failure to use appropriate assessment procedures
- Lack of familiarity with the literature on psychopathy
- Training in the assessment of psychopathy and the Hare psychopathy check list revised.
- The connection between Psychopathy and Antisocial Personality Disorder.
- Co-morbid conditions with psychopathy
- Psychopathy and diminished responsibility

### **23. Juvenile probation system**

History of the Juvenile Justice System; Clinical issues relevant to the juvenile forensic evaluation

- Psychological maturity and developmental status
- Risk for future offending of violence
- Nature and extent of the juvenile's Anti-Social Behavior and character
- Predicting violence risks for offenders. The early assessment risk for boys
- The structured assessment of violence risk in youth
- The psychopathy check list juvenile version

### **24. Child & Adolescent Forensic Psychiatry**

- Types of forensic psychiatric examinations in the juvenile system
- Transfer to adult court
- Competency to confess or waive the right against self-incrimination
- Assessing the competency to proceed with the legal process
- Mental state at the time of the offense/sanity evaluation
- Dispositional evaluation for juvenile offenders, regarding placement and treatment.

### **25. Forensic assessment of Traumatic Brain Injury**

- History of traumatic brain injury
- Evaluation of history and collateral data: Police records, injury report, emergency medical services record, hospital emergency department records, hospital records, neurorehabilitation records; neuropsychological testing records, records about patient treatment
- The neuropsychiatric examination of TBI
- Collateral history sources, i.e., information from parents, teachers
- The need to obtain pre-injury medical records, academic and employment records, legal records, military records
- Analysis of causation of disability impairment following head injury
- Analysis of medical causation/damage analysis
- The use and misuse of neuropsychological testing in head injury cases
- The use and misuse of physiological and imaging studies in brain injury cases
- The forensic neurobehavioral analysis
- The neuropsychiatric forensic report in head injury cases
- Concerns in malingering and abnormal illness behavior in head injury cases.
- Minor head trauma, persistent post-concussive states
- The role of co-morbid psychiatric disorders in head injury claims
- Malingering and symptom magnification
- The use/misuse of neuropsychological assessment tools.
- Use and misuse of imaging studies.
- Base rate issues in evaluation of head injury cases.

## **26. The Evaluation of Sexual Abuse Allegations**

- The definition of child sexual abuse
- The incidence and prevalence of child sexual abuse; risk factors for child sexual abuse
- Legal aspects of child mal-treatment.
- Child sexual abuse reporting laws
- Patterns of normal sexual development and symptoms demonstrated by sexually-abused children
- Controversy of the child sexual abuse accommodation syndrome
- Issues of memory distortion and disability in child sexual abuse cases
- The accuracy of memories, external and internal variables
- Cases involving false sexual abuse allegations; Commonwealth V. LaFave, 1998, State V. Michaels 1993, State V. Buckey 1990) The Landmark McMartin case.
- Steps in conducting a child sexual abuse evaluation examination.
- Concerns about the use of anatomic drawings and anatomic dolls.
- The use and misuse of psychological tests
- The role of sexual abuse allegations in child custody

## **FORENSIC LECTURES**

Introduction to forensic psychiatry  
Forensic report writing  
Roles and responsibilities  
Forensic report writing  
Civil forensic psychiatry  
Civil forensic psychiatry  
Civil competence  
Working with attorneys  
Medical Board issues  
Confidentiality and privilege  
Liability of forensic psychiatrists  
Civil forensic psychiatry  
Medical malpractice  
Stalking  
Ethical dilemmas  
Prediction of dangerousness  
AAPL  
Addictions  
Process of forensic evaluations  
Workers compensation  
Forensic report writing  
Approach to forensic psychiatry  
Informed consent  
Assessment of sex offenders  
Closed head injury  
APA ethics  
Juvenile justice system  
Testifying in court  
Malpractice  
Neurobehavior  
PTSD  
Tarasoff and its progeny  
Child and adolescent forensic psychiatry  
Criminal responsibility in juveniles  
Psychopathy  
Insanity defense  
Death penalty  
Juvenile probation system  
Evaluation of sexual abuse allegations  
Working with attorneys  
Child custody  
Treatment of sex offenders  
Imaging abuse in forensic  
neuropsychiatry  
Diminished capacity  
Civil forensic issues  
Civil cases  
Miscellaneous and review

## **MENTAL DISABILITY LAW**

### **Introduction**

#### **Definitions of Mental Disability I**

R&S 327-331, supp. 57-61; R&S 350-4, 355-59, 361-4, Supp. 61; 371-5

#### **Definitions of Mental Disability II - Clinical and Legal Definitions**

376-403; DMS-IV (handouts)

Catchup Class

#### **Competence to Stand Trial I**

438-443, 888-93, 898 n. 4-5, 904-912

Medina v. U.S., Supp. 118-124

Cal. Penal Code ss 1367-1370, 1372, 1575.5

#### **Competence to Stand Trial II**

Jackson v. Indiana 912-9, 922 n.5

"Chemical Competency" 920-2 n.4

Riggins v. Nevada , Supp. 126-127

#### **Competence to Plead Guilty, Waive Rights**

925-940, Colorado v. Connelly, Supp. 128-143,

Godinez v. Moran

#### **Responsibility for Criminal Acts I: Not Guilty By Reason of Insanity**

491-527, Supp. 73-75, 555-563

Cal. Penal Code secs. 1026-1026.2

#### **Responsibility for Criminal Acts II: Mens Rea/Diminished Capacity**

529-38, Supp. 76-79

Cal. Penal Code secs. 25, 28, 29

#### **Expert Testimony I: Ultimate Issue**

U.S. v. Lewellyn 403-417

Menendez - Rule 29 objections (handouts)

**Expert Testimony II: Dangerousness**

Barefoot v. Estelle 418-431, Supp. 64-71

People v. Murtishaw (CalSct)

**Right to Expert Evaluation**

Ake v. Oklahoma 450-462, Cal. Penal Code 1027

**Fifth Amendment Privilege**

Estelle v. Smith 462-484

**Disposition After Acquittal**

Jones v. U.S. 756-770

Foucha v. Louisiana - supp. 98-106

Cal. Penal Code ss 1026, 1026.1, 1026.2, 1026.3, 1026.5

**Disposition After Conviction - Guilty But Mentally Ill**

People v. Crews 563-572, Supp. 80-81

**Post Conviction Commitments - Sexually Dangerous Predator Laws**

Cal. Penal s 2960, Cal. Welf & Inst. ss 6600-6608

Kansas v. Hendricks (USSCt)

Hubbart v. Santa Clara Cnty (CalCtAp) pp. 82-87

**MD Prisoners/Transfer and Involuntary Treatment**

Vitek v. Jones 770-776; Washington v. Harper 848-870;

**Spring Break**

**MD Prisoners, Cont'd/Competency to be Executed**

Knecht v. Gillman 884-888;

Ford v. Wainwright 940-8, Supp. pp. 55-6

**Psychiatric Liability and Prediction of Dangerousness**

Tarasoff v. Regents of U.C. , 120-33  
Cal Civ Code s 43.95

**"Retroactive" Tarasoff and Privilege**

Costello, " L.A. Law School" article (handout)

**Civil Commitment - Right to Liberty**

597-604 O'Connor v. Donaldson 649-656, 659-64

965-6 (Burger, C.J., Concurring)

Excerpt from The Brethren (handout)

**Short-Term Involuntary Commitment**

698-706, Gerstein v. Pugh, Doe v. Gallinot (9th Cir)

Cal. Welf. & Inst. Code ss 5150 et seq. (summary)

**Judicial Commitments - Standard of Proof**

Addington v. Texas 707-716, 694-98 n.4-6

Conservatorship of Roulet (CalSct)

**Right to Refuse Treatment**

848 875 Review Wash v. Harper;

Cal. Welf. & Inst. Code 5325.2, 5332 et seq.

Riese v. St. Mary's Hospital (CalSct)

**Conservatorship**

Cal. Welf. & Inst. Code ss 5350 et seq. (summary)

822-824, Conservatorship of Early (CalSct)

**Institutional Conditions-Right to Treatment**

961-86 Donaldson v. O'Connor, Youngberg v. Romeo

**Homelessness and Mentally Disability**

999-1001, 1012-1024; Perlin article (handout)

Field trip to Dept. 95 to observe conservatorship and habeas corpus writ hearings

Possible field trip to criminal court to observe testimony

Possible field trip to community program