

FORENSIC MENTAL HEALTH

Association of California

Newsletter

Dear FMHAC Members,

I'm happy to present to you our 2010 Newsletter. Inside, you'll find articles on trends in forensic mental health, guidance on forensic mental health legal research, an overview of research on male juvenile violence and more.

What We've Been Doing The Board of Directors, FMHAC Committees and I have been busy improving your member benefits and scheduling a great lineup for the conference next March, including Dr. Robert Hare, Dr. Richard Leo and Dr. Richard Rogers, among many others. We've continued working to develop a map of the forensic mental health system in California and made progress on our student chapter program.

Save the Date! Our 2011 conference will be held at the Embassy Suites, Seaside, March 23rd - 25th. We've extended the conference through the final day in order to offer more CEUs - we're now offering 16 CE units for most disciplines. Additionally, we are opening registration early this year to help you and plan your trainings next year. Watch our website for updates.

As always, we hope you find the articles here interesting, informative and helpful.

Sincerely,

Molly Willenbring
Executive Director

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LETTER FROM THE PRESIDENT

Mark Grabau, PhD, FMHAC President



Dear FMHAC Members,

Forensic Mental Health providers in the state of California are a tough lot, and as we head into yet another year of fiscal shortfall and an abundance of professional challenges, we will once again be required to do more with less. Fortunately I know we will be up to the task. In my position with the California Department of Mental Health I witness and experience first-hand the expertise, dedication, and resolve of all those responsible for the administration and delivery of forensic mental health services in our state, and, I am happy to say, that these same qualities are possessed by the board members and panel members of your Forensic Mental Health Association.

The evidence: For starters, look at the conference line-up we have for our Association's 36th Annual gathering! Not only does it give you a stellar cross-section of national and local experts from which to choose, but notice we have extended the length of the conference to include additional training at no additional cost. We have also responded to your suggestions that we offer an option for in-depth study of relevant subject matter by providing you the opportunity to hone your ability to detect malingering with Dr. Richard Rogers in a six hour training. For our members who frequently contend in the legal arena, we have many topics of interest, including false confession, psychological assessments in court, and other topics we trust you will find relevant. Corrections and Parole related training is also evident in our conference schedule as we explore parole policy changes subsequent to the Garrido and Gardener cases in California; review evidenced-based strategies for effective parole/probation supervision; and look at an innovative pilot program responsible for restoring individuals to trial competence in a county jail in California.

Our Public Policy Committee continues to monitor legislation relevant to our field, as FMHAC has been asked by the Supreme Court litigator selected by the Coleman-Plata plaintiff/respondent to join an Amicus brief being written for and funded by the American Psychiatric Association, the American Public Health Association, the National Alliance for the Mentally Ill, and others, to help insure the mentally ill individuals in our institutions receive the quality care needed, and that we are provided safe conditions in which to work. In addition, we continue to work collaboratively with the Judicial Council of California, Administrative Office of the Courts to find ways to improve the Incompetence to Stand Trial evaluation and treatment process, in the hope of one day stopping the 're-commitment carousel'.

Attendees of our conference last year may recall the colorful and informative student posters strategically placed throughout the atrium. You will see even more this year, as FMHAC continues to establish and support student chapters at universities that educate our forensic mental health professionals of the future.

To the forensic mental health professionals of the present, I say thank you for your continued support and service to our Association. I truly look forward to reconnecting with you at a conference most worthy of your attendance.

Sincerely,

A handwritten signature in black ink that reads "Mark Grabau, PhD". The signature is fluid and cursive.

Mark Grabau, PhD
President



MONEY TALKS: YOU NEED A 'MEMBER' TO REMEMBER

Ronald Kaufman, PsyD, FMHAC Treasurer

I recently suffered a catastrophic crash on my base computer, the one I sync up with my Blackberry, then lost all my smart phone contacts when I went to download them back to my computer address book. The loss of all my contact information, some of it twenty years or more old, was a painful reminder of how important and sometimes fragile our connections with other people can be. My point in relating this small, personal tragedy is not to reach to those of you I know personally to solicit your contact information again (via

drron@propsych.us should you be so inclined); rather, I wish to remind you gentle readers, that the FMHAC is all about connections... connections made, connections strengthened and connections maintained. Our annual meeting is our collective, singular testament to the vitality and vivacity of the Forensic Mental Health community here in the Golden State.

Once a year we come together as a community, and what a gathering it is! Look back with me at your meetings past. Do you recall that first meeting, when someone shepherded you around to meet the famous, and sometimes infamous, faces behind the cautionary tales and

the heroic sagas that were the stuff of your clinical training? Do you remember your anxiety when presenting or the smug satisfaction you felt while watching someone you helped prepare to presentacing the question you just knew was coming? Maybe you can even think back to a more recent meeting where you hooked up new colleagues with connections calculated to advance their careers? Whatever your memories, this is the year to relive them. Bring the people you love, the people you like and even the people with whom you wouldn't otherwise consort, and celebrate your love of what you do for a living.

Two Orthodox Jews meet for the first time in a year. They stare at each other in amazement and begin to pray. "Blessed art thou, Lord our God, who raises the living from the dead." Join the Forensic Mental Health Association this year at Seaside and raise some dead of your own! Bring your students and trainees for an event they will not soon forget.

2010 SUSTAINING MEMBERS

Gil Abdalian, MFT	David Meyer, Esq
Kenneth Carabello, LCSW	David Polak, LCSW
Mark Duarte, LCSW	Roderick Ponath, MD
Harry Goldberg, PhD	Susan Rhodes, RN, MFT
Mark Grabau, PhD	Neil Ross, MA
Thomas Granucci, LCSW	Jennifer Rossi, MFT
Ronald Kaufman, PsyD	John Schipper, PhD
Barclay Kenyon, MFT	Munir Sewani, PhD
Joseph Lockhart, PhD	Alison Stanley, PhD

SUPPORTING FMHAC



In this our second Briefly Speaking, we'll look again at tools anyone can use to research and understand statutes, regulations and appellate court decisions. In addition, we will show how and how quickly laws that impact forensic practice can change. In turn, we will look at what can be done to stay on top of things and keep our practice current with legal requirements. We will also summarize a couple of related appellate decisions.

As you read this edition, remember that Briefly Speaking is not a form of legal advice or an FMHA position on public policy. For the former, you will need to contact your lawyer and for the latter, you will have to decide for yourself. Briefly Speaking's purpose is to keep you, our members, informed about issues and developments. And yes, we will take general questions about laws or public policy matters emailed to us at fmhac@fmhac.net. BUT, we will not answer questions seeking legal advice about your particular case or situation.

More on legal research

In the last Briefly Speaking, I disparaged Googling as it "...virtually always returns an unmanageable number of responses." Oops. After we published, Google fed me my words by releasing an internet legal research tool that uses search approaches with which most of us are already familiar. Go to <http://scholar.google.com> and try the beta release of the Google Scholar search engine. Google Scholar search inquiries employ standard Boolean logic. In addition, the site provides buttons and pull-down menus that can narrow an inquiry for even the most complicated problem.

For example, in the last Briefly Speaking we explored the question of what so-called Tarasoff warning obligations exist when a family member relates your patient's threat of harm to another. After going to scholar.google.com, hit either the articles (without patents) or legal opinions and journals button. Then try the search inquiry "therapist duty to warn California." The legal opinions inquiry will return a lengthy list of cases decided by California appellate courts and

federal appellate courts that have interpreted California law. Using the articles button, the inquiry returns a lengthy list of scholarly articles the links for which lead to abstracts and sometimes full text versions. This is pretty much the same result a lawyer gets using powerful (and expensive) commercial legal research tools. We get it free.

Without making light of them, a number of other internet legal research sites are worth exploring. We simply don't have space to discuss them in detail. LexisONE (<http://www.lexisone.com>) is an online subset of the huge Lexis/Nexis professional legal research tool, much as Findlaw is related to WestLaw. LexisOne has an impressive set of links to other legal resources that can be especially helpful. Justia.com (<http://www.justia.com>) is another vast tool for looking up the law. Justia.com is structured differently than either Findlaw or LexisONE, and it may better suit your preferences and habits. Findlaw, LexisONE and Justia.com each have sign-up services that will automatically notify you by email of legal developments or case law. There are many other free internet-based legal resources that

may suit individual needs. Try a search engine inquiry on “legal research tools” and you will get the idea. Only trial and error will determine which tool or site is best for you. We work in a world of hybrid services and we all need some skills in both.

As promised, here are some appellate case summaries that illustrate how fast and how thoroughly the legal part of our world can change.

Incompetency in SVPA proceedings

Last time, I discussed the case *Moore vs. Superior Court*, decided in 2009 by the Second Appellate District of the California Court of Appeals. Eh sorry, but that case is now dead and no longer the law. This sort of thing happens when the California Supreme Court “overrules” one of the California Courts of Appeal. The Supreme Court can do this in any number of ways, but in *Moore* it filed a written opinion on August 19, 2010 also entitled *Moore vs. Superior Court*. This is the last and final word from California Courts and in a literal sense it is “the law,” so there’s no further need to stay tuned to the issue. Here’s what happened.

Ardell Moore had been convicted of serious, violent sex offenses in 1978 and 1981. On his release from prison in 2000, he was civilly committed as a sexually violent predator (SVPA; Welf. & Inst. Code, § 6600 et seq.). Moore’s diagnoses were paraphilia and schizoaffective disorder with bipolar and psychotic components. During Moore’s 2007 SVPA recommitment hearing, his Public Defender declared a doubt as to Moore’s ability to cooperate with counsel—much as happens in a criminal prosecution. The trial judge refused to initiate incompetency to stand trial proceedings, pointing out that the SVPA makes no provision for such a thing and that SVPA proceedings are “civil” in nature, rather than criminal. (See the distinction discussed in the last Briefly Speaking.) The intermediate California Court of Appeal for the Second Judicial District (the greater Los Angeles area) reversed the trial court’s decision and

issued a “published” opinion—which we reviewed last time. But, except in mandatory Death Penalty appeals, the California Supreme Court has discretion to review any decision of a lower court. In the *Moore* case, the Supreme Court took the statistically rare step of granting an application for review.

In Summary, the Supreme Court upheld the trial court’s interpretation of the SVPA. So, whether or not an individual understands the nature of SVP proceedings or can cooperate with his attorney does not have an impact on the conduct of the SVPA case. As I write, it is too early for the *Moore* case to have been assigned a case citation. But, by the time you read this, you will be able to find the citation and the opinion using one of the legal research tools mentioned this time and last. I recommend doing that because *Moore vs. Superior Court* has major implications that will come up again and again over time.

A right to speedy IST treatment?

Criminal defendants have constitutional and statutory rights to a quick resolution of the charges against them. These speedy trial rights are trumped, however, when the defendant is incompetent to stand trial. In felony IST cases, criminal proceedings can be suspended for up to three years while clinical efforts are made to restore the defendant’s mental competency—and there is no violation of the right to speedy trial as a result. What happens, however, when criminal proceedings are suspended because of IST and nothing clinical happens? Due to resource and facility limitations, exactly that has been the recent result in California—sometimes for months.

In the case *In re Mille* (2010) 182 Cal.App.4th 635, the California Court of Appeal held that when an individual is found IST, the trial judge must not only commit the defendant but “...must also ensure that the defendant is actually transferred to the state hospital within a reasonable period of time.” In response to the state’s

argument that Mille was already receiving treatment in jail notwithstanding the delay, the Court commented "... we reject the notion that treatment with antipsychotic medication in a county jail pursuant to section 1369.1 is an alternative to timely psychiatric treatment in a state mental hospital." As to the resource and facility limitations, well the Court of Appeal was unimpressed saying "...irrespective of the state of the public fisc, section 1369.1 cannot be used to make up for a shortage of bed space in state mental hospitals."

All of that leaving us with the question how much time is reasonable for the commencement of treatment after a finding of IST? The Court of Appeal in In Re Mille avoids this issue because it bases its decision on pertinent California statutes that do not specify a

time. But, sooner or later, we will find out because the Federal Ninth Circuit Court of Appeals already had held that a commitment delay in Oregon beyond seven days violates the Due Process Clause of the United States Constitution. That case is Oregon Advocacy Center vs. Bobby Mink (2002) 322 F.3d 1101 and since the Ninth Circuit Court oversees all western states, IST commitment delays in California also violate the Due Process Clause. Because OAC vs. Mink deals with Oregon IST statutes that are different than California's, we can't be sure that the same time limit applies. But, we'll find out in the not too distant future when a California appellate court or the Ninth Circuit tells us. Stay tuned.

ANNOUNCEMENTS

Student Scholarships

Apply for the FMHAC Working or Financial Scholarships

Send your Letter of Interest, resume, and Sponsorship Letter (from a faculty member or supervisor) to the Director of Education, Jane Lovelle, LCSW, by February 15th. You must be a full-time student to apply. We accept applications by mail or email. Visit www.fmhac.net for more information.

Board Nominations

Submit your Letter of Interest and resume for any of the following open Board positions:

- President Elect
- Vice President
- Treasurer

Award Nominations

Submit your nomination for the Rossiter and West Awards:

The Rossiter Award honors an individual who has made an exceptional global contribution to the field of forensic mental health over a period of time.

The West Award recognizes a person, collaboration, department, or agency for significant individual contributions in areas such as forensic mental health education, clinical treatment, research or program development. Visit www.fmhac.net for more information.

MENTAL HEALTH AND THE LAW: AN IN-DEPTH LOOK AT THE EVIDENCE 2011 FMHAC CONFERENCE

Alison Stanley, PhD, FMHAC Director of Conference



I would like to thank everyone who attended our last conference. Last year was difficult with the early stages of deep budget cuts and reorganization in many of our state's agencies and institutions and we at FMHAC are humbled by your commitment to the Association, to your consumers, and to your colleagues. Furthermore, the success of the conference would not be possible without excellent courses presented by volunteers who prepare months in advance as well as the support of your organizations who donate staff hours.

Our 2011 annual conference promises something different: in-depth training for mental health professionals, attorneys, law enforcement professionals, and students from a variety of disciplines. Workshops and numerous presentations will be provided by internationally known educators so that conference attendees can take away information that is substantive, meaningful, and applicable in your various practice and educational settings. In addition to expanding the length of the conference and the number of continuing education units available, the focus of the Conference Planning Committee has been on enhancing the take away value to conference attendees. We have made these changes based upon your feedback to us from prior conferences. We have also made these changes in response to budgetary constraints that have been placed on us all. We recognize that public funding for continuing education and travel has decreased. Therefore, the FMHAC conference is gaining in similarity to conferences of other professional organizations while maintaining the uniqueness of our forensic mental health focus.

Dr. Robert Hare has graciously agreed to open our conference with a presentation on the topic

Mental Health and the Law: An In-Depth Look at the Evidence

March 23-25, 2011

Embassy Suites, Seaside

Registration to open at the end of the year

of psychopathy. For most of us, Dr. Hare is a household name. His presentation will set the stage for an outstanding educational experience. The conference will conclude with a six hour workshop by Dr. Richard Rogers on the topic of malingering. We are honored to have Dr. Richard Leo present our keynote address on the topic of false confessions. Dr. Leo is from the University of San Francisco. He has served as a consultant on numerous criminal and civil cases, and he has testified as an expert witness many times in state, federal and military courts. He regularly lectures to criminal defense attorneys, judges, prosecutors, forensic psychologists and other criminal justice professionals. Dr. Phil Erdberg will provide a presentation entitled, "Treatment of Personality Disorders: A Clinical Update." Dr. Amy Phenix will participate in a presentation with Mr. Robert Ambroselli, the Chief of the California Department of Corrections and Rehabilitations Division of Adult Parole Operations, and Ms. Janet Neeley, an attorney with the California Attorney General's Office. Dr. Phenix, Mr. Ambroselli, and Ms. Neeley will discuss the high-profile Gardener and Garrido cases within the context of significant parole supervision changes that have resulted from those cases.

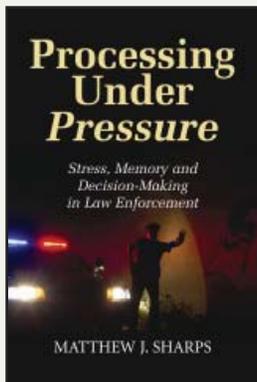
Dr. Morgan Sammons from Alliant University at the California School of Professional Psychology will discuss the pros and cons of prescriptive authority for psychologists. Information about the Masters in

Psychopharmacology program will be available. Two of the Coleman Court monitors (Coleman v. Schwarzenegger), Dr. William Alvarez and Mr. Ron Metz, will address the current state of the 17-year old lawsuit within the California Department of Corrections and Rehabilitation.

Clarisse Hamblin, J.D. and Dr. Pam Anderson will offer an outstanding presentation on Risk Assessment and the Courtroom Process. Dr. William Bernet will offer a unique presentation on his testimony regarding the Warrior Gene: The Genetic Link Between Child Abuse and Violence. And of course, we will also offer training in law and ethics that meets the requirement for license renewal for psychologists, social workers, and marriage family therapists.

There will be many other presentations, a poster session, vendors, new merchandise, and social events. So mark your calendars and bring your friends and colleagues. 2011 is going to be a conference to remember!

BOOK SPOTLIGHT



Dr. Matthew Sharps is Professor of Psychology at California State University in Fresno, specializing in cognitive science. He also serves on the adjunct faculty of Forensic Clinical Psychology at Alliant International University in Fresno, and as Research Consultant to the Fresno Police Department.

Processing Under Pressure: Stress, Memory, and Decision-Making in Law Enforcement

Matthew Sharps, PhD
Professor of Psychology, California State University, Fresno

The world of criminal justice has become increasingly complex and intense, placing corresponding psychological demands on law enforcement officers. These demands reverberate throughout the criminal justice system, influencing attorneys and judges, witnesses and jurors, and of course those who must command law enforcement situations under fantastically high levels of stress. These are the subjects of Professor Matthew J. Sharps' 2010 book *Processing Under Pressure: Stress, Memory, and Decision-Making in Law Enforcement* (Flushing, NY: Looseleaf Law). The book uses plain language and occasional humor to bring modern cognitive science to bear on the increasingly demanding world of law enforcement and criminal justice. Examples of the frequently bizarre dynamics of cognition under stress are drawn from the realms of police work, eyewitness memory, and command decisions in well-known tactical contexts, including the Black Hawk Down incident in Somalia and the Little Bighorn. The book is written for law enforcement personnel and commanders, for students and scholars of criminal justice and forensic psychology, and for others with interests in the relevant fields. The book has direct practical relevance for field situations, as numerous officers and commanders have attested.

About the Author

Raquel Warley is a member of the faculty in the School of Social Work at California State University, Los Angeles, and a former lecturer at Hunter College School of Social Work in New York City. Dr. Warley has 15 years of clinical and research experience with people as victims/survivors and offenders of violence. Dr. Warley received a bachelor of arts degree in forensic psychology from John Jay College School of Criminal Justice in 1993. Following her undergraduate studies she obtained three graduate degrees: a masters of arts in criminal justice (John Jay College, 1995), a masters of social work (Hunter College, 2002), and a masters of philosophy (City University of New York, 2006). In May 2009, she completed her doctorate degree at the City University of New York. Her dissertation was a secondary analysis that investigated situational predictors of male-to-male homicide involving adolescent perpetrators.

MALE HONOR CONTEST VIOLENCE: IMPLICATIONS FOR FORENSIC MENTAL HEALTH PRACTICE WITH JUVENILE OFFENDERS

Raquel Warley, PhD, LCSW

The idea of development is critical in the study of juvenile homicide, insofar as disruptions in the social, psychological, and emotional growth of children and adolescents can produce criminality and other antisocial behavior. This knowledge is critical to forensic practitioners who are charged with the arduous task of assessing and treating violent youth offenders. However, as in other areas of mental and behavioral health, forensic practitioners readily and almost exclusively assess for and treat neurological and psychological problems that impair thinking, feeling, and impulse control. Meanwhile, there is an excess amount of empirical literature that documents the structural-cultural and processual nature of violent crime, particularly that involving male-to-male perpetrated assault and homicide. More specifically, there are several investigations that establish the validity of male honor contest violence (see Wilson & Daly, 1985; Messerschmidt, 1993, 1997, 2000; Miethe & Regoeczi, 2004; Polk, 1993, 1994, 1997; Harries, 1997).

EVALUATING GUN VIOLENCE: THE LENS OF MALE HONOR

Gun ownership and gun play among young males in socially and economically disadvantaged communities in particular are connected to social identity and respect (Fagan & Wilkinson, 1998; Oliver, 2001). There is a high expectation of gun violence in these environments. Moreover, firearms and violence are part of a street code that permits or prescribes such behavior for self protection, to defend perceived threats to manhood, and to enhance status and credibility (Anderson, 1997, 1998). These factors speak to the demand for firearms in these communities, which has a measurable impact on juvenile gun violence and homicide. In response to this knowledge, a secondary research investigation was undertaken.

Data for this study were drawn from the Learning About Violence and Drugs among Adolescents (LAVIDA) project (Crimmins, Brownstein, Spunt, Ryder, & Warley, 1998). The original study was funded by the National Institute on Drug Abuse. It included self-report data for 414 male and female adolescents who were adjudicated for one of four violent offenses, namely aggravated assault, sexual assault, robbery, or homicide, and remanded to the care and custody of the New York State Office of Children and Family Services between September 1995 and May 1996. The present investigation included a subset of aggravated assault (n=65) and homicide (n=76) offenses involving juvenile male offenders

and male victims. The purpose of this analysis was to examine the structural-cultural and the processual characteristics of violent encounters involving juvenile male offenders and male victims.

As anticipated, adolescent perpetrated offenses in this sample were characterized by male honor contest violence. The largest portion (89%) of the sampling frame contained male-to-male violent offenses. These data also suggested that young male offenders belonged to the American underclass. Overwhelmingly they resided in disorganized communities as evidenced by violence, drug trade, and the availability of guns in their neighborhoods (see Table 1). Findings pertaining to offender and victim race/ethnicity also provided statistical confirmation of this phenomenon. The majority of all offenders (62%) as well as victims (53%) in the sample were Black. Moreover, the largest portion of homicide offenses involved Black victims (57%) and Black offenders (62%). Altogether, aggravated assaults and homicides were more alike than different as regards predisposing structural-cultural risk factors. These data indicate that background characteristics, such as neighborhood context and antisocial peer group affiliation, as well as gun ownership, carrying, and use are preconditions of violent crimes involving juvenile male offenders.

Table 1: *Background Information for Offenders*

		Homicide (n=76)	Aggravated Assault (n=65)	All Offenses (N=141)
Neighborhood Violence	No	20%	31%	25%
	Yes	80%	69%	75%
Neighborhood Drug Trafficking	No	5%	5%	5%
	Yes	95%	95%	95%
Guns Available in Neighborhood	No	19%	25%	22%
	Yes	81%	75%	78%
Associate with Violent Peers	No	7%	9%	8%
	Yes	93%	91%	92%
Own a Gun	No	22%	35%	28%
	Yes	78%	65%	72%
Carry a Gun	No	0%	2%	1%
	Yes	100%	98%	99%
Use a Gun	No	10%	25%	17%
	Yes	90%	75%	83%
Involved in Drug Dealing	No	41%	29%	36%
	Yes	59%	71%	64%

*percentages may not equal 100 percent due to rounding.

However, aggravated assaults and homicides were differentiated by specific circumstances surrounding the event. In general, offenders' intent, the type of weapon involved, offenders' perception of victim-precipitation, systemic drug-relatedness, and the presence of third parties influenced intent to kill, as well as lethal and nonlethal outcomes in assaultive encounters involving male-to-male juvenile perpetrators.

Offenders' Perception of Victim-Precipitation

While the vast majority (76%) of youth believed their victims did something to cause the violence, offenders' perception of victim-precipitation did not affect severity of incident outcome in this sample. Ironically, though, when cases were compared by offenders' intentionality, results show that in situations where there was no desire to kill, offenders were more likely to justify their violent behavior by attributing blame to the victim than they were in circumstances that arose with lethal intent.

Motive

The greatest portion of violent encounters (86%) was motivated by some form of dispute. Less than 15% of the cases involved robbery as a motive; however, when compared by offense, homicides (19%) were twice as likely as aggravated assaults (9%) to originate from larceny. At the same time that lethal intent is perceivably not a factor in most robberies (Block & Zimring, 1973; Decker, 1993, 1996; Meithe & Drass, 1999; Miethe & Regoeczi, 2004; Kleck & McElrath, 1991), the interrelationship between aggravated robbery and homicide has been well established in the literature (Wolfgang, 1958; McDowall, 1991; Polk, 1994; Zimring, 1984; Kubrin & Hertig, 2003), particularly with respect to juveniles (Cook & Laub, 1998; Gonzalez, 2001). Notwithstanding the preceding information, the difference between homicides and aggravated assaults in this study did not prove to be significant at the standard criteria of $p < .05$.

Systemic Drug-Relatedness

Generally, violent encounters did not involve illegal drug trade (89%). Homicides (16%), however, were three times more likely than aggravated assaults (5%) to have offenders, victims, or someone else who was present at the time of the confrontation involved in buying or selling drugs. Further analysis was done to look at the relationship between drug-relatedness and specific intent to do harm. It was hypothesized that drug-trafficking would increase the intensity of conflict and the magnitude of threat to manhood, thereby determining the offender's lethal intent. Where drug-trafficking was observed, intent to kill was more likely (17%) than not (7%) to be the outcome. Nevertheless, the difference in intent was not statistically significant at the standard $p < .05$.

Presence of a Social Audience

Another significant result concerning situational risk factors was the preponderancy of the social audience among homicide cases. Spectators were present in the vast majority of all offenses (74%); nevertheless, homicides (81%) were statistically more likely than aggravated assaults (66%) to have people, besides the victim and the offender, present at the time of the encounter. Bivariate analysis revealed that where spectators were present, lethal intent was statistically more likely (86%) than not (67%) to be at issue.

Weapon Instrumentality

Ultimately this investigation attempted to ascertain whether homicide involving juvenile perpetrators is commonly the result of chance or the intention to kill, and to decipher the role of firearms in assaultive violence among adolescents. The vast majority of offenses in this subset analysis involved some kind of weapon (90%); however, homicides (99%) were statistically more likely than aggravated assaults (78%) to involve a weapon. Further analysis was

done to examine the relationship between type of weapon involved and specific intent to do harm. Corresponding to the notion that guns contribute to the escalation and lethality of violence, this investigation was a test of the weapon facilitation thesis, as well as the conjecture that firearms intensify conflict and the magnitude of threat to manhood for young males, thereby determining lethal intent. Results support both contentions; firearms appear to condition the effects of offender intentionality. Where firearms were involved, intent to kill was statistically more likely (64%) than not (35%) to be decided.

Offenders' Specific Intent to do Harm

With respect to intentionality, the vast majority of confrontations did not evidence premeditation (62%). When offenders had lethal intent, however, violent interactions were significantly more likely (71%) than not (29%) to end in the death of the victim. These findings give the impression that, overall, homicides involving juveniles in this sample were not fatal assaults; that is to say, violence that progressed beyond what was intended by the offender. In the present observation, homicides were essentially the result of offenders' specific intent to do lethal harm.

INTERVENTIONS IN MALE IDENTITY DEVELOPMENT

Information obtained from the current data have implications for forensic practice. First, if juvenile homicide is primarily a function of the type of weapon involved, decreasing the overall level of conflict and violence among youth is expedient. Moreover, a set of prevention-intervention approaches are advisable. In addition to traditional models of psychotherapy, affirmative counseling, narrative therapy, and the strengths-centered approach can be sufficiently valuable in treating violent youth, as well as intervening with adolescent males who are at risk of violent

behavior. Specifically, practitioners should inquire into and study evidence-based practices that include intervention in positive male identity development.

The economic and social costs of juvenile violence are excessive. Violence by adolescents affects the social functioning of individuals, groups, and communities; as well as their capacity to meet their own needs, to self-actualize, to realize their value, and to perform their function in society. Above and beyond this are the public expenditures for medical care, legal defense, law enforcement, and incarceration, in addition to the larger cost to society in terms of productivity losses for injured/homicide victims and institutionalized offenders. In consideration of human security and the greater good of society, it is time to use all our options to prevent the destruction of human life and to reduce violent recidivism among youthful offenders.

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COUNCIL ON MENTALLY ILL OFFENDERS



The Council on Mentally Ill Offenders (COMIO) is soliciting projects for the third annual Best Practices Awards. Applicant projects

should have exhibited success in addressing mentally ill offenders at the local and state levels. Eligible agencies are courts, mental health departments, probation, law enforcement agencies, and community organizations.

Applications are due February 17, 2011, and awards will be given at the FMHAC conference in March 2011. See the COMIO website for more information.

www.cdcr.ca.gov/comio

About the Author

Tom Granucci received his B.A. in Political Science in 1984 and his M.S.W. in 1986, both from UCLA. He has been a licensed clinical social worker since 1989. He worked for 13 years in the mental health field before joining the U.S. Probation Office in 1999. His mental health career included outpatient work with adolescent sex offenders, and residential treatment with adolescent offenders.

As a U.S. Probation Officer/Mental Health Treatment Specialist, Tom managed a specialized caseload of mentally ill offenders and sex offenders for 8.5 years. In his current position as a Supervisory U.S. Probation Officer, he leads a team of six officers, including two drug specialists and one mental health specialist.

Tom was an original member of the California State University, Los Angeles, Forensic Social Work Advisory Board and has been a part-time faculty member in the School of Social Work since 2002, teaching DSM with a forensic emphasis.

THE BIGGEST TREND IN FORENSIC MENTAL HEALTH?

Thomas Granucci, LCSW

The biggest current trend in forensic mental health is the application of evidence-based practices (EBP) across mental health treatment, substance abuse treatment, and community corrections. Some of these applications are occurring independently, while some are related to each other. Although this is not a new trend, it continues to grow and will not be going away anytime soon. This trend is closely tied to an increased emphasis on reentry.

For the purposes of this article, I am defining forensic mental health as the treatment of adults involved in the criminal justice system, as opposed to a broader definition of any intersection of mental health and the legal system, which may include a wide range of areas including child custody, child protection, elder abuse, and conservatorships. I am also focusing on the outpatient treatment of offenders.

I start with a very brief review of EBP in mental health treatment. We know from the research that about 14-16% of offenders have a mental illness. This population can be very difficult to treat and supervise. Psychotic disorders and major depression are 2 to 4 times more common than in the general population. Up to 65% of offenders have a personality disorder, with antisocial personality disorder ten times more common than in the general population. The research supports the importance of the relationship between clinician and client, the use of cognitive-behavioral therapy, and the use of medication. The evidence also supports assertive community treatment models which are characterized by small caseloads and intensive field-based case management. Illness self management and recovery, supported employment, and family psychoeducation are also supported by current research. Promising practices include supported housing and trauma-focused interventions. In Los Angeles County (I do not know the situation statewide), funding from the Department of Mental Health is becoming increasingly dependent on demonstrated use of EBP, including programs such as Seeking Safety, a cognitive-behaviorally based trauma and substance abuse treatment.

In regards to substance abuse treatment, we know from the research that more than half to over 70% of offenders have a substance abuse disorder. This area seems to stir the least controversy regarding EBP. I believe that is because, notwithstanding the accepted use of 12 step and other self-help models (which are not EBP), other treatment practices in substance abuse treatment have been in place for many years which are now considered EBP, the two most significant being motivational interviewing and relapse prevention, the latter of which is a form of cognitive-behavioral therapy. Other significant EBPs in substance abuse

include contingency management, a form of behavioral therapy, and medication assisted treatment. Regardless of the psychosocial treatment modality, 90 days seems to be the minimum effective “dose”, when dose is measured as duration of treatment.

The prevalence of co-occurring disorders (COD) in the non-forensic population is estimated to be up to 80% in those seeking mental health and 70% in those seeking substance abuse treatment. The numbers are similar in the forensic population with one estimate of up to 85% abusing alcohol. Anecdotally, I can tell you that when I supervised a specialized caseload of mentally ill offenders, at one point, 99% had COD issues.

In a very large 2002 SAMHSA study of the general population, 52% of adults with co-occurring disorders did not receive mental health or substance abuse treatment. Of the 48% who received treatment, 34% received mental health treatment only and 2% received substance abuse treatment only. Thus, lack of integrated co-occurring disorders treatment remains a large problem for both non-forensic and forensic populations.

Evidence-based integrated COD treatment includes co-located services, cross-trained staff (mental health providers trained in substance abuse and substance abuse counselors trained in mental health), adequate staffing for intensive case management, individualized assessment and treatment planning, flexibility in treatment, peer support, and comprehensive services including housing and employment assistance, HIV/AIDS and hepatitis education and treatment.

For the forensic mental health practitioner, cross training in substance abuse treatment and knowledge in the application of evidence-based COD treatment is a must. This does not mean s/he must become an expert in substance abuse treatment, but the practitioner must at least have a basic competence in integrated treatment, have an open attitude toward a team approach, and must value the contributions of unlicensed substance abuse counselors who bring their personal experiences of recovery.

I have found it difficult to find mental health practitioners who are both motivated and qualified to treat offenders. Many therapists have no interest in treating the offender population due to professional stigma or fear (sometimes rightfully so). The offender population is definitely not for everyone! However, therapists who do choose to treat the offender population not only must have experience in treating severe mental illness, personality disorders, and co-occurring disorders, the forensic practitioner must know EBPs in mental health and substance abuse, and in corrections. Although a large body of literature now exists, I find that many mental health practitioners who are motivated to treat offenders are not familiar with correctional EBPs because they are found in the correctional literature more than in the mental health literature.

Tom is currently the chair of the L.A. SAMI Project. SAMI stands for substance abusing mentally ill. The L.A. SAMI Project is a monthly meeting of mental health and substance abuse treatment providers whose mission is to advocate for persons with co-occurring disorders and to build bridges between stakeholders, providers, and the community.

Tom has presented on topics of Supervision, Treatment, and Reentry of Offenders with Mental Illness and Co-Occurring Disorders to groups such as: the California Department of Corrections and Rehabilitation; the Long Beach Unit of the National Association of Social Workers, the California Probation, Parole and Correctional Association, Los Angeles Chapter; the Forensic Mental Health Association of California Annual Conference, and the Federal Judicial Television Network in Washington, D.C.

The key to EBP in corrections is the RNR approach: Risk, Needs, Responsivity. Risk refers to targeting interventions at moderate to high risk offenders. Needs refers to targeting criminogenic needs, also known as dynamic risk factors. Responsivity refers to factors that may impact how treatment is delivered and matching offenders accordingly. These can include individual learning styles, literacy, motivation, and gender. The targeting of criminogenic needs with integrated co-occurring disorders treatment is essential to the effective treatment of offenders. The “central 8” criminogenic needs, or dynamic risk factors, are criminal history, antisocial personality, antisocial cognitions, antisocial peers, family and/or marital discord, poor school and/or work performance, few leisure or recreation activities, and substance abuse. Of course, the biggest predictor continues to be the static factor of criminal history, but the dynamic factors can be targeted in treatment. Also, note that mental illness is not on the list. The research indicates that the most successful interventions for these dynamic risk factors are manualized cognitive-behavioral group interventions such as Thinking For a Change (T4C) or Moral Reconciliation Therapy (MRT). These interventions have been shown to reduce recidivism by as much as 20-30%.

Short of starting a manualized, cognitive behavioral group intervention in one’s practice, practitioners can let the research influence practice by addressing the dynamic risk factors in individual therapy:

- address, and hold the offender accountable for, the instant offense and other criminal history; this includes confronting the common defenses of denial, minimization, rationalization, and projection of blame;
- confront antisocial attitudes and criminal thinking as they are expressed in treatment;
- encourage and reinforce prosocial attitudes and behaviors;
- discourage antisocial associations—for example,

discussing who the offender is choosing to socialize with on Friday and Saturday nights and encouraging the development of positive, prosocial social networks;

- abstinence from alcohol and drugs;
- develop/increase empathy for victims and others;
- decrease/eliminate impulsive behavior;
- develop/improve life skills.

These interventions need to be structured and directive; we know that non-directive therapy does not work and that interventions focused on other areas, e.g., self-esteem, do not reduce recidivism.

95% of inmates will return to the community, and with the large increase in the U. S. prison population (700% from 1970 to 2005), combined with 50% being reincarcerated within three years, there has been an increased focus in corrections and public policy on reentry, that is, what can be done to increase the successful reintegration of offenders into society as law-abiding, drug-free, productive citizens?

Correctional EBP goes hand in hand with an increased reentry focus. Space does not permit me to elaborate, but there are literally another dozen evidence-based strategies that probation and parole jurisdictions can employ to reduce the risk of recidivism and increase the odds of successful reentry. In this article, I have focused on integrated co-occurring disorders treatment with the addition of one correctional strategy, targeting dynamic risk factors through cognitive-behavioral treatment, for outpatient treatment of offenders.

Five years ago, Edward Latessa and his colleagues challenged professionals to self-examine our treatment practices. They labeled services based on common sense or tradition as “correctional quackery”, and noted that unscientific services can actually increase the risk of recidivism.

Although I was an early advocate of certain EBPs in my

own federal system, I was somewhat skeptical as the EBP snowball began to roll across the federal system a few years ago. I questioned whether EBP is just another swing of the punishment to rehabilitation and back pendulum, with a fancier name for rehabilitation, "evidence-based practices". As I have seen success with federal offenders, I have increasingly come to believe that EBP is not just another swing of the pendulum, but a meaningful movement forward for our profession.

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