

OUR FILE NO.: 090.155440
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X Docket No.: 10-CIV-6005

ADRIAN SCHOOLCRAFT,

Plaintiff,

- against -

THE CITY OF NEW YORK, DEPUTY CHIEF MICHAEL MARINO, Tax Id. 873220, Individually and in his Official Capacity, ASSISTANT CHIEF PATROL BOROUGH BROOKLYN NORTH GERALD NELSON, Tax Id. 912370, Individually and in his Official Capacity, DEPUTY INSPECTOR STEVEN MAURIELLO, Tax Id. 895117, Individually and in his Official Capacity, CAPTAIN THEODORE LAUTERBORN, Tax Id. 897840, Individually and in his Official Capacity, LIEUTENANT JOSEPH GOFF, Tax Id. 894025, Individually and in his Official Capacity, stg. Frederick sawyer, Shield No. 2576, Individually and in his Official Capacity, SERGEANT KURT DUNCAN, Shield No. 2483, Individually and in his Official Capacity, LIEUTENANT CHRISTOPHER BROSCART, Tax Id. 915354, Individually and in his Official Capacity, LIEUTENANT TIMOTHY CAUGHEY, Tax Id. 885374, Individually and in his Official Capacity, SERGEANT SHANTEL JAMES, Shield No. 3004, and P.O.'s "JOHN DOE" #1-50, Individually and in their Official Capacity (the name John Doe being fictitious, as the true names are presently unknown) (collectively referred to as "NYPD defendants"), JAMAICA HOSPITAL MEDICAL CENTER, DR. ISAK ISAKOV, Individually and in his Official Capacity, DR. LILIAN ALDANA-BERNIER, Individually and in her Official Capacity and JAMAICA HOSPITAL MEDICAL CENTER EMPLOYEE'S "JOHN DOE" # 1-50, Individually and in their Official Capacity (the name John doe being fictitious, as the true names are presently unknown),

**EXPERT DISCLOSURE
OF DEFENDANT
DR. LILIAN ALDANA-
BERNIER**

Defendants.

-----X

COUNSELORS:

PLEASE TAKE NOTICE, that pursuant to Rule 26 of the Federal Rules of Civil Procedure and the Court's scheduling Order, Dr. Aldana-Bernier submits the following expert witness disclosure:

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1. Statement of opinions by witness: see attached report as Exhibit "A".
2. Information considered by witness: the documents to which the witness refers in the attached report as Exhibit "A".
3. Possible exhibits to be used by witness: the documents to which the witness refers are listed in the attached report as Exhibit "A".
4. Witness qualifications: see attached C.V. as Exhibit "B".

Testimony in the past four years: To be provided in a supplement disclosure.

5. Fee: To be provided in a supplemental disclosure.

PLEASE TAKE FURTHER NOTICE, defendant reserves the right to supplement this disclosure at any time up to and including the time of trial.

Dated: New York, New York
September 18, 2014

Yours, etc.,

CALLAN, KOSTER, BRADY & BRENNAN, LLP

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“A”

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September 18, 2014

Paul F. Callan, Esq.
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Re: Liliana Aldana-Bernier, M.D. adv. Adrian Schoolcraft
Your File No.: 090.155440

Dear. Mr. Callan:

I have reviewed portions of the Jamaica Hospital records available to Dr. Liliana Aldana-Bernier at the time she examined the plaintiff Adrian Schoolcraft. In addition, I have reviewed relevant portions of her deposition transcript, and the report of the Plaintiff's expert, Roy Lubit, MD, Ph.D.

Dr. Liliana Aldana-Bernier evaluated the Plaintiff, Adrian Schoolcraft, at the Jamaica Hospital on November 1, 2009, and on the basis of her review of the following she concluded that he should be admitted to the hospital:

1. EMS records and those from his evaluation in the Medical Emergency Room. Mr. Schoolcraft was brought into the Medical ER of Jamaica Hospital on October 31, 2009, by members of the New York Police Department. Early that day he had an altercation with an officer, felt threatened, and claiming that he was not feeling well with abdominal pain and discomfort, left his job prior to completion of his shift. Members of the NYPD went to his home, where he had barricaded himself in his room. Apparently the policemen were able to gain entrance into his room. One version is that they broke down the door; a second states that the police got the landlord to open the door. In any case, he was requested to accompany them to the precinct. He refused, whereupon the police put him in handcuffs and involuntarily had him taken to the emergency room of Jamaica Hospital for evaluation.

The records revealed that he was bizarre in his behavior, uncooperative, suspicious, guarded and agitated before, on entering the hospital and during the medical evaluation. Furthermore, he manifested paranoid thinking. After medical clearance, a psychiatrist evaluated him and transferred him to the Psychiatric Emergency Room with a tentative diagnosis of psychosis NOS.

2. Dr. Aldana-Bernier, who was the Director of the Psychiatric ER, also read the psychiatric evaluation of the resident, and evaluated Mr. Schoolcraft herself noting his paranoid and persecutory thinking about police conspiracies, cover-ups, and claims that the police were "after him." Her concerns were further augmented by information that six months or more previously he was evaluated by a psychiatrist in the police department and found to be emotionally unstable. As a result, his gun was taken away from him at that time.

She took all these factors into consideration including the realization that as a policeman he would likely have access to weapons, even though his gun had been removed, that he was living alone with few friends or available collaterals, and no doubt further appreciated that he was a big man, estimated 250 lbs, and could be bodily injurious to others, particularly given his compromised mental state and manifested lack of judgment. On the basis of these facts, she concluded that he was a foreseeable danger to himself or others and needed additional time in the hospital for medical stabilization. She committed him under the Mental Hygiene Law Section 9.39, which provides for Emergency Admission when a person is deemed to have a "mental illness for which immediate observation, care and treatment in a hospital is appropriate and which is likely to result in serious harm to himself or herself or others." The phrase "substantial risk of physical harm" is included in the language of the relevant statute. Underlying these concepts is a notion of "foreseeability".

This law, Section 9.39, allows for 48 hours observation during which time the patient is further evaluated, others are contacted with more time available and a detailed analysis is conducted to determine whether the more "freedom restricting" confinement--that of 15 days following the assessment of a second physician, should be conducted. The Emergency Admission (or commitment) is often done quickly in an emergency room with frequently inadequate information available; it is a judgment call as is the case with any "risk" analysis. There is inevitably uncertainty inherent in risk assessment. (See: Buchanan A.; R. Binder; M. Norko et al: Psychiatric Violence Risk Assessment; *Am J Psychiatry* 2012, 169: 340 ff. for a detailed discussion of the conceptual problems of risk assessment): On the other hand, where factors, such as those in this case, lead to a reasonable conclusion by the clinician that there is foreseeable "substantial" risk of harm to self or others, it is essential to minimize serious adverse outcomes and, therefore, commit the individual.

Dr. Aldana-Bernier's deposition reveals a general knowledge about Section 9.39 of The Mental Hygiene Law. She showed that she understood the limited applicability of that law, the importance of "dangerousness" to self and others, and her understanding that she must do at that moment of decision-making what is best for the patient and for society at large. She made a judgment call that he was potentially (foreseeably) dangerous. And at the time when she did that she was forced to rely on only that information, which was readily available. The very recent history of bizarre behavior, uncooperativeness, paranoid ideation, agitation, general aggressiveness, and verbal confrontation (altercation with the officer earlier on 10.31.09, and cursing in the Medical

ER), along with an evaluation of emotional instability resulting in removal of his gun months earlier formed the basis of her triggering Section 9.39 of the Mental Hygiene Law. She demonstrated in this judgment not only an adequate understanding of the law, but in addition a reasonable "judicious" application of the Emergency Admissions standard. Dr. Aldana- Bernier was additionally professional by presenting the case to the Associate Chairman of the Psychiatry Department, Dr. Dhar, who concurred with her analysis and decision for Emergency Admission. It is very important to get a second opinion, the perspective of someone to provide a fresh look at the data, and someone who as a top administrator in the department has likely provided oversight for similar situations.

The diagnosis, "Psychosis NOS", was given initially when Mr. Schoolcraft was first seen by the psychiatrist in the ER and subsequently used by Dr. Aldana-Bernier during the period of emergency admission until a final diagnosis of "Adjustment disorder with Anxious Mood". The diagnosis of "Psychosis NOS" was essentially a working diagnosis. This diagnosis was present in DSM-IV-TR, which was the operating handbook for mental disorders in 2009. This diagnosis is not explicitly designated in the most recent DSM-V-TM. The criteria for Psychotic Disorder Not Otherwise Specified (NOS) (DSM-IV-TR # 298.9) states in its general description the following:

"This category includes psychotic symptomatology (i.e., delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior) about which there is inadequate information to make a specific diagnosis or about which there is contradictory information, or disorders with psychotic symptoms that do not meet the criteria for any specific Psychotic Disorder"

Note that not all of the symptoms must be present; in fact one of these, such as delusions, would fit. For example, the description gives the following three illustrations (among others) which in part fit patterns in this case:

1. Psychotic symptoms that have lasted for less than 1 month but that have not yet remitted, so that the criteria for Brief Psychotic Disorder are not met.
2. Persistent nonbizarre delusions with periods of overlapping mood episodes that have been present for a substantial portion of the delusional disturbance
3. Situations in which the clinician has concluded that a Psychotic disorder is present, but is unable to determine whether it is primary, due to a general medical condition, or substance induced.

The presence, therefore of paranoid (persecutory ideation and delusions), in addition to bizarre behavior, suspiciousness and guarded responses, agitation, and aggressive verbal confrontation (the bizarre behavior, agitation etc. may suggest a mood disorder) would most likely fit under the criteria of Psychotic Disorder-NOS

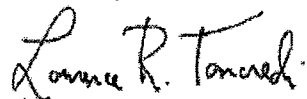
With regards to paranoid thinking and delusions there is no necessity that the objects of the paranoia be extra-terrestrial beings, aliens etc. In fact paranoid delusions most often involve abnormal configuring of the usual objects and images of everyday life into unrealistic systems. Paranoia often involves people in the very existence of an afflicted persons-- for examples, a boss, a lover, a parent or sib. The person suffering from paranoia will place these usual objects into bizarre, and threatening situations and relate the potential danger wholly to themselves. The paranoia expressed by Mr. Schoolcraft--conspiracy of the police, the perception that they are out "to get him"-- is in fact a usual form of paranoid delusion.

CONCLUSION

In effect Dr. Aldana-Bernier's assessment of Mr. Schoolcraft was consistent with a good standard of psychiatric care, including her reliance on the reports of others working in the emergency room and providing supplementary information, such as the police. As an emergency room psychiatrist she is limited in her time for conducting a full investigation of the circumstances surrounding a patient's thinking and behavior. She has a short time to quickly assess the mental status of a patient, and, in particular, to determine if he or she is a danger to themselves or others. This is not an exact analysis by any means. But given the factors that she examined as they combine to form a profile of a disturbed person, she used good judgment admitting the patient for 48 hours to allow for a more extensive gathering of the facts and a period of stabilization for a better opportunity to assess the patient's psychiatric condition.

As a result it is my conclusion that to a reasonable degree of medical certainty Dr. Aldana-Bernier met acceptable standards of psychiatric practice in her evaluation of Mr. Schoolcraft and in her decision to apply Section 9.39 of the Mental Hygiene Law to have him admitted for a 48 hour period for further evaluation and stabilization.

Sincerely yours,



Laurence R. Tancredi, MD, JD

“B”

Laurence R. Tancredi, MD, JD
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EDUCATION: A.B., Franklin & Marshall College, 1962, Phi Beta Kappa
M.D., University of Pennsylvania School of Medicine, 1966
J.D., Yale University School of Law, 1972

INTERNSHIP: Presbyterian-University of Pennsylvania Medical Center
(Straight Medicine, 1966-67)

RESIDENCY: Department of Psychiatry, Columbia University, (1974-75)
Department of Psychiatry, Yale University School of
Medicine (1975-77)

Board Certification: Psychiatry
Bar Membership: New York State

PRESENT
EMPLOYMENT: Private Psychiatric Practice and Consultation
Professor of Clinical Psychiatry, New York University
Medical School (1992-)
Clinical Professor of Health Care Sciences, University of
California at San Diego School of Medicine (1993-2003)

PAST
EMPLOYMENT: Medical Director, The Regent Hospital
New York City (1992-1993)
Kraft Eidman Professor, Medicine and the Law; Director of
the Health Law Program
Professor of Psychiatry, Director of Forensic Psychiatry
Training and Research Program, Department of Psychiatry
Associate Director, Institute for Health Policy Education
and Research
Professor of Health Law, School of Public Health
University of Texas Health Science Center (1984-1992)
Medical Staff, Courtesy Status at the Harris County
Psychiatric Center (1989-1992)
Associate Professor of Psychiatry and Law, New York
University Medical School, Department of Psychiatry (1977-84)
Adjunct Professor of Law, New York University Law School
(1981-84)

Visiting Professor of Law, New York University Law School
(1978-1981)

Senior Professional Associate, Institute of Medicine,
National Academy of Sciences, 2101 Constitution Avenue,
Washington, D.C. 20418 (1972-74)

MILITARY
SERVICE:

United States Public Health Service, (1967-69) National
Center for Health Services Research and Development, Health
Services and Mental Health Administration

COMMITTEE
APPOINTMENTS:

Appointment by The Mayor: The Community Services Board of
the Department of Mental Health, Mental Retardation and
Alcoholism Services, City of New York (1995-2001).

Appointment by the New York City Police Commissioner:
Honorary Police Surgeon, New York City (1997-2004)

National Advisory Board, NIMH Center for the Study of
Issues of Public Mental Health. New York State Office of
Mental Health (1994-97)

Scientific Advisory Committee, American Foundation for
Suicide Prevention (1995-)

Advisory Panel: Defensive Medicine and The Use of Medical
Technology. Office of Technology Assessment, United States
Congress (1992-94).

Advisory Committee: "Ethical and Legal Implications of
Genetic Testing," American Association for the Advancement
of Science (1989-92)

Task Force: Scientific Responsibility and Integrity in
Medical Research. American College of Cardiology,
Bethesda, Maryland (1989-90)

Member: Institute of Medicine. Committee to Plan for a
Study of the Artificial Heart Program of the National
Heart, Lung and Blood Institute (NHLBI) (July 1989 -
October 1989)

Clozaril (clozapine) Advisory Board: Sandoz Pharmaceutical
Corporation (1988-)

Project Review Panel: Science, Technology, and the
Constitution. Office of Technology Assessment, United
States Congress (1987-88)

Advisory Panel: The Quality of Medical Care: Information
for Consumers. Office of Technology Assessment, United
States Congress (1987-88)

Member: National Conference of Lawyers and Scientists.
Committee under joint sponsorship by American Association
for the Advancement of Science and American Bar Association
(1987-90)

Advisory Board: Health Law Program, DePaul University
(1987-1992).

Advisory Board: Health Law Program, University of Houston
School of Law (1987-90).

Board of Directors, International Academy of Law and
Psychiatry (1984-); Vice President (1987-1992) (2003-2007)

Board of Trustees; The Society of Medical Jurisprudence,
New York (1984-85)

Professional Advisory Board, Medical Quadrangle
Corporation, New York (1983-85)

Board of Technical Directors; Milbank Memorial Fund, New
York (1982-84) (1989-91)

Advisory Committee on Heart Transplantations: Health Care
Financing Administration, Department of Health and Human
Services (1981-84)

Council on Government Policy and the Law; American
Psychiatric Association, Washington, D.C. (1979-82)

National Council for Health Care Technology; U.S.
Department of Health and Human Services (1979-82)

Steering Committee on Medical Injury Compensation,
Institute of Medicine, National Academy of Sciences, (1976-
78)

Co-Chairman: Medical-Legal Research Committee. Advisor to
the Administrator: Health Services and Mental Health
Administration, Department of Health, Education and Welfare
(1972-74)

Secretary's Task-Force on Catastrophic Diseases, Department
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MEMBERSHIP IN
PROFESSIONAL
ORGANIZATIONS:

American College of Psychiatry
American Psychiatric Association
New York Academy of Medicine

LISTINGS:

Who's Who in America
Who's Who in American Law
The Best Doctors in America
The Best Doctors in New York

CONSULT-
ANTSHIPS:

Special Consultant, Ontario Government Enquiry on Mental Competency, Ontario, Canada (1989-92)

Editorial Advisory Board, Annual Bibliography of Bioethics. Kennedy Institute of Bioethics, Washington, D.C. (1979-2003)

Consultant, American Bar Association's Commission on Medical Professional Liability (1978-80); Co-principal Investigator; Study on "Designated Compensable Events"

Study Group on the Protection of Human Subjects in Biomedical Research, National Institutes of Health, Department of Health, Education and Welfare (1973-74)

Consultant and Special Assistant to the Administrator, Health Services and Mental Health Administration. U.S. Department of Health, Education and Welfare (1971-72)

BOOKS:

ETHICS OF HEALTH CARE. Institute of Medicine, National Academy of Sciences, Washington, D.C. 1974, (ed.)

LEGAL ISSUES IN PSYCHIATRIC CARE. New York: Harper & Row, 1975. (_____; Lieb, J.; Slaby, A.E.)

COLLUSION FOR CONFORMITY. New York: Jason Aronson, Inc., 1975. (Slaby, A.E.; _____)

HANDBOOK OF PSYCHIATRIC EMERGENCIES. New York: Medical Examination Co., 1975 (2nd ed., 1981); (3rd ed., 1986), (Slaby, A.E.; Lieb, J.; _____)

ETHICAL POLICY IN MENTAL HEALTH CARE: THE GOALS OF PSYCHIATRIC INTERVENTION. New York: Neale Watson Academic Publishers, 1977; and London: William Heinemann Medical Books, Ltd., 1977 (_____; Slaby, A.E.)

CLINICAL PSYCHIATRIC MEDICINE. Philadelphia: Harper & Row, 1981. (Slaby, A.E.; _____; Lieb, J.)

THE ANTHROPOLOGY OF MEDICINE. New York: Praeger Publisher, 1983. (Romanucci-Ross, L.; Moerman, D.; _____). (2nd. Edition, 1991), (3rd. Edition, 1997)

ETHICAL ISSUES IN EPIDEMIOLOGIC RESEARCH. Newark, New Jersey: Rutgers University Press, 1986

ANTHROPOLOGIC REFLECTIONS ON FORENSIC PSYCHIATRY. Special Monograph for the International Journal of Law and Psychiatry. Pergamon, 1987. (Romanucci-Ross, L.; _____)

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INFORMATION. New York, New York: Basic Books, 1989.
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Ross, L.; _____) Dordrecht, Boston, London:
Springer/Kluwer Publications. 2004.

HARDWIRED BEHAVIOR: WHAT NEUROSCIENCE REVEALS ABOUT
MORALITY. Cambridge, London, New York: Cambridge University
Press, 2005

ARTICLES:

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Journal of Psychiatry 129(3):328, 1972. (_____; Clark, D.)

The Social Control of Medical Practice: Licensure Versus
Output Monitoring. Milbank Memorial Fund Quarterly, Vol.
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Malpractice and Quality Assurance. Health and Society:
Milbank Memorial Fund Quarterly, Vol. 51, No. 2, Spring
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the Process of Societal Informed Consent. Medical Care
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Care 12(11):835, 1974

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and Man 1(4):263, 1974

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12(3):171, 1975

A Second Look at Religion and Freudianism. America (May
29, 1976), 469. (Slaby, A.E.; Fagan, P.; _____)

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(Slaby, A.E.; _____)

Releasing the Mentally Ill: Justice or Irresponsibility.
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A.E.)

Exploring Values and the Conscience Quagmire. Counselling
and Values 23:184, 1977. (Fagan, P.; _____; Slaby, A.E.)

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Defining Compensable Events. Inquiry 14:341, 1977

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(_____; Barondess, J.)

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Journal of Health Politics, Policy and Law 5(2):199, 1980

The Right to Refuse Psychiatric Treatment: Some Legal and
Ethical Considerations. Journal of Health Politics, Policy
and Law 5(3):514, 1980

Medical and Legal Implications of Side Effects from
Neuroleptic Drugs: A Round-Table Discussion. Journal of
Clinical Psychiatry 42(2):78, 1981. (Cancro, R.; Davis,
J.M.; Klawans, J.L.; _____)

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Empirical Data. International Journal of Law and
Psychiatry 5:52-63, 1982

Emergency Psychiatry and Crisis Intervention: Some Legal
and Ethical Issues. Psychiatric Annals 12(8):799, 1982

Designated Compensable Events: A No-Fault Approach to
Medical Malpractice. Law, Medicine and Health Care 10:200,
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Regulation of Psychiatric Research: A Socio-Ethical
Analysis. International Journal of Law and Psychiatry
6:17, 1983. (_____; Maxfield, C.)

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Quality of Life: An Ideological Critique. Perspectives in
Biology and Medicine 28(4):591-607, 1985. (Edlund, M.;
_____)

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the Case of Chemical Castration. International Journal of
Law and Psychiatry 8:257-271, 1986. (_____; Weisstub, D.)

Designing a No-Fault Alternative. Law and Contemporary
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AIDS: Its Symbolism and Ethical Implications. Medical
Heritage 2(1):12-18, Jan./Feb., 1986. (_____; Volkow, N.)

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Alternative to the Tort System of Medical Malpractice. New
York State Journal of Medicine 86:370-376, 1986

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Prolegomenon. International Journal of Law and Psychiatry
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Obstetrics and Malpractice: Evidence on the Performance of a Selective No-Fault System. JAMA, 265(21):2836-2861, 1991. (Bovbjerg, R.; _____; Gaylin, D.)

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IN BOOKS:

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Presentation of Medical Adversity Insurance. American Bar Association's Commission on Medical Professional Liability (Innovative Alternatives Committee). Chicago, Illinois, December, 1975

Right to Refuse Medical Treatment. O'Mahoney Memorial Lecture. Brown University, May 23, 1979

Issues in Medical Malpractice. Seminar on Medical Malpractice. Association of the Bar of the City of New York, February 24, 1981

Compensating for Medical Injuries. American Society of Medical Jurisprudence, April 11, 1982, New York

Designing a No-Fault Alternative. Medical Malpractice Conference. Urban Institute, Washington, D.C., February, 1985

Role of Technology Assessment in Forensic Psychiatry. 11th International Congress on Law and Psychiatry, Florence, Italy. March 17-20, 1985

Quality of Care in a Competitive Environment: Is there a Continued Role for Health Planning? The Vanderbilt University Health Policy Symposium: The Role of Health Planning in a Competitive Environment, Vanderbilt University, Nashville, Tennessee, May 14-15, 1986

The Role of Ideology and Empirical Research. American Psychological Association's Committee for the Protection of

Human Participants in Research; Special Conference on "Empirical Studies of Ethical Issues in Research" at the University of Nebraska Center for Applied Ethics, March 20-21, 1986

The Problems of Psychiatric Malpractice. University of Wisconsin Law School Conference Co-Sponsored with the Wisconsin Psychiatric Association: Law and Psychosocial Politics: Law and Psychiatry in the Late Eighties. September 27-28, 1985

Ethical and Legal Issues Involving Controlled Drug Delivery. American Association for the Advancement of Science Symposium: Controlled Drug Delivery by Implantation--Prospects and Legal/Ethical Dilemmas. May 27, 1986

Psychiatry and Sentencing: An Ethical Dilemma. First Pacific Regional Congress on Law and Mental Health. The Role of Psychiatry in Corrections. August 13-15, 1986. Canberra, Australia

The Role of Psychiatry, Law and Religion on Conforming Behaviors. Sidney '86: An International Conference on Health, Law and Ethics. August 20, 1986. (Also at this same conference, a presentation entitled Malpractice in the Mental Health Professions: A Critical Review of American Trends)

Malpractice and Tardive Dyskinesia: A Conceptual Dilemma. Douglas Hospital Research Center. Tardive Dyskinesia Symposium. November 6-7, 1987. Montreal, Canada

Tardive Dyskinesia and Malpractice: The Jurist's Viewpoint. Douglas Hospital Research Center. Tardive Dyskinesia Symposium. November 6-7, 1987. Montreal, Canada

Issues Surrounding Surrogacy: The Role of the Psychiatrist. People as Products: Altruistic Vs Commercial Motives in the Use of Body Parts & Processes. Sponsored by: Public Responsibility in Medicine & Research (PRIM&R) & Co-sponsored by: The Committee for Protection of Human Subjects at the University of Texas Health Science Center at Houston. February 11-12, 1988. Houston, Texas

Law & Psychiatry: An Important Association. New York Bar Association. April 15, 1988. Sagamore, New York

Emergency Psychiatry: Methods and Management. American Psychiatric Association Annual Meeting. May 7-12, 1988. Montreal, Canada

Moderator: Symposium on Medical Legal Aspects of Antipsychotic Drug Therapy. Sponsored by Sandoz - Co-sponsored by University of Texas Health Science Center.

May 20, 1988. New York

Neural Substrates of Violent Behavior: A Preliminary Study with Positron Emission Tomography. Serbsky Institute. May 25-June 5, 1988. Moscow, Soviet Union

Legal Issues Relevant to Violent Behavior. International Congress on Law and Mental Health Annual Meeting. June 15-18, 1988. Montreal, Canada

Technological Assessment and its Application to Psychiatry. International Congress on Law and Mental Health Annual Meeting. June 15-18, 1988. Montreal, Canada

Philosophical Implications of the Clinical Research Model. International Congress on Law and Mental Health Annual Meeting. June 15-18, 1988. Montreal, Canada

The DCE Approach to No-Fault Medical Injury Compensation. Joint Economic Committee for the United States Congress, Washington, D.C. June 21, 1988

Laws of Commitment of Children: The Supreme Court Decision. Queens Children's Psychiatric Center. August 9, 1988. New York

The Role of Ideology in the Interpretation of Mental Health. Satellite Symposium of the World Psychiatric Association and the Mexican Psychiatric Association. October 17-18, 1988. Mexico City, Mexico

Medical Practice and Organization - Legal Issues. University of California, San Diego. October 25, 1988. San Diego, California

Ethical Issues in Forensic Psychiatry. Symposium and 13th Loretta Bender Annual Lecture. Queens Children's Psychiatric Center. November 15, 1988. New York

Ethical Problems in Forensic Psychiatry. Brown University. December 12, 1988. Providence, Rhode Island

Who Owns Scientific Data? American Association for the Advancement of Science - American Bar Association National Conference of Lawyers and Scientists workshop on Fraud and Misconduct in Science. February 17-18, 1989. Irvine, California

Tensions in the Physician/Patient Relationship: The Impact of Societal Interests. University of California, San Diego. May 4, 1989. San Diego, California

Flight or Fight: Conflicts of Interest in Forensic Psychiatry. Quebec Psychiatric Association Annual Meeting. May 26, 1989. Quebec, Canada

Social Control and Stigmatization. XVth International Congress on Law and Mental Health. Sponsored by the International Academy of Law and Mental Health. June 26, 1989. Jerusalem, Israel

Laws of Commitment - Historical. Queens Children's Psychiatric Center. August 3, 1989. Bellerose, New York

Biopolicy and the Law. American Political Science Association's 85th Annual Meeting. September 2, 1989. Atlanta, Georgia

Social and Legal Implications of Recent Studies of the Brain. New York University's Science, Technology and Society Colloquium. October 3, 1989. New York, New York

No-Fault for Medical Malpractice: The Third Generation of Development. American Public Health Association Panel: The American Medical Malpractice Situation: Current Conditions and Possible Futures. American Public Health Association Annual Conference. October 25, 1989. Chicago, Illinois

Medical Malpractice and Organization - Legal Issues. University of California at San Diego. November 7, 1989. San Diego, California

Legal Aspects of Genetic Research. The New Genetics and the Right to Privacy. Sponsored by the Foundation for American Communications and the Gannett Foundation. November 30, 1989. Washington, D.C.

Assessing Competency in Children: Legal Implications. Grand Rounds: Child Psychiatry Department at Columbia-Presbyterian and New York State Psychiatric Institute. December 13, 1989. New York

Psychopharmacology and Malpractice: A Conceptual Dilemma. 3rd European Symposium of the International Academy of Law and Mental Health. University of Modena. May 26, 1990. Castiglione delle Stiviere

The Changing Nature of Psychiatric Evidence. XVIth International Congress on Law and Mental Health. June 22, 1990. Toronto, Canada

PET and Violent Behavior. XVIth International Congress on Law and Mental Health. June 23, 1990. Toronto, Canada

The Bad Brain: Biology of Moral Thinking. XXVII International Congress on Law and Mental Health. June 21, 2002. Amsterdam, Holland

The Bad Brain, Science and The Law. University of California at San Diego (Earl Warren College Law and Society Program and California Western School of Law).

October 9, 2002. La Jolla, California

Neuroscience Developments and the Law. American Association for the Advancement of Sciences/ The Dana Foundation. September 12-13, 2003. Washington, D.C.

Legal Issues of Drug Abuse. Preconference: International Congress of Law and Mental Health. June 30-July 1, 2005, Paris, France.

The Biology of Impulsivity. International Congress of Law and Mental Health. July 2, 2005. Paris, France.

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