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IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA
SACRAMENTO DIVISION

RALPH COLEMAN, et al.,

Plaintiffs,

v.

GAVIN NEWSOM, et al.,

Defendants.

2:90-cv-00520 KJM-DB (PC)

**DEFENDANTS' RESPONSE TO
NOVEMBER 19, 2020 ORDER**

1 In its November 19, 2020 order following the October 23 inpatient transfers evidentiary
 2 hearing, the Court asked the parties to address a new question regarding whether it could
 3 “presume” harm in the case of delayed transfers, separate from the three narrow questions the
 4 Court indicated for months was the focus of the evidentiary hearing, and which in fact were the
 5 subject of the hearing. For the reasons set forth below, the Court cannot and should not presume
 6 harm to *Coleman* class members from delayed transfers. It is not consistent with the required
 7 analysis under the Eighth Amendment or the Prison Litigation Reform Act. In addition, the
 8 Court’s approval of exceptions to the Program Guide transfer timelines itself demonstrates that
 9 constitutional harm cannot be simply presumed due to a patient’s delayed transfer. Such a
 10 presumption is also improper because it would deprive Defendants of the ability to demonstrate
 11 that it had remedied any harm in individual cases. In fact, Defendant can demonstrate that
 12 patients were not harmed by awaiting transfer to Department of State Hospital inpatient beds in
 13 recent months.

14 ARGUMENT

15 I. THE PRESUMPTION OF HARM HAS NO LEGAL SUPPORT.

16 To evaluate a claim of harm under the Eight Amendment, the Court must find: (1) an
 17 “objective component” which shows “the alleged wrongdoing was objectively harmful enough to
 18 establish a constitutional violation;” and (2) a “subjective” inquiry into whether prison staff
 19 acted “with a sufficiently culpable state of mind.” *Bearchild v. Cobban*, 947 F.3d 1130, 1140
 20 (9th Cir. 2020) (citing *Hudson v. McMillian*, 503 U.S. 1, 8 (1992)); *see also Farmer v. Brennan*,
 21 511 U.S. 825, 837 (1994). After a full-day evidentiary proceeding on October 23, the evidence is
 22 clear—neither Eighth Amendment element is met and there is no basis to presume cognizable
 23 harm from delayed transfers. To the contrary, delayed transfers are justified considering the risks
 24 and medical needs applicable to the *Coleman* class, the letter and spirit of the Program Guide,
 25 Department of State Hospital (DSH) and California Department of Corrections and
 26 Rehabilitation’s (CDCR) competing constitutional duties, and the law of this case.

A. Objective Harm Must Be Evaluated In The Context Of COVID-19.

“What is necessary to show sufficient harm for purposes of the Cruel and Unusual Punishments Clause depends upon the claim at issue.” *Hudson*, 503 U.S. at 8. The objective harm analysis is “therefore contextual and responsive to ‘contemporary standards of decency.’” *Id.* (citing *Estelle v. Gamble*, 429 U.S. 97, 103 (1967)). Accordingly, the potential harm from delay in inpatient transfers must be evaluated in light of current conditions, *i.e.*, considering Court-ordered COVID-19 screening and the systemic and unprecedented public health constraints that Defendants face. Harm cannot simply be presumed under the Eighth Amendment. *See, e.g., Helling v. McKinney*, 509 U.S. 25, 36 (1993) (articulating the high quantum of proof required to show proscribed harm as “risk” that society refuses to tolerate and does not expose anyone to it).

There is no doubt that the pandemic presents exigent circumstances where health and public safety may inform the proper scope of constitutional rights. *Jacobson v. Massachusetts*, 197 U.S. 11, 27 (1905); *see also* Three-Judge Court Order, ECF No. 6574 at 9 (finding that Defendants are confronting an “unprecedented pandemic” that “the entire world was unprepared for”). “Prison officials may be more restrictive than they otherwise may be if a genuine emergency exists, and certain services may be suspended temporarily.” *Thomas v. Ponder*, 611 F.3d 1144 (9th Cir. 2010); *see also Noble v. Adams*, 646 F.3d 1138, 1143-47 (9th Cir. 2011) (a post-riot lockdown of prison that resulted in denial of Eighth Amendment rights was reasonable to furnish safety); *Norwood v. Vance*, 591 F.3d 1062 (9th Cir. 2010) (recognizing that the right to outdoor exercise may be temporarily denied where officials must quickly respond to violence threatening inmate safety). In “genuine emergencies,” prison officials may impose a temporary denial of constitutional rights and are afforded “reasonable leeway” to make these “delicate” decisions. *Hayward v. Procunier*, 629 F.2d 599, 603 (9th Cir. 1980) (internal citations omitted).

Here, an analysis of harm under the Eighth Amendment must take into account this Circuit’s “genuine emergency” standard and “contemporary standards of decency”—a pandemic-era evaluation that must consider the health and safety of *all* prisoners, including *Coleman* class members, DSH patients, state health and correctional employees and their families, and conserve healthcare resources within and outside the custodial environment. (*See* ECF No. 6843-1, at 12-

13 (“[A]llowing contagion to be introduced into a DSH facility could have wide-ranging impact on communities throughout the state.”). Defendants’ conduct has been (and continues to be) objectively reasonable under these unprecedented circumstances. *See Kevin M. A. v. Decker*, 457 F. Supp. 3d 445, 458 (D.N.J. 2020) (enumerating reasonable steps taken for infection control). In March 2020, DSH acted quickly to prevent infection because it could spread unchecked among its patients who resided in congregate settings. (*See* ECF No. 6949 at 5.) At the same time, over 100 *Coleman* patients have safely and timely transferred to DSH inpatient beds under the COVID-19 screening and transfer guidelines developed by DSH and CDCR with input from the Special Master’s experts since April 2020. (*See id.*, at 5-8.) Through the individualized review process established with the Special Master and his experts, patients will continue to transfer to DSH. (*Id.*) Plaintiffs concede that the “onset of the pandemic may have initially excused delayed transfers in the early Spring.” (ECF No. 6948-1 at 4.) They, however, contend that the pandemic is the “new normal” and allege that the current “indefinite suspension of the Program Guide’s timelines” harms *Coleman* patients. (*Id.*) The argument fails.

First, there is no “indefinite suspension”; that is a mischaracterization. The evidence shows clearly that patients continue to be transferred to DSH, some within Program Guide timelines. Second, the “new normal” Plaintiffs reference has resulted in the unprecedented suspension of assembly and travel, including restrictions applicable to worship services; unprecedented regulation of economic and social activity, including requiring certain types of businesses to close and prohibiting landlords from evicting tenants even in cases of nonpayment of rent; and an unprecedented disruption of medical services for persons in the community as well as persons in prison.¹ During a “public health crisis,” government action is unconstitutional only if it has “no real or substantial relation . . . to [protect public health and safety], or is, beyond all question, a plain, palpable invasion of rights secured by the fundamental law.” *In re Rutledge*, 956 F.3d

¹ Inpatient psychiatric units are tightening admission criteria following “a growing amount of media coverage describing frequent and severe outbreaks occurring on psychiatric units, with some outbreaks leading to multiple COVID-19 related deaths.” Ermal Bodjani, et al., *COVID-19 Pandemic: Impact on psychiatric care in the United States*, 289 Psychiatry Res. 113069, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7200362/pdf/main.pdf>.

1 1018, 1027 (8th Cir. 2020) (quoting *Jacobsen*). That is not the case here. Plaintiffs have not
 2 shown that Defendants’ policy choices bear *no* relation to safety and health—accordingly, a
 3 presumption of harm would be contrary to well-established public health law and the genuine
 4 emergency exception in Eighth Amendment jurisprudence.² Third, Plaintiffs’ assertion that the
 5 COVID-19 pandemic is no longer an emergency and no longer presents unusual circumstance
 6 warranting delayed transfers contradicts reality and conflicts with the consensus of public health
 7 experts. *See, e.g., Foster v. Comm’r of Correction*, 484 Mass. 698, 732, 146 N.E.3d 372, 402
 8 (2020) (“At this juncture, it appears that the COVID-19 pandemic will continue to demand
 9 extraordinary, and coordinated, efforts by all parties, as well as the courts.”) With a potentially
 10 effective vaccine still only on the horizon, and far from ready for distribution to inmates, the
 11 current emergency is anything but “normal.” Finally, Defendants have the authority and
 12 discretion to be nimble, adjust, and take informed and reasonable steps to address a pandemic like
 13 COVID-19, just as quickly as it evolves over time. If community transmission increased and
 14 caused rampant staff infection at either a DSH or CDCR facility, transfers would need to be
 15 delayed until appropriate screening were performed and safe passage assured. The Court should
 16 not endorse an inflexible approach to Program Guide timelines risking inmate and staff safety.

17 **B. Harm Arising From Delayed Transfer Is An Individualized Medical**
 18 **Determination Rather Than A Class-Wide Determination.**

19 A class-wide presumption of harm is incompatible with the clinical balancing of risks that
 20 CDCR and DSH’s mental health personnel and leaders have been carrying out with the assistance
 21 and input of the Special Master’s experts to inform their transfer decisions during the COVID-19
 22 pandemic. (*See* ECF No. 6949, at 5-6.) This balancing evinces a good-faith effort to comply
 23 with Program Guide timelines for inpatient transfers, as modified by the temporary addition of
 24 COVID-19 screening.³ Plaintiffs concede an individualized analysis of risk is appropriate. (ECF

25 ² A presumption of harm would also violate the well-established tradition of judicial
 26 deference to the executive during public health emergencies. “Deference . . . is due to prison
 27 authorities to determine which additional measures must be taken to avoid catastrophic results.”
 28 Three-Judge Court, ECF No. 6574, at 13 (citing *Turner v. Safley*, 482 U.S. 78, 84–85 (1987)).

³ Defendants have previously established that when patients are transferred to DSH
 beyond the Program Guide timeframes due to quarantine and testing protocols contained in the

No. 6948-1, at 9, 10.) Such an individualized determination of risk is necessarily fluid and changes with circumstances. Generally, clinicians are required to balance the benefits and risks before providing a specific treatment to individual patients. Here, Defendants were required to weigh the increased infection risk caused by transfer against the benefits of treatment at DSH. (10/23/20 Hrg. Tr. at 87:5 – 88:3, 111:15-18, 161:21 – 162:7.) When pandemic crisis care standards apply, this analysis is extended further to allow clinicians to balance the obligation to save the greatest possible number of lives against the need to care for each patient. (Kheriaty Decl. ¶ 9.)

Plaintiffs impugn the balancing of harms that informs Defendants' decision to delay inpatient transfers, but their position is not supported by the record. Plaintiffs want patients to transfer within a rigid and uncompromising timeline, even when that would pose catastrophic individual and collective risk to class members and other DSH patients. The California Department of Public Health, federal, and professional guidance regarding crisis care standards supports the finding that the harms, both individual and collective, of immediate transfer clearly outweigh the harms of a temporary delay in transfer. (Kheriaty Decl. ¶ 10.) Transferring COVID-19 positive patients to DSH risks facilitating the spread of COVID-19 throughout a congregate setting that treats a vulnerable population. (*Id.* at ¶ 13.) Even a single transferred asymptomatic COVID-19 patient would introduce a highly virulent disease with a high mortality rate to an extraordinarily vulnerable and confined patient population and into the community, threatening to consume scarce medical resources, overburden professionals, and upend the state's medical infrastructure. (*Id.* at ¶ 19.) This elevated risk of systemic compromise is not acceptable when compared to the relatively modest risk to an individual of having his or her transfer delayed for safety reasons. (*Id.* at ¶ 12.) Further, transferring untested patients, as Plaintiffs propose, exposes them to potential infection, and easily avoidable morbidity and mortality. (*Id.* at ¶ 21.)

At the start of the pandemic, when Defendants (like the rest of the world) were trying to understand how best to curtail the spread of the insidious coronavirus, all but the most pressing COVID-19 guidelines, such deviations are permitted under the Program Guide under the medical and unusual circumstances exceptions. (ECF No. 6949, at 8-9.)

transfers to DSH were suspended to mitigate individual and collective harm.⁴ Subsequently, with the benefit of greater clinical knowledge and guidance about the nature of this disease, CDCR and DSH developed protocols to expedite transfers and prioritize those patients from closed institutions who could be safely transferred without getting infected or causing infections at CDCR or DSH. (ECF No. 6949, at 13.) This approach was reasonable and responsible. In any event, CDCR patients awaiting transfer still receive adequate psychiatric evaluation and treatment (*see* ECF No. 6949, at 14) and at least a subset of those patients would be clinically inappropriate candidates for transfer, which establishes that any generalized presumption of class-wide harm, as the Court suggests, is improper. (Mehta Decl. ¶ 3.) Rather than presuming generalized harm to the entire class, which would force Defendants to take actions that contravene public health guidance, the Court should allow Defendants to continue to conduct case-by-case patient reviews with the input of the Special Master's experts to make responsible transfer decisions to keep patients and staff safe.

C. There Is No Evidence of Culpable Intent.

Even if the Court presumes an objective harm arising from delayed inpatient transfers, Eighth Amendment liability only attaches if Defendants acted with a subjectively culpable state of mind. Prison officials are not liable if they responded reasonably to a known risk, even if the harm ultimately was not averted. *Farmer*, 511 U.S. at 844. Here, Defendants' conduct demonstrates a recognition that CDCR and DSH faced two competing constitutional duties and sought to act diligently and reasonably to keep inmate and staff safe—the opposite of a culpable state of mind under the Eighth Amendment. On the one hand, CDCR and DSH were obligated to act with utmost caution to keep their patients in congregate living settings safe during the pandemic and mitigate COVID-19 transmission. *See Farmer*, 511 U.S. at 847; *Helling*, 509 U.S.

⁴ Initially, DSH suspended admissions and focused on developing an emergency plan and infection control protocols to safely treat patients while securing protective equipment and testing resources. (ECF No. 6843-1, at 9.) Subsequently, DSH took steps to allow transfers, on a case-by-case basis, considering the risks for each patient. (ECF No. 6949, at 12-13.) CDCR developed its movement matrix based on guidance from the *Plata* Receiver, the Centers for Disease Control and Prevention, and the California Department of Public Health (CDPH)—which increased patient transfers to DSH in conjunction with updated guidelines that required case-by-case assessments of COVID risk. (*Id.* at 13.)

at 33; *DeGidio v. Pung*, 920 F.2d 525, 533 (8th Cir. 1990) (finding that prison officials were deliberately indifferent to inmates' serious medical needs in failing to prevent and control prison's tuberculosis epidemic); *Dunn v. White*, 880 F.2d 1188, 1195 (10th Cir. 1989) (observing that a failure to protect inmates from HIV-infection may violate Eighth Amendment); *Smith v. Sullivan*, 553 F.2d 373, 380 (5th Cir. 1977) (housing scabies- and gonorrhea-infected inmates with healthy prisoners violates Eighth Amendment). On the other hand, Defendants had to adhere to *Coleman* Program Guide transfer timelines, subject to limited Court-approved exceptions. CDCR and DSH swiftly moved to develop transfer protocols that they continuously refined in collaboration with the Special Master's experts. As CDCR and DSH were "act[ing] in areas fraught with medical and scientific uncertainties," this Court must afford "especially broad" latitude rather than presuming harm signaling an Eighth Amendment violation. *See S. Bay United Pentecostal Church v. Newsom*, No. 19A1044, 140 S.Ct. 1613, 1614 (2020) (Roberts, C.J., concurring).

II. THE PRESUMPTION OF HARM FROM DELAYS IN THE INPATIENT TRANSFER TIMELINES IS INCONSISTENT WITH THE PROGRAM GUIDE ADDENDA SETTING FORTH EXCEPTIONS TO THE TIMELINES BASED ON JUSTIFIABLE DELAYS.

In December 2017, the Court approved an addendum to the Program Guide that recognized exceptions to the requirement to transfer patients to the intermediate level of care within thirty days from the date of referral. (ECF No. 5750.) The Court ordered the parties to develop a policy that explicitly provided for departures from the Program Guide. (ECF No. 5610.) After months of negotiation, the parties and the Special Master agreed on exceptions under the Addendum to 12.11.2101 (A) PIP Policy and Procedure Referral and Admission. (ECF No. 5744.) Each month for over three years, Defendants have been reporting patients transfer outside of the required thirty-day timeline to the Court.⁵ The record is devoid of any evidence or acknowledgment in the policy or in the Court's orders approving and ordering the Addendum that patients who were transferred under an exception were presumed to have suffered harm as a result of the delayed transfer.

⁵ See ECF Nos. 5636, 5647, 5664, 5684, 5715, 5731, 5751, 5757, 5789, 5804, 5819, 5827, 5837, 5856, 5882, 5923, 5960, 6004, 6046, 6072, 6090, 6110, 6128, 6152, 6198, 6222, 6245, 6286, 6342, 6394, 6423, 6446, 6470, 6505, 6611, 6670, 6719, 6762, 6823, 6867, 6912, and 6956.

1 The Program Guide Addendum implicitly recognizes that conditions or situations exist that
2 outweigh the need for complying with the Program Guide timelines for placing a patient in an
3 inpatient bed. A presumption of constitutional harm whenever a patient is not transferred to an
4 intermediate care program within thirty days from referral cannot be reconciled with the April 19,
5 2017 order that recognized the need for reasonable delays in the transfer timelines. The parties
6 and the Special Master worked for months to identify those reasonable delays, and determined
7 that acceptable reasons for delaying transfer to an inpatient bed include when a patient refuses to
8 be transferred to inpatient care, the placement of a patient at a prison to attend court proceedings
9 and the retention of a patient at a prison to obtain or complete medical treatment that the patient
10 cannot receive at the inpatient program. (ECF No. 5744 at 5-6.) Each exception allows for the
11 suspension of the transfer timelines pending resolution of the exception. (*Id.*) Other than in the
12 circumstance of a patient refusing inpatient care, there are no outer limits placed on the delays
13 allowed under the exceptions. Given the absence of a presumption of harm in the case of court-
14 sanctioned delays under the Addendum, there is similarly no justification to presume harm from
15 delays attributed to an unprecedented tragedy such as COVID-19 pandemic. All of the same
16 balancing of risks and other safeguards under the Addendum are applied to the delays attributed
17 to the pandemic, and have been exercised by Defendants in evaluating inpatient transfers to DSH.

18 Indeed, the Court found that exceptions applied to the initial suspension of transfers to DSH
19 inpatient facilities in March 2020, and did not ascribe a harm to that action that occurred over
20 eight months ago now. (ECF No. 6639 at 11.) Defendants have shown that there is no clearer
21 circumstance than a world-wide pandemic to justify the application of the unusual circumstance
22 exception to the inpatient transfer timelines. Any contrary position flouts the public health
23 directives guiding Defendants' policies designed to safeguard the *Coleman* class from COVID-19
24 exposure and disregards the harm posed to class members by catching COVID-19 and suffering
25 serious and potentially fatal symptoms.

III. THE COURT CANNOT PRESUME HARM BECAUSE DEFENDANTS MAY USE OTHER MEANS TO ADDRESS ANY NON-COMPLIANCE WITH PROGRAM GUIDE TIMELINES.

Even if this Court determines that delaying transfers beyond Program Guide timelines because of an unprecedented and ongoing global pandemic is presumptively a constitutional violation, the Court still cannot presume that class members are harmed by these delays. Because Defendants have alleviated any harm, or abated it entirely, through other means, the Court must evaluate, based on particularized evidence, whether Defendants' efforts to abate harm through other ways were successful. *See Glover v. Johnson*, 138 F.3d 229, 243 (6th Cir. 1998) (holding that defendants must be allowed to demonstrate that they have remedied underlying constitutional violations even without compliance with remedial orders). Presuming harm *solely* from Defendants' failure to comply with Program Guide timelines undermines this foundational principle and is inconsistent with the PLRA. *See Hadix v. Johnson*, 228 F.3d 662, 670-71 (6th Cir. 2000) ("The fundamental problem with the district court's order is that it focused not on the inquiry required by the [Prison Litigation Reform Act], but rather on the question whether the consent decree had been substantially complied with."). The October 23 hearing did not call for this evidence, as the Court's three narrow questions made no mention of alleged patient harm. The Court has now asked an entirely new question—after the close of evidence—concerning whether harm should be presumed, inviting new evidence to which Defendants have objected.⁶ And it's exclusively to Defendants' prejudice.

The questions asked at the hearing and in the recent minute order are fundamentally different. To the extent that Plaintiffs attempt to yet again submit evidence from Dr. Stewart demonstrating alleged harm to patients from delayed transfers, and this evidence is admitted by the Court, Defendants submit expert and clinician declarations showing that Dr. Stewart's opinions are unsupported and overgeneralized, that Defendants acted ethically in weighing the

⁶ Plaintiffs attempted to introduce evidence of alleged harm from delayed inpatient transfers through Dr. Pablo Stewart, but his opinions and testimony were properly excluded. (10/23/20 Hrg. Tr. at 270:9 – 271:11.) After evidence closed, Plaintiffs improperly submitted a voluminous declaration from Dr. Stewart containing his anticipated testimony, to which Defendants objected. (ECF No. 6948-1.) None of Dr. Stewart's testimony should be considered in evaluating the questions posed at the October 23 inpatient transfers hearing.

1 harms of transferring patients to DSH facilities during a pandemic, and that patients did not suffer
 2 harm while awaiting transfer to DSH inpatient beds. (*See, e.g.*, Scott Decl. ¶¶ 33-34; Meyer Decl.
 3 ¶ 15; Kheriaty Decl. ¶¶ 16-21; Stahl Decl. ¶¶ 11, 29-30; Mehta Decl. ¶¶ 3-4, 16-17.) To be clear,
 4 Defendants restate all prior objections to late-filed evidence in conjunction with the hearing.

5 Dr. Stewart maintains that the 55 patients previously awaiting transfer to DSH were
 6 suffering potential irreparable harm by this delay of transfer. (Kheriaty Decl. ¶ 14.) He claims
 7 that some of these patients are suffering from major depression and psychotic disorders, which
 8 require inpatient treatment. (*Id.*) This analysis is incorrect—the medical records show that these
 9 patients can and are being treated by CDCR psychiatrists and psychologists adept at treating
 10 depression, psychotic disorders, and other mental illnesses with safe and effective medication and
 11 psychotherapeutic interventions. (*Id.* at ¶ 15; *see* Meyer Decl. ¶ 10 (finding that Patient 10
 12 remained psychiatrically stable awaiting transfer, was appropriately prescribed clozapine,
 13 received biweekly hematological monitoring and treatment for constipation and drooling that may
 14 occur with clozapine, and subsequently, was eager to return to his dorm as an EOP); Scott Decl. ¶
 15 33 (opining that a transfer to DSH for diagnostic clarification was not indicated as asserted by Dr.
 16 Stewart, when such a clarification could be properly provided at CDCR and asserting that a
 17 finding of harm awaiting transfer was “grossly misleading” as contemporaneous records showed
 18 that Patient 3’s symptoms of depression, suicidality, auditory hallucinations, and paranoia
 19 improved to the extent he was “active and engagement” in attending group therapy); Stahl Decl.
 20 ¶¶ 24-27 (finding that Dr. Stewart’s reading of the record missed that Patient 38 had a history of
 21 feigning exaggerated psychiatric symptoms to obtain a transfer to his preferred setting at DSH
 22 and because the record did not support serious illness, a finding of cognizable harm was not
 23 sustainable).) Accordingly, a presumption of harm from delayed inpatient transfers is
 24 unwarranted and unsupported by clinical records.

25 CONCLUSION

26 The Court’s request for supplemental briefing raises, for the first time, a question of
 27 presumed harm from delayed transfers. However, the Court cannot and should not presume such
 28 harm where patients are undeniably receiving care while awaiting for transfer.

1 Dated: December 7, 2020

Respectfully Submitted,

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IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA
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RALPH COLEMAN, et al.,

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GAVIN NEWSOM, et al.,

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2:90-cv-00520 KJM-DB (PC)

**DECLARATION OF AARON
KHERIATY, M.D., IN SUPPORT OF
DEFENDANTS' RESPONSE TO
NOVEMBER 19, 2020 ORDER**

I, Aaron Kheriaty, M.D., declare:

1. I am over 18 years of age and am competent to testify. I submit this declaration in support of Defendants' response to the Court's November 19, 2020 order. I have personal knowledge of the facts stated in this declaration and, if called to testify to those facts, I could and would do so competently.

1 2. I received my M.D. degree from Georgetown University School of Medicine in 2003.
2 I completed my residency training in psychiatry at the University of California, Irvine in 2007.
3 Since 2009, I have been a board-certified psychiatrist. I am currently a Health Sciences Clinical
4 Professor of Psychiatry and Human Behavior at University of California Irvine (UCI) School of
5 Medicine. I have served as Director of Medical Education in the UCI Department of Psychiatry
6 since 2007. I have also served as chairman of the Medical Ethics Committee and Director of the
7 Ethics Consultation Service at UCI Health since 2008, as well as Director of the Medical Ethics
8 Program at UCI School of Medicine since 2013. I direct the required course in ethics for medical
9 students at UCI. I also serve as chair of the statewide Bioethics Committee at the California
10 Department of State Hospitals (DSH).

11 3. In my capacity as Ethics Committee Chair and director of the Ethics Consult Service
12 at UCI Health, and chair of the statewide Bioethics Committee at DSH, I have conducted
13 thousands of ethics consultations on complex clinical cases. In this capacity, I assist treatment
14 providers to resolve some of DSH's most ethically complicated and difficult cases and clinical
15 decisions. Each DSH hospital has its own local bioethics committee; however, cases with
16 particularly complex ethical issues, or cases that have implications for systemwide DSH policies,
17 are referred to the statewide committee that I chair for review, recommendations, and resolution.

18 4. I also have experience and expertise developing crisis standards of care and policies
19 for pandemic triage and allocation of scarce resources during COVID-19 at the statewide and
20 regional levels, including serving as a member of committees and task forces to develop these
21 policies at the University of California Office of the President, the California Department of
22 Public Health, the Orange County Department of Public Health, and the University of California
23 Irvine. This experience is relevant to my expertise regarding the professional judgments and
24 opinions provided in this declaration. As a medical ethicist, I also rely on knowledge of ethical
25 guidelines, landmark court cases, legal standards, and familiarity with the relevant research
26 literature.

27 5. In my clinical work as a psychiatrist, I have evaluated and treated thousands of
28 patients with severe, persistent mental illness, including patients hospitalized in DSH settings

1 during my residency training. This clinical experience, as well as familiarity with the relevant
 2 research literature, informs my opinions in this declaration. For a complete listing of my
 3 professional background, experience, research, responsibilities, and publications, please see my
 4 Curriculum Vitae, which is attached to this declaration as Exhibit A.

5 6. I have been asked by DSH to offer my professional opinion regarding the ethical
 6 justifiability of the steps that DSH has taken to protect their patients from COVID-19 infection.
 7 My opinions are based upon my medical education, training, research, and over 16 years of
 8 clinical experience as a psychiatrist and bioethicist, as well as my familiarity with the medical and
 9 bioethics literature. These opinions are my own and do not represent those of the institutions with
 10 which I am affiliated. In preparing this declaration I have reviewed the transcript of the hearing
 11 before District Judge Kimberly J. Mueller of October 23, 2020.

12 7. Due to widespread community transmission of COVID-19, it is clear that we have
 13 moved from the containment phase to the mitigation phase of responding to this unprecedented
 14 pandemic. Public health emergencies such as the current COVID-19 pandemic require difficult
 15 decisions in situations of time pressure, limited resources, clinician strain, and broader social
 16 upheaval. It is vital that these decisions be guided by widely accepted and publicly endorsed
 17 ethical principles. One of the most familiar frameworks for biomedical ethics centers around a
 18 few key principles.¹ These principles, as well as some of their most important implications for
 19 public health crises, include:

- 20 • Beneficence and Non-Maleficence.² There is a duty to promote health and avoid
 21 harm. This general principle has several important corollaries:

22 ¹ For a more detailed description of these principles and their application in the context of
 23 pandemics and other public health crises, cf. Dicker R., Kheriaty A., et al. *Allocation of Scarce
 Critical Resources under Crisis Standards of Care*, University of California Critical Care
 Bioethics Working Group, April 16, 2020.

24 ² Veterans Health Administration (VHA), "Meeting the Challenge of Pandemic Influenza:
 25 Ethical Guidance for Leaders and Health Care Professionals in the Veterans Health
 Administration." The Pandemic Influenza Ethics Initiative Work Group of The Veterans Health
 Administration's National Center For Ethics In Health Care, July 2010.

26 Centers for Disease Control and Prevention, "Ethical Considerations for Decision Making
 27 Regarding Allocation of Mechanical Ventilators during a Severe Influenza Pandemic or Other
 Public Health Emergency." Ventilator Document Workgroup, Ethics Subcommittee of the
 28 Advisory Committee to the Director, Centers for Disease Control and Prevention, July 1, 2011

- Duty to Care.³ Healthcare workers have a duty to care for patients in their charge, and patients should not be abandoned.
- Duty to Promote the Public Good. There is also a broader duty to promote the common good of the population as a whole, which includes the duty to save the greatest number of lives possible during a pandemic.⁴
- Duty to Steward Scarce Resources.⁵ There is a duty to carefully steward scarce resources, such as isolation beds, in order to *save as many lives as possible* and *protect the health of the population as a whole*, including vulnerable populations such as those housed in congregate living settings.
- Respect for Persons.⁶ There is a duty to recognize and respect the inherent and equal dignity and worth of each human being. This general principle implies, among other things:
 - Respect for Individual Rights and Freedoms. Individuals have inherent rights and freedoms that must be respected; however, it is also widely accepted that in pandemic situations it might be necessary to curtail some individual liberties during a public health crisis.⁷ This provides the ethical justification for widely utilized measures such as stay-at-home orders, for example.

California Department of Public Health, “California Department of Public Health. Standards and Guidelines for Healthcare Surge during Emergencies: Foundational Knowledge.” California Department of Public Health, undated.

³ Institute of Medicine, “Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations: A Letter Report (2009).” Washington, DC: The National Academies Press, 2009

Institute of Medicine, “Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response: Volume 1: Introduction and CSC Framework (2012).” Washington, DC: The National Academies Press, 2012

⁴ Cf. footnote 2, CDC, CDPH.

⁵ Institute of Medicine, “Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations: A Letter Report (2009).” Washington, DC: The National Academies Press, 2009

New York State Task Force on Life and the Law, New York State

⁶ Centers for Disease Control and Prevention, “Ethical Guidelines in Pandemic Influenza.” Kathy Kinlaw and Robert Levine for the Ethics Subcommittee of the Advisory Committee to the Director, Centers for Disease Control and Prevention, February 15, 2007

⁷ California Department of Public Health, “California Department of Public Health. Standards and Guidelines for Healthcare Surge during Emergencies: Foundational Knowledge.” California Department of Public Health, undated.

- 1 • Justice. There is a duty to enact only those policies that are just. Justice has many
2 aspects:
- 3 ○ Proportionality.⁸ Crisis planning policies and restrictions must be appropriately
4 limited in time and scale according to the scope and severity of the crisis.
- 5 ○ Protection for Populations with Special Needs or Vulnerabilities. Plans and
6 decisions should take into account the special needs or vulnerabilities of certain
7 vulnerable populations.⁹
- 8 ○ Duty to Collect Information.¹⁰ There is a duty to collect the full range of relevant
9 facts before making decisions—such as the decision to transfer care to another
10 facility—and to revisit decisions as new information emerges.

11 8. In a pandemic situation, these principles may sometimes be in tension. For instance,
12 the obligation to provide a needed resource to the extremely ill may conflict with the need to
13 promote the common good by giving those same resources to people who are more likely to
14 survive. In such situations it is widely accepted that medical institutions must shift from their
15 traditional focus on individual patients to a focus on populations, the common good, and the
16 protection of civil society—that is, a shift to crisis standards of care.¹¹ As the National Academy

17
18
19 ⁸ Institute of Medicine, “Guidance for Establishing Crisis Standards of Care for Use in
20 Disaster Situations: A Letter Report (2009).” Washington, DC: The National Academies Press,
21 2009

22 ⁹ California Department of Public Health, “California Department of Public Health
23 Standards and Guidelines for Healthcare Surge during Emergencies: Foundational Knowledge.”
24 California Department of Public Health, undated.

25 ¹⁰ Centers for Disease Control and Prevention, “Ethical Guidelines in Pandemic
26 Influenza.” Kathy Kinlaw and Robert Levine for the Ethics Subcommittee of the Advisory
27 Committee to the Director, Centers for Disease Control and Prevention, February 15, 2007

28 Lee Daugherty-Biddison et al, “Maryland Framework for the Allocation of Scarce Life-
sustaining Medical Resources in a Catastrophic Public Health Emergency,” August 24, 2017

¹¹ Institute of Medicine, “Guidance for Establishing Crisis Standards of Care for Use in
Disaster Situations: A Letter Report (2009).” Washington, DC: The National Academies Press,
2009.

National Academies of Sciences, Engineering, Medicine, “Rapid Expert Consultation,”
Brett Giroir and Robert Kadlec, March 28, 2020

California Department of Public Health, “California Department of Public Health
Standards and Guidelines for Healthcare Surge during Emergencies: Foundational Knowledge.”
California Department of Public Health, undated.

1 of Medicine (formerly, Institute of Medicine) wrote, “Ultimately, this shift represents not a
2 rejection of ethical principles but their embodiment.”¹²

3 9. There is no single formula for resolving every ethical conflict during a pandemic; but
4 following the guidelines of various federal and state agencies as well as the ethical principles
5 applicable in a pandemic, institutions should generally balance the competing needs in this way:
6 seek to achieve the greatest medical benefit for the greatest number of patients, in ways that show
7 proper respect for the intrinsic worth of each person, the moral equality of all people, and the
8 requirements of justice.

9 10. The State of California’s Health and Human Services Agency echoes this principle in
10 the Crisis Standards of Care published by the California Department of Public Health (CDPH).
11 During a pandemic situation such as the one we currently face, “The goal of health care becomes
12 population-based care rather than individual care. Population based care means that resources are
13 used to do the greatest good for the greatest number rather than providing all resources needed to
14 treat each individual. Physicians will need to balance the obligation to save the greatest possible
15 number of lives against the need to care for each individual.”¹³ This requires that ethical
16 judgments take into account the needs of entire populations and not just the desires or preferences
17 of individual patients. This applies equally to mental health patients as well as medical patients.

18 11. DSH patients are among California’s very vulnerable populations during this
19 pandemic for the following reasons. Due to the high rates of schizophrenia and other severe
20 mental illnesses, DSH patients have much higher rates of morbidity and mortality than the general
21 population, *including higher rates of many of the co-occurring medical conditions that increase*
22 *risk of mortality with COVID-19 infection*: it has been repeatedly documented in the research
23 literature that patients with schizophrenia have higher rates of diabetes, hypertension, and obesity
24 than the general population.¹⁴ Also, DSH has extremely large and vulnerable congregate living

25 ¹² *Ibid.*

26 ¹³ California Department of Public Health COVID-19 Healthcare System Mitigation
27 Playbook, March 2020. Cf. also California Department of Public Health Standards and Guidelines
28 for Healthcare Surge During Emergencies.

¹⁴ Liao, Chun-Hui, et al. "Schizophrenia patients at higher risk of diabetes, hypertension
and hyperlipidemia: a population-based study." *Schizophrenia research* 126.1-3 (2011): 110-116.

1 environments. Social distancing is extremely challenging for this patient population in this
 2 setting: DSH hospitals cannot guarantee the minimum of 6 feet distancing for patients and staff
 3 due to the crowded, congregate living situation. The vast majority of DSH beds are in dorm style
 4 rooms, often with five beds to a room. Hygiene habits such as handwashing and cough covering
 5 can be challenging for this patient population, given the severity of their mental illness and their
 6 consequent cognitive impairments. DSH has very high bed occupancy rates, therefore they have
 7 very limited quarantine/isolation space for those who do become infected with the novel
 8 coronavirus. For these reasons, DSH patients constitute a very vulnerable population in terms of
 9 higher morbidity and mortality in the event of a COVID-19 outbreak.

10 12. This brings me to the question at the crux of the Court's November 19 order, namely,
 11 can or should the Court presume cognizable harm to class members whose transfer to inpatient
 12 care is delayed beyond the typical timelines and for reasons outside the Court-approved
 13 exceptions to those timelines? In my opinion, under crisis standards of care, such as the ones
 14 currently in effect statewide during the COVID-19 pandemic, the answer to this question is no.
 15 The harms, both individual and collective, of immediate transfer clearly outweigh the harms of a
 16 temporary delay of transfer. The Court should therefore not presume cognizable harm to those
 17 whose transfer to DSH may be delayed during the pandemic.

18 13. During the COVID-19 pandemic, premature transfer from CDCR to DSH of COVID-
 19 19 positive patients or patients awaiting COVID-19 testing risks unnecessarily exposing to
 20 infection the untested patients who are transferred (by exposing them to populations in both
 21 facilities), as well as risks of spreading infection to the other patients in the DSH system. These
 22 elevated risks are present without commensurate medical or psychiatric benefit to the individual
 23 who is transferred. Thus, the balance of benefits and harms clearly benefits delaying these
 24 transfers during the pandemic.

25 _____
 26 Auquier, Pascal, et al. "Mortality in schizophrenia." *Pharmacoepidemiology and drug*
safety 16.12 (2007): 1308-1312.

27 Sugai, Takuro, et al. "High prevalence of obesity, hypertension, hyperlipidemia, and
 28 diabetes mellitus in Japanese outpatients with schizophrenia: a nationwide survey." *PLoS*
one 11.11 (2016): e0166429.

Depp, Colin A., et al. "Association of obesity and treated hypertension and diabetes with
 cognitive ability in bipolar disorder and schizophrenia." *Bipolar disorders* 16.4 (2014): 422-431.

1 14. I am aware that in his testimony at the October 23 evidentiary hearing, Dr. Pablo
2 Stewart, an expert witness for Plaintiffs, maintained that the 55 patients who were awaiting
3 transfer to DSH are suffering potential irreparable harm by this delay of transfer (cf. page 258 of
4 trial transcript). After searching the trial transcript, I could not find evidence to support this
5 claim, and furthermore, the evidence presented by Dr. Stewart lacks merit. He mentions that
6 some of these patients are suffering from major depression, others from psychotic disorders, and
7 that they require inpatient treatment for these conditions—treatment that, his argument suggests,
8 they cannot receive at CDCR. But it is my understanding from the trial transcript that CDCR
9 employs a spectrum of mental health workers, including psychiatrists and psychologists, to treat
10 depression, psychotic disorders, and other mental illnesses within that system.

11 15. There are effective medication and psychotherapeutic interventions for both of these
12 conditions that can be provided for patients in CDCR facilities. Inpatient hospitalization allows
13 for close monitoring if the individual is deemed suicidal or otherwise dangerous as a result of a
14 mental illness; but according to the trial transcript this monitoring is likewise available in the
15 CDCR system. Indeed, individuals awaiting transfer to DSH from CDCR are already in the
16 CDCR mental health delivery system and are receiving care. So, Dr. Stewart's conclusion that
17 these 55 patients must be transferred without delay to DSH to avoid suffering irreparable harm is
18 meritless and lacks foundation.

19 16. For these reasons, *I concur with DSH leadership that extraordinary measures to limit*
20 *the introduction of the virus into the DSH facilities is imperative and ethically justifiable.* Indeed,
21 it would be unethical not to institute such extraordinary measures, as this would place a very
22 vulnerable population at unnecessary risk of potentially lethal infections. These measures taken
23 by DSH include, among others:

- 24 • Restricting almost all admissions, except for a small group of parolees from prison
 (with quarantining these admissions for 14 days per CDC guidance).
- 25 • Restricting all visitation, except in special circumstances.
- 26 • Screening all staff using a COVID-19 screening tool and temperature check.
- 27 • Screening all staff using a COVID-19 screening tool and temperature check.
- 28 • Cancelling all centralized treatment and movement and sheltering units in place.

- Piloting staff reduction and telehealth protocols to reduce crowding and preserve health care personnel.
- Instituting a mandatory staff masking protocol once sufficient PPE becomes available (most staff have been masking for over two weeks).
- Identifying and preserving spaces for isolation and quarantine where this is feasible.
- Restricting almost all discharges.
- Restricting new admissions.

17. In their recent published guidance specifically for this pandemic, CDPH indicated, “Patients with confirmed or suspected COVID-19 should not be sent to a long-term care facility via hospital discharge, inter-facility transfer, or readmission after hospitalization without first consulting the local public health department. This will prevent the introduction of COVID-19 into a highly vulnerable population with underlying health conditions in a congregate setting.” DSH hospitals face an analogous situation regarding transfers from CDCR. Thus, per the mutually agreed upon arrangement between DSH and CDCR, transfers from CDCR to DSH are being carefully vetted with infection prevention protocols until the pandemic is under control in California. This is entirely consistent with this CDPH guidance regarding discharge to long-term care facilities or inter-facility transfer.

18. This is an entirely sensible and ethically justified policy during the pandemic, since patients continue to have psychiatric care available to them at CDCR while awaiting transfer to DSH. According to CDPH, community transmission from mild or asymptomatic persons is a reality in California and poses a risk to our populations: “The reality is that [COVID-19] infection already exists in many California communities but has been undetected because the vast majority of cases have a mild spectrum of illness.... The movement to mitigation also signals the need to further engage the healthcare delivery system to prepare for a rapidly rising number of cases.”¹⁵ Moreover, “Once the virus has demonstrated the ability to spread through a community, the

¹⁵ California Department of Public Health COVID-19 Healthcare System Mitigation Playbook, March 2020.

1 health care delivery system then must shift its response activities to both contain the virus and
 2 prepare for mitigation of large-scale healthcare system impacts. It is this preparation to preserve
 3 space capacity, supply chain, and the staffing workforce that determines the health care facility's
 4 ability to handle the incoming healthcare needs during mitigation."

5 19. This is precisely what DSH is doing, including by limiting transfers from CDCR
 6 during the current outbreak of COVID. *All it takes is one transferred asymptomatic COVID*
 7 *patient to introduce a highly virulent infection with a high mortality rate to an extraordinarily*
 8 *vulnerable and confined patient population.* CDPH encourages just the kind of creative thinking
 9 I see from DSH and CDCR to mitigate the impact of this virus: "Sharing real-time creative
 10 solutions during this rapidly evolving pandemic will need to happen quickly among key leaders
 11 of large health care systems and public health."¹⁶

12 20. Indeed, as CDPH explains, during this pandemic, the healthcare system's typical
 13 policies and protocols—including even state and federal statutes—will need to be suspended in
 14 order to serve the aim of saving as many lives as possible and protecting vulnerable populations
 15 from infection: "The State of California recognizes that state and federal statutes will need to be
 16 waived when health care facility needs go beyond regulatory changes and require higher level
 17 modifications to existing laws governing care delivery such as scope of practice, *movement*
 18 *between systems of care, transfer of patients*, EMTALA [Emergency Medical Treatment and
 19 Labor Act], medical licensing of retired inactive or outside of California clinicians, use of
 20 supplies and equipment beyond manufacturer's recommended use, Medicaid or Medicare
 21 requirements, and liability and immunity protections, among others." Crisis standards of care
 22 during a pandemic call for flexibility and include temporary suspension of measures that are
 23 routine during non-pandemic times.

24 21. Transferring patients from CDCR to DSH without current infection control vetting
 25 protocols while COVID-19 is still an active threat would be premature, unconscionable, and
 26 unethical. It would place every patient being transferred at unnecessary risk (by exposing him to
 27 an entirely new population) and would likewise place all the patients in the DSH system at

28 ¹⁶ Ibid.

unnecessary risk (by exposing them to potential carriers of the virus). This could lead to unnecessary and preventable morbidity and mortality. And to the extent that psychiatric services are available at both at DSH and CDCR, patients awaiting transfer during the pandemic will be afforded access to psychiatric care.

22. The kinds of Crisis Standards of Care for COVID-19 endorsed by CDPH are likewise endorsed by federal healthcare systems and authorities, including the Veteran's Administration,¹⁷ the National Academy of Medicine (formerly Institute of Medicine),¹⁸ which was commissioned by the CDC¹⁹ in 2009 to devise crisis standards of care for pandemics and other disaster situations. My opinions here are therefore supported by guidelines published by state and federal agencies, as well as the published bioethics research literature on healthcare system ethics during pandemics.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed in Orange, California on December 7, 2020.

/S/ AARON KHERIATY
AARON KHERIATY, M.D.
(original signature retained by attorney)

¹⁷ Veterans Health Administration (VHA), "Meeting the Challenge of Pandemic Influenza: Ethical Guidance for Leaders and Health Care Professionals in the Veterans Health Administration." The Pandemic Influenza Ethics Initiative Work Group Of The Veterans Health Administration's National Center For Ethics In Health Care, July 2010

¹⁸ Institute of Medicine, "Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations: A Letter Report (2009)." Washington, DC: The National Academies Press, 2009. Cf. also, Institute of Medicine, "Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response: Volume 1: Introduction and CSC Framework (2012)." Washington, DC: The National Academies Press, 2012.

¹⁹ Centers for Disease Control and Prevention, "Ethical Considerations for Decision Making Regarding Allocation of Mechanical Ventilators during a Severe Influenza Pandemic or Other Public Health Emergency." Ventilator Document Workgroup, Ethics Subcommittee of the Advisory Committee to the Director, Centers for Disease Control and Prevention, July 1, 2011.

Exhibit A

Aaron Kheriaty, MD

**Professor of Psychiatry, UCI School of Medicine
Director, Medical Ethics Program, UCI Health**

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akheriat@hs.uci.edu

Licensure

-Medical Board of California: Physician's and Surgeon's License (A89144)
-DEA number BK9083433
-Diplomate, American Board of Psychiatry and Neurology (Board Certified), Jan 2009, renewed Dec 2019, certificate number 59280.

Residency Training

6/2003 – 6/2007, University of California, Irvine Department of Psychiatry:
Completed residency training in Psychiatry

Education

MD: Georgetown University School of Medicine, 8/1999 - 5/2003
Center for Clinical Bioethics, Georgetown, Bioethics research completed under direction of Prof. Edmund Pellegrino, former Chairman of the U.S. President's Council on Bioethics.

B.A University of Notre Dame: 8/1995 - 5/1999
Degree: Honors Philosophy and Pre-Medical Sciences, *Magna Cum Laude*

Employment

8/2007 – Present, University of California, Irvine, Department of Psychiatry
Health Sciences Assistant Clinical Professor, 2007 – 2013
Health Sciences Associate Clinical Professor, 2013 – 2019
Health Sciences Clinical Professor, 2019 – present

Professional Positions

Director, Medical Ethics Program, UC Irvine Health & UCI School of Medicine
2013 - Present

Director of Medical Education, UCI Department of Psychiatry

Duties include directing required six-week clerkship in psychiatry for third-year medical students, and all electives in psychiatry for fourth-year medical students
2007 – Present

Director, Ethics and Behavioral Science Courses, MS1 & MS2

Required courses for all first- and second-year students in the School of Medicine
2012 – Present

Director of Residency Training, UCI Department of Psychiatry

July 2009 – November 2013

Associate Director of Residency Training, UCI Department of Psychiatry

Sept 2008 – June 2009

Founding Director, UCI Psychiatry and Spirituality Forum

Sponsored grants from Metanexus Institute, the George Washington Institute for Spirituality and Health, the Templeton Foundation, the UCI Department of Psychiatry, the Reynold's Foundation, and private benefactors.
2006 – 2011

Professional Committees & Consulting

Member, UC Office of the President (UCOP) Critical Care Bioethics Working Group

2020 – Present

- Published, *Allocation of Scarce Critical Resources under Crisis Standards of Care*: guidance for all UC Health hospitals in the allocation of ventilators during the COVID-19 pandemic.
- Published, *Allocation Guidelines for Remdesivir if Demand Outstrips Supply*
- COVID Vaccine Allocation Institutional Guidelines

Consultant, State of California—Health and Human Services Agency, California Department of Public Health

2020 – Present

- Allocation of Bamlanivimab during COVID pandemic
- [California SARS-CoV-2 Pandemic Crisis Care Guidelines](#)

COVID Task Force, County of Orange—Healthcare Agency

2020 – Present

- COVID Vaccine Allocation Policy

Medical Ethics Committee, UCI Health

Committee Chair, 2008 – Present

Committee Member, 2007 – Present

Medical Ethics Committee, CA Department of State Hospitals

Committee Chair, 2017 – Present

Advisory Committee, UCI Center for Medical Humanities

2018 – Present

Co-Director, Executive Committee, UCI Medical Humanities Program

Collaborative Program with School of Medicine, School of Humanities, and School of the Arts. Supported by UCI Provost's Interschool Excellence Grant.

2014 – 2018

Academy for Innovation in Medical Education

UC Irvine School of Medicine, 2014 – Present

Clinical Competence Committee, Psychiatry Residency Training Program

2012 – Present

Mentoring Junior Faculty Mentoring Committee, UCI Dept of Psychiatry

2020 – Present

UCI School of Medicine Admissions Committee

2007

UCI Department of Psychiatry Applicant Ranking Committee

2004 – 2013

UCI Dalai Lama Scholarship Award Selection Committee

2007 – 2008

Worked with Vice-Chancellor for Student Affairs to select the undergraduate who receives this annual scholarship.

UCI Delegate: Spirituality in Higher Education Conference, UCLA

2006

Delegate appointed by Vice Chancellor to represent UCI at a conference sponsored by the Higher Education Research Institute

Professional journal peer-reviewer, *Medical Education*, 2014 – present.

Professional journal peer-reviewer, *Linacre Quarterly*, 2012 – present.

Professional journal peer-reviewer, *Philosophy, Ethics, and Humanities in Medicine*, 2017 – present.

Grants

UCI Provost's Interschool Excellence Initiative Grant, 2013 – 2016.

Three-year, \$150,000 per year (\$450,000 total)

Medical Humanities Program, Co-Director (with Prof. Shapiro and Prof. Haynes)

Fieldstead and Company

Bioethics Program, UCI School of Medicine, 2011 – Present.

\$50,000 – \$60,000 per year.

Metanexus Institute, 2006 – 2009

Local Societies Initiative Grant (Primary Investigator)

Three-year, \$30,000 grant to support scholarly, educational, and community outreach initiatives of the UCI Psychiatry and Spirituality Forum

George Washington Institute for Spirituality and Health, 2006 – 2009

Spirituality and Medicine Award for Curriculum Development for Psychiatry Residency Training Programs (Primary Investigator)

Three year, \$30,000 grant to support curriculum development, research.

The Center for Theology and the Natural Sciences, Templeton Foundation, 2007

Science and Transcendence Advanced Research Series (STARS) Program

\$20,000 planning grant. “Brain Connectivity and Contemplative Experiences”: Structural brain MRI study of long-term effects of contemplation and meditation.

The Donald W. Reynolds Foundation, 2008 – 2011

Comprehensive Programs to Strengthen Physicians Training in Geriatrics

Co-investigator (10% time). Curriculum development for improving training in geriatric psychiatry for third-year medical students and psychiatric residents.

Fetzer Institute: Inter-Generational Mentoring Community: Fostering an

Emergence and Transfer of Leadership in Higher Education, 2009 – 2013

Co-investigator: Three-year project on team of six educators/administrators: Formation Mentoring Community project development.

Professional Awards

County of Los Angeles Board of Supervisors: Commendation.

For contributions made in the work of integrating spirituality and mental health for the benefit of citizens of Los Angeles, 5 June 2009.

Excellence in Teaching Award

Given by the Office of Medical Education, UCI School of Medicine.

1. 2011 – 2012 Academic Year, Excellence in Clinical Sciences
2. 2012 – 2013 Academic Year, Excellence in Pre-Clinical Sciences
3. 2013 – 2014 Academic Year, Excellence in Pre-Clinical Sciences
4. 2018 – 2019 Academic Year, Excellence in Pre-Clinical Sciences

Other Appointments and Affiliations

Scholar, [Paul Ramsey Institute](#)
Center for Bioethics and Culture, San Francisco, CA
2016 – Present

Senior Fellow, Director of Health & Human Flourishing Program
[Zephyr Institute](#), Palo Alto, CA
2016 – Present

Books

1. **Kheriaty A**, Bauman D, Taylor E, Felton P, *Transformative Conversations: A Guide to Mentoring Communities Among Colleagues in Higher Education*, Jossey-Bass (2013).

Book Chapters

1. **Kheriaty A**. “From Beneficence to Love: Adequate care for the mentally incapacitated,” in *Incapacity and Care: Controversies in Healthcare and Research*, Ed. Helen Watt. The Linacre Center, Oxford: 2009, 24-36.

Publications – Peer Reviewed

1. Shapiro J, **Kheriaty A**, Pham T, Chen Y, Clayman R. (2019). The Human Kindness Curriculum: An Innovative Preclinical Initiative to Highlight Kindness and Empathy in Medicine. *Education for Health*, 32(2), 53-61.
2. Chan S, Liao S, Randall LM, **Kheriaty A**, Dayal R, Kuo JV, Nguyen J, Vega C, Bota R, Barrios C, et al. Implementation of a multidisciplinary palliative and supportive care education lecture series. *Journal of Clinical Oncology*. American Society of Clinical Oncology (ASCO). November 01, 2017. 35: 144-144. DOI: 10.1200/JCO.2017.35.31
3. Aggarwal S, **Kheriaty A**. “Same behavior, different provider: American medical students' attitudes towards reporting risky behaviors committed by doctors, nurses, and classmates,” *AJOB Empirical Bioethics*, 8 Sep 2017. <http://dx.doi.org/10.1080/23294515.2017.1377780>
4. **Kheriaty A**. Social Contagion Effects of Physician-Assisted Suicide: Commentary on “How Does Legalization of Physician-Assisted Suicide Affect Rates of Suicide?” *Southern Medical Journal* 2015;108:10, 605-606. PMID: 26437189.
5. Bota RG, Novac A, **Kheriaty A**. Longitudinal reflections of the recent political shifts in the prescription of opiates. *Mental Illness*, 2015; 7:6066, 28-29.
6. **Kheriaty A**. Dementia and its Challenges - A Problem-Based Learning Case. *POGOe - Portal of Geriatric Online Education*; 2012 Available from: <http://www.pogoe.org/productid/20770>.
7. **Kheriaty A**. “Philosophical Anthropology and the Psychological Sciences: A Response to E. Christian Brugger”, *Edification*, Vol 3, Issue 1, 2009, 23 – 25.

8. **Kheriaty A.** “From Beneficence to Love: Adequate Care for the Mentally Incapacitated,” *CMQ*, May 2008, Vol. LVIII.
9. **Kheriaty A.** “The Return of the Unconscious,” *Psychiatric Annals*, Vol. 7, Number 4, April, 2007, pp. 285-287.
10. **Kheriaty A.**, editor and contributing author: “Psychiatry Board Review Study Guide, Part 1, Part 2, Part 3,” *Resident & Staff Physician*, March, April, May 2007.
11. **Kheriaty A.** editor, Unit 4: “Mental Health”, *Georgetown University Interacting with the Medical Humanities Curriculum* (peer reviewed MedEd Portal).
12. **Kheriaty A.** “Sterilizing the Erotic”, peer reviewed essay, *Georgetown University Interacting with the Medical Humanities Curriculum* (peer reviewed MedEd Portal).
13. **Kheriaty A.** “The Death of Matthew Allen”, nonfiction narrative, *Georgetown University Interacting with the Medical Humanities Curriculum* (peer reviewed MedEd Portal).
14. Wise TN, **Kheriaty A**, Sheridan M, “Attribution of Cause by Patients With Depression, Anxiety, and Alexithymia”, *Psychological Reports*, 2004; 94 (1), pp. 259-263.

Publications – Opinion, Essays, Book Reviews (Selected)

1. Kheriaty, A, “[The Latent Fascism of Today’s Anti-Fascists](#),” Part III of The Crisis of Our Times, *Arc Digital*, 12 July 2020.
2. Kheriaty, A, “[Revolutions vs. The Total Revolution](#),” Part II of The Crisis of Our Times, *Arc Digital*, 26 June 2020.
3. Kheriaty A, “[Police Brutality and the Suicide of Revolutionary Violence](#),” Part I of The Crisis of Our Times, *Arc Digital*, 4 June 2020.
4. Kheriaty A, et. al., [Moral Guidance on Prioritizing Care During a Pandemic](#),” *Public Discourse*, 5 April 2020.
5. Kheriaty A, “[The Impossible Ethics of Pandemic Triage](#),” *TheNewAtlantis.com*, April 3, 2020.
6. Kheriaty A. “[Battlefield Promotions](#),” *TheNewAtlantis.com*, March 18, 2020.
7. Kheriaty A. “[First, Take No Stand](#),” *The New Atlantis*, Number 59, Summer 2019, pp. 22-35.
8. Kheriaty A. “[The Physician’s Vocation](#),” *MercatorNet*, 14 September 2018. Reprinted in *Bioethics Outlook* (forthcoming).
9. Kheriaty A. “[Card-Carrying Precadavers](#),” *First Things*, Number 284, June/July 2018.
10. Kheriaty A. “[Cyber Self-Harm](#),” *First Things* web exclusives, 29 January 2018.
11. Kheriaty A. “[Dying of Despair](#),” *First Things*, Number 275, August/September 2017.
12. Kheriaty A. “[Killer Show](#),” *First Things* web exclusives, 8 May 2017.
13. Kheriaty A. “[Why are doctors afraid of the word ‘death’?](#)” *Washington Post*, 26 October 2015.
14. Kheriaty A. “[The dangerously contagious effect of assisted-suicide laws](#),” *Washington Post*, 20 November 2015.

15. Kheriaty A. "[The Assisted-Suicide Movement Goes on Life Support](#)," *The Wall Street Journal*, 22 May 2015.
16. Kheriaty A. "[Apostolate of Death](#)," *First Things*, April 2015.
17. Kheriaty A. "[Hooked Up and Tied Down: The Neurological Consequences of Sadomasochism](#)," *The Public Discourse*, 17 February 2015. [Reprinted](#) in *MercatorNet*, 25 February 2015.
18. Kheriaty A, McHugh P. "[Assisted suicide places most vulnerable at risk](#)," *Orange County Register*, 13 February 2015.
19. Kheriaty A. "[Sterilizing the Erotic](#)," *Plexus: UC Irvine School of Medicine Journal of Arts and Humanities*, 2014.
20. Kheriaty A. "[The Era of the Narcissist](#)," *First Things* web exclusives, 16 Feb 2010 (review of, *The Narcissism Epidemic*, by J Twenge and K Campbell).
21. Kheriaty A. "[Who Can Heal a Guilty Conscience](#)," *Mercatornet*, 25 March 2010.
22. Kheriaty A. "[God and the Unconscious](#)," *The Global Spiral*, also published in Conference Proceedings for "Subject, Self, and Soul: Transdisciplinary Approaches to Personhood", July 13-17, 2008, Metanexus Institute Conference, Madrid, Spain.
23. Kheriaty A. "[Cosmetic Drugs for Mental Makeovers: Antidepressants and Our Discontents](#)," *The Digest*, Volume 6, Issue 6, April 2006.

Invited Lectures (selected)

1. *Rioters and Revolutionaries: On the Origins of Our Crisis*. Napa Institute Conference, August 2020.
2. *Maintaining Our Mental Health During the COVID Pandemic*. Napa Institute Conference, August 2020.
3. *Bioethics and the Human Future*. Invited seminar for UC Office of the President Legal, UCOP Legal Summer Research Fellows, 23 June 2020.
4. [The Physician's Vocation](#). Keynote address, White Coat Ceremony, UCI School of Medicine, 3 August 2018.
5. *The Moral Foundations of Medicine*. Stanford University School of Medicine, sponsored by Zephyr Institute, Palo Alto, CA, 19 January 2018.
6. *Dying of Despair: Healing the Depressed, the Lonely, and the Vulnerable*. Napa Institute Conference, Napa CA, 27 July 2017.
7. *Positive Psychology: The Science of Happiness and the Virtues*. Napa Institute Conference, Napa CA, 29 July 2017.
8. *Capacity and Informed Consent in Pellegrino's Philosophy of Medicine*, Georgetown University Pellegrino Center for Clinical Bioethics, 4th Annual Pellegrino Seminar, 24 March 2017.
9. *Germline Gene Editing: Perspectives from Science, Ethics, and Law*, ABOG Foundation/Kenneth J. Ryan Ethics Symposium, American Society for Reproductive Medicine Annual Conference, Salt Lake City, UT, 17 October 2016.
10. *Biotechnology and the Human Future: Human-Animal Hybrids, Three Parent Embryos, and the New Genetic Engineering*, Napa Institute Conference, Napa CA, 7 July 2016.

11. *Transhumanism and the Human Future: A Panel Discussion*, Stanford University, sponsored by the Zephyr Institute, Palo Alto, CA, 8 January 2016.
12. *Depression: An Integrated Approach*, Gathering on Mental Health and the Church, Saddleback Church, Lake Forest CA, 9 October 2015.
13. *The Art of Dying*. TEDx UC Irvine, 3 October 2015.
14. *Problems with Physician Assisted Suicide*, University Synagogue, Irvine CA, 23 September 2015.
15. [Public Debate on Doctor Assisted Suicide with Erwin Chemerinsky](#), UC Irvine, 3 September 2015. Sponsored by UCI Medical Ethics Program, Medical Humanities Initiative, Department of Psychiatry, and School of Law.
16. *Senate Bill 128 Debates: Problems with Legalizing Physician Assisted Suicide*, UC Center, Sacramento CA, 4 August 2015.
17. [Discussion with Medical Ethicists on Aid in Dying](#), Sacramento Press Club, 30 June 2015.
18. *Testimony in opposition to Senate Bill 128*, [California Senate Health Committee Hearings](#), 25 March 2015.
19. *Problems with Senate Bill 128*, California Medical Association Council on Legislative Affairs, Sacramento, 20 March 2015.
20. *Gender: Perspectives from the Biological, Psychological, and Social Sciences*. Presentation and panel discussion, Humanum Colloquium, Rome (17 November 2014).
21. *Spirituality and Mental Health* (plenary lecture), and *Depression: An Integrated Approach* (workshop), Gathering on Mental Health and the Church, Lake Forest, CA (28 March 2014).
22. *Depression and Spiritual Health* (plenary lecture and workshop), and panel discussion, MindYourHeart Conference, Biola University (1 February 2014).
23. *Is Hope Healthy for Body and Soul?* Institute for Psychological Sciences, Cardinal Newman Distinguished Lecture Series, Washington DC (14 November 2013).
24. *Ethical Decisions at the End of Life: Ethics and Spiritual Care at the End of Life* CME Symposium, UC Irvine (18 May 2011)
25. *Compassion in Medicine in the Christian Tradition*. Compassion in Medicine Panel Discussion, UC Irvine Student Center (10 May 2011)
26. *Compassion in Medicine: The Doctor – Patient Relationship*. Compassion in Medicine Course, UC Irvine Department of Biology (5 April 2011)
27. *Conscience from a Psychiatric Perspective*. Integritas Institute, University of Illinois, Chicago: Healthcare Ethics Symposium on Conscience (20 Nov 2009)
28. *Spiritually Oriented Psychotherapy: An Introduction*. Keynote address, Southern California Mental Health and Spirituality Conference, sponsored by the Los Angeles Department of Mental Health and the California Institute of Mental Health, Los Angeles (5 June 2009)
29. *Cosmetic Drugs for Mental Makeovers: Antidepressants and Our Discontents*. Georgetown University Center for Clinical Bioethics (2003), Grand Rounds, U.C. Irvine Department of Psychiatry (2004). Metanexus Institute International Conference: “Continuity and Change: Perspectives on Science and Religion,” Philadelphia, PA (June 2006)

30. *Psychopharmacology and Human Enhancement*. “California Health Systems Pharmacists Annual Conference,” Disneyland Hotel, Anaheim, CA (2005)
31. *Ethics at the End of Life: The Death of Terry Schiavo*. Continuing Medical Education Conference, “End of Life: Medical, Religious, Philosophical, and Spiritual Perspectives,” U.C. Irvine Medical Center, Irvine, CA (2006)
32. *Metabolic Consequences of Psychotropic Therapy*. 8th Annual American Foundation for Suicide Prevention, Greater Los Angeles Division’s Conference, UCLA, Los Angeles, CA (18 November 2006)
33. *Model Psychiatry Residency Programs on Religion and Spirituality*. “American Psychiatric Association: 160th Annual Conference,” San Diego, CA (24 May 2007)
34. *Ethical Care for the Mentally Incompetent*. Linacre Center for Healthcare Ethics, International Conference, “Incapacity and Care: Moral Problems in Healthcare and Research”, St. Mary’s University College, London, England (5 July 2007)
35. *Developing Personal Integrity*. UCI 2007 Summer Multicultural Leadership Institute: Lecture at workshop for incoming undergraduate freshman (10 August 2007).
36. *Ethical Care at the End of Life*. Grand Rounds Lecture, Los Alamitos Hospital, CA (10 December 2007). Grand Rounds Lecture, Lakewood Regional Medical Center, CA (15 February 2008). Grand Rounds Lecture, Orange Coast Medical Center, CA (29 April 2008)
37. *Stress Management and Substance Abuse Prevention*. MCLE Conference for Lawyers, Thomas More Society of Orange County (26 January 2008)
38. *Spirituality and Mental Health: A Panel Discussion*. Moderator and Panelist, sponsored by Psychiatry and Spirituality Forum. (10 April 2008)
39. *God and the Unconscious*. “Subject, Self, and Soul: Transdisciplinary Approaches to Personhood”, July 13-17, 2008, Metanexus Institute Conference, Madrid, Spain.

Radio Interviews (selected)

1. NPR Los Angeles (Southern California Public Radio, KPCC 89.3), Air Talk with Larry Mantle: “[What Are The Ethical Considerations When Deciding Who Gets The Coronavirus Vaccine First?](#)” 6 August 2020.
2. NPR Los Angeles (Southern California Public Radio, KPCC 89.3), Air Talk with Larry Mantle: “[COVID-19: Difficult Ethical Considerations For Care And Treatment](#),” 27 March 2020.
3. NPR Los Angeles (Southern California Public Radio, KPCC 89.3), Air Talk with Larry Mantle: “[A Look At The Legal And Personal Ramifications Of Sperm Donation. What’s Your Story?](#)” 22 August 2019.
4. NPR Los Angeles (Southern California Public Radio, KPCC 89.3), Air Talk with Larry Mantle: “[Embryo Mix Up at SoCal Fertility Center Sheds Lights On Lack Of Regulations For Clinics Nationwide](#),” 11 July 2019.
5. NPR Los Angeles (Southern California Public Radio, KPCC 89.3), Air Talk with Larry Mantle: “[The impending ubiquity of DNA-sequencing for infants – and the bioethical challenges](#),” 23 April 2018.

6. Relevant Radio Network, [weekly series on mental health and bioethics](#) (episodes available [here](#)), A Closer Look with Sheila Liaugminas, 2017 - Present.
7. NPR Los Angeles (Southern California Public Radio, KPCC 89.3), [One year of legal doctor-assisted suicide in California](#), with Michelle Faust, 9 June 2017.
8. KQED Public Radio (NPR/PBS) San Francisco, Forum with Michael Krasney, [“California Readies for Aid-in-Dying Law to Take Effect,”](#) 9 June 2016.
9. NPR Los Angeles (Southern California Public Radio, KPCC 89.3), Air Talk with Larry Mantle: [“Ethical, legal questions surrounding Pentagon initiative to freeze eggs, sperm,”](#) 5 February 2015.
10. NPR Los Angeles (Southern California Public Radio, KPCC 89.3), Air Talk with Larry Mantle: [Oregon family’s decision to let 4-year-old daughter choose death sparks ethical debate](#), 28 October 2015.
11. KABC Los Angeles 790, The Peter Tilden Show: The End of Life Option Act, 20 October 2015.
12. NPR Los Angeles (Southern California Public Radio, KPCC 89.3), Air Talk with Larry Mantle: [What’s next now that CA becomes 5th state in nation to allow assisted suicide for the terminally ill?](#), 6 October 2015.
13. Capital Public Radio (NPR Sacramento), [California Governor Signs Hard-Fought End-Of-Life Legislation](#), News with Ben Adler, 5 October 2015.
14. NPR Los Angeles (Southern California Public Radio, KPCC 89.3), Air Talk with Larry Mantle: [Health committee ends consideration of ‘End of Life Option Act,’](#) 7 July 2015.
15. CBS Los Angeles Radio (KNX 1070): SB 128 Passes CA Senate, interview with Mike Landa, 4 June 2015.
16. NPR Los Angeles (Southern California Public Radio, KPCC 89.3): [‘Assisted suicide’ or ‘aid in dying?’ The semantic battle over SB 128](#), 4 June 2015.
17. NPR Los Angeles (Southern California Public Radio, KPCC 89.3): [Doctors debate the ethics of assisted suicide](#), 18 May 2015.
18. CBS Los Angeles Radio (KNX 1070): The End of Life Option Act, interview with Margaret Carrero, 7 April 2015.
19. Capitol Public Radio (NPR Sacramento): Insight With Beth Ruyak, [“‘Right-To-Die’ Legislation In California,”](#) 25 March 2015.
20. Regular guest 2012 – present: The Drew Mariani Show, *Relevant Radio Network*.
21. Regular guest 2015 – present: A Closer Look with Sheila Liaugminas, *Relevant Radio Network*.

Television Interviews (selected)

1. *Fox News*, Happening Now, [“Scientists hope human organs grown in animals can save lives,”](#) 13 January 2016.
2. *CBS News Los Angeles*, [“Brown Signs Hard-Won Right-To-Die Legislation,”](#) 5 October 2015.
3. *Fox News*, [“Should you have the right to die: California bill would allow assisted suicide,”](#) 9 July 2015.
4. *CBS News Los Angeles*, [“California’s end of life legislation,”](#) 7 July 2015.

5. America Tonight on *Al Jazeera*, "[Debates over CA Senate Bill 128](#)," 24 June 2015.
6. *CBS News Los Angeles*, "[Medical Association No Longer Opposes 'End-Of-Life Option' Act As Bill Goes Through Legislature](#)," 20 May 2015.
7. America with Jorge Ramos, *Fusion*, "[Discussion: Brittany Maynard's end of life option](#)," a debate with Dan Diaz (husband of Brittany Maynard), 19 May 2015.
8. *NBC Los Angeles*, NewsConference with Conan Nolan, "Problems with End-of-Life Legislation," 29 March 2015. Links to 2 segments [here](#) and [here](#).
9. "Depression: An Integrated Approach." Interview with Scott Hahn and Regis Martin, *EWTN*, June 2014.
10. "Understanding and Overcoming Depression." Five-part interview with Johnnette Benkovic, *EWTN*, 27 Sept 2013.

Podcast Interviews

1. "[Dr. Aaron Kheriaty on America's pandemic response and the frontline realities confronting our physicians and medical personnel](#)," *Life, Liberty, and Law*, 20 April 2020.
2. "[Hospital Ethics in the Face of COVID-19](#)," *The Accad & Koka Report*, 1 April 2020
3. "[Simple Ways to Cope with Stress During Challenging Times](#)," *Good Things Radio with Brooke Taylor*, 8 April 2020.
4. "[Is Physician Assisted Suicide Good Policy? A discussion with Dr. Aaron Kheriaty](#)," *The Paradocs*, 20 December 2019.
5. "[Healing Depression with Dr. Aaron Kheriaty](#)," *The Lila Rose Show*, 24 July 2019.

Print Interviews, Media Citations, Reviews of My Work

1. "[Could California's psych hospitals be ordered to admit inmates with COVID?](#)" By Lee Romney, *Cal Matters*, 18 November 2020.
2. "[These Daily Habits Will Make You Happier](#)," In Person with Aaron Kheriaty, by Joan Frawley Desmond, *National Catholic Register*, 23 August 2017.
3. "[Doctors want to end life support for fatally ill baby; his parents want to try experimental therapy](#)," by Alexandra Zavis and Christina Boyle, *Los Angeles Times*, 4 July 2017.
4. "[Euthanasia: Quebec, Dutch, Belgian and Oregon laws a 'mess'](#)," by Debra Vermeer, *News Weekly*, 11 February 2017
5. "[California Aid-In-Dying Law Concerns Some Latinos, Blacks](#)," by Julie Watson, *Associated Press*, 8 June 2016. Also ran in *ABC News*, *Fox News*, *The New York Times*, *Orange County Register*.
6. "[As California's End of Life act goes into effect, some doctors question where to draw the line](#)," by Soumya Karlamangla, *Los Angeles Times*, 6 June 2016.
7. "Suicides Are up — What to Do About It," by John Burger, *Aleteia*, 9 May 2016.
8. "[Will California's end-of-life law push lethal drugs over costlier care?](#)" by Soumya Karlamangla, *Los Angeles Times*, 18 October 2015.

9. "[California Governor Signs Assisted Suicide Bill Into Law](#)," by Ian Lovett and Richard Perez-Pena, *The New York Times*, 5 October 2015.
10. "[Joy, concern over passage of California's right-to-die law](#)," by Deepa Bharath, *The Orange County Register*, 5 October 2015.
11. "[Will Gov. Jerry Brown Legalize Assisted Suicide in California?](#)" by Joan Desmond, *National Catholic Register*, 15 September 2015.
12. "[Will Sacto enact this bad end-of-life bill?](#)" by Debra J. Saunders, *San Francisco Gate*, 14 September 2015.
13. "[California Legislature Approves Assisted Suicide](#)," by Ian Lovett, *The New York Times*, 11 September 2015.
14. "[Laws allowing assisted suicide can have far-reaching impact](#)," *The Oklahoman*, by The Oklahoman Editorial Board, 20 July 2015.
15. "Aid in dying' causes a Democratic split: Divisive bill pits Latino Democrats v. wealthy coastal legislators," by Steven Greenhut, *San Diego Union-Tribune*, 6 July 2015.
16. "CMA's Change of Stance on Assisted Suicide Bill Sets Off Wave of Controversy," *Physicians News Network*, 25 May 2015.
17. "Assisted-suicide debate focuses attention on palliative, hospice care," by Lisa Schencker, *Modern Healthcare*, 16 May 2015.
18. "Physician-assisted suicide supporters try courts to win legalization," by Lisa Schencker, *Modern Healthcare*, 16 May 2015.
19. "In end-of-life debate on Sen. Bill Monning's bill, words matter," by Jason Hoppin, *Santa Cruz Sentinel*, 6 April 2015.
20. "Assisted Suicide Promotes a Culture of Death," by Kathryn Jean Lopez, *Chicago Sun Times*, 1 April 2015.
21. "Is there a time to end life," by Deepa Bharath, *Orange County Register*, 1 March 2015.
22. "Woman suing California for her right to die at home," by Stephanie Gallman, *CNN*, 13 February 2015.
23. "Beyond the Misconceptions about Depression," interview with Kathleen Naab, *Zenit*, 9 September 2014.
24. "Depression and Suicide," *National Catholic Register*, 11 October 2014.
25. "Getting Free: Combatting Depression Today," interview with Kathryn Jean Lopez, *National Review Online*, 27 February 2014.
26. "Psychiatrist merges faith and medicine: science and religions intersect at Psychiatry and Spirituality Forum started by a UCI doctor," by Courtney Perkes, *Orange County Register*, 23 March 2008.
27. "A public death," (interview on the topic of suicide prevention), by Courtney Perkes, *Orange County Register*, 23 April 2008.
28. "Patrols, railing are new span's key safeguard," by Lynn Safranek, *Omaha World Herald*, 2 October 2008.
29. "Mind and Soul: A unique forum on psychiatry and spirituality at the University of California, Irvine," an interview with Carolyn Monahan, *Mercatornet*, 29 November 2007.
30. "On Campus at UCI: Forum Fosters Rare Dialogue on Faith," *Daily Pilot*, 26 August 2007.

Expert Witness Testimony

1. Expert witness for the defense, *Becerra v. Duffy*, Case No. 900-2017-000223, 2020.
2. Expert witness for the defense (Attorney General, State of AZ), declaration dated 11/16/20 in *PPAZ v. Brnovich*.
3. Expert witness for the defense (Attorney General, State of MS), declaration dated 4/24/20 in *Jackson v. Dobbs*, Case No. 3:18-CV-171-CWR-FKB.
4. Expert witness for the defense (LA County), *Haftvani v. LA County*, 2019-2020.
5. Expert witness for the defense (Kaiser Permanente), *Battaglia v. Golden*, 2019-2020.
6. Expert witness for the defense (Attorney General, State of IN), declaration dated 8/26/19 and deposition in *WWHA v. Hill*, Case No.: 1:18-cv-01904-SEB-MJD.
7. Expert witness for the defense (Attorney General, State of IN), declaration dated 10/4/16 in *PPINK v. Commissioner, Indiana State Department of Health*, Case No. 1:16-cv-01807-TWP-DML
8. Declaration for the plaintiffs dated 6/7/16 in *Ahn v. Hestrin*, Case No. RIC 1607135.
9. Testimony in CA mental health LPS conservatorship writ hearings, Riese petition hearings, and 5250 writ hearings.

Community Service

1. Board of Directors, *J Serra High School*, San Juan Capistrano, CA, 2012 – 2013.
2. Board of Directors, *Center for Bioethics and Culture*, Pleasant Hill, CA, 2015 – 2019.
3. Board of Directors, *Seymour Institute for Black Church and Policy Studies*, Boston, MA, 2016 – Present.

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IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA
SACRAMENTO DIVISION

RALPH COLEMAN, et al.,

Plaintiffs,

v.

GAVIN NEWSOM, et al.,

Defendants.

2:90-cv-00520 KJM-DB (PC)

**DECLARATION OF A. MEHTA, M.D.,
IN SUPPORT OF DEFENDANTS'
RESPONSE TO NOVEMBER 19, 2020
ORDER**

I, A. Mehta, M.D., declare as follows:

1. I am the Deputy Director of the Statewide Mental Health Program for the California Department of Corrections and Rehabilitation (CDCR). I have held this position in an appointed or Acting position since July 2020, and before that I was the Statewide Chief of Telepsychiatry. I have worked at CDCR since July 2013, during which time I have also served as a staff telepsychiatrist, site director for residency training, institutional clinical lead, and acting

1 statewide Chief of Psychiatry. I attended residency in Adult Psychiatry, and completed
2 fellowships in both Child & Adolescent Psychiatry and Forensic Psychiatry. I submit this
3 declaration in support of Defendants' response to the Court's November 19, 2020 order regarding
4 the transfer of patients to inpatient care.

5 2. At the request of the Office of the Attorney General, during the week of November
6 30, 2020 I reviewed the records of 11 CDCR mental health patients identified in a November 13
7 declaration by Dr. Pablo Stewart addressing the treatment those patients received while awaiting
8 transfer to Department of State Hospital (DSH) inpatient beds. For the evidentiary hearing
9 conducted on October 23, I had previously performed a cursory review of the 55 patients that
10 were awaiting transfer, and my staff assessed a subgroup of 11 patients identified by Dr. Stewart,
11 but we did not have the necessary information to perform a detailed review. Given the number of
12 patients and the sheer magnitude of the voluminous health records, it was impossible to divine
13 what Dr. Stewart was reviewing for the hearing or the opinions that he was forming. After the
14 hearing, I was informed for the first time that Dr. Stewart had examined records for his self-
15 selected group of 11 inmates covering the two-month period preceding his testimony. Below are
16 my analyses of the treatment received by these 11 patients based on a review of these patients'
17 medical records for the months preceding Dr. Stewart's declaration, utilizing his patient
18 identification system.

19 3. Novel coronavirus 2019 has forced CDCR to walk a tightrope while wearing a
20 blindfold. This unexpected pandemic has caused harm to the global society that could not be
21 predicted, and the virus's stubborn nature has frustrated medicine's attempts to limit its spread.
22 This has made CDCR's mission to keep our patients safe and improve their health, both mentally
23 and physically, incredibly challenging. Trying to balance these competing demands of limiting
24 the spread and providing mental health care has consumed many thousands of hours of work in
25 CDCR over the past nine months during which officials have devised innovative strategies to
26 provide care in the COVID-19 environment. Bringing treatment to the patients is a highly
27 individualized process, and every case requires a deep knowledge of that particular patient. As
28 such, someone unfamiliar with CDCR systems and capabilities is ill-equipped to sweep in and

1 claim superior knowledge of all the nuances involved in these decisions, especially when the
2 system is responding to something no one has ever seen before. We carefully considered the
3 needs of each of the 11 mental health patients selected by Dr. Stewart for his declaration in
4 collaboration with the physicians and therapists that know them best, as we do with all patients.
5 Some of the patients described here were held at the appropriate level-of-care, but were not
6 transferred to their least restrictive housing setting, during a time when quarantines and
7 lockdowns were the norm everywhere anyway. Some of these patients were held at a higher
8 level-of-care than their referral indicated, while we waited for the data that could help guide
9 future decisions, removing that blindfold.

10 4. When patients are referred to DSH to receive an Intermediate Care Facility (ICF)
11 level-of-care, CDCR clinicians know exactly what type of care is being requested for those
12 patients. That is because CDCR provides its own patients with an ICF level-of-care every day,
13 and we share the knowledge and experience that makes that possible. In the months between
14 acceptance and transfer to DSH for these patients, CDCR was generally able to provide the care
15 that they required. What Dr. Stewart's selected list of 11 mental health patients addressed in his
16 declaration does not show is the patients that needed more mental health care, and were
17 transferred to other CDCR facilities to receive it. This list is presented as representative, but it is
18 in fact a cherry-picked list of borderline cases that were inherently complicated to resolve. The
19 patients that improved were taken off the transfer list; the patients that decompensated were
20 moved to higher levels of care. The relative few that were particularly difficult to categorize are
21 the ones that we see in Dr. Stewart's declaration. As shown below, many of these patients
22 received robust mental health services, clinical encounters, and recreational therapy while waiting
23 to transfer, and I disagree with Dr. Stewart's blanket assertion that patients suffered harm during
24 this period.

25 **Patient 3**

26 5. Patient 3 has been diagnosed with Schizoaffective Disorder Depressive Type,
27 Unspecified Schizophrenia Spectrum or Other Psychotic Disorder, and Unspecified Depressive
28 Disorder. The patient was compliant with a medication regimen of lithium, haloperidol,

1 quetiapine, venlafaxine, mirtazapine, prazosin, and PRN haloperidol, benztropine, and
2 hydroxyzine. Patient 3 was admitted to California Health Care Facility's Psychiatric Inpatient
3 Program (CHCF-PIP) at the ICF level-of-care on 3/30/20. DSH was notified of the referral to an
4 unlocked dorm on 6/24/20, accepted the patient on 7/14/20, and the patient was transferred to
5 DSH's Atascadero State Hospital (ASH) on 10/14/20. In the three months between acceptance
6 and transfer, Patient 3 remained at the ICF level-of-care and there were no lapses in individual
7 care or treatment planning. Patient 3 attended individual sessions fairly regularly (at least one
8 clinical contact with a mental health clinician or provider per week), and was offered
9 approximately three to five treatment groups per week, but their attendance was poor due to
10 reported safety concerns and anxiety around others. Nonetheless, the patient was working with
11 the clinician to challenge himself to attend more groups. Symptom changes were addressed with
12 adjustments to the patient's regimen as appropriate, with reports of some success, and the patient
13 was regularly on STEP 3, which allowed access to all of property, leisure groups, yard, and TV
14 on a regular basis. Patient 3 had one episode of superficial self-harm with a staple on 9/18/20,
15 requiring no significant medical attention. Although noteworthy, this was an improvement over
16 the patient's behavior in the preceding months. In my clinical opinion, the attention and
17 treatment that Patient 3 received before transfer to DSH was ardent, effective, and produced some
18 obvious reductions in symptoms. There was no obvious or objective evidence that the delay was
19 the cause of any harm suffered by this patient.

20 **Patient 7**

21 6. Patient 7 has been diagnosed with Major Depressive Disorder, Post Traumatic
22 Stress Disorder, and Opioid Use Disorder. The patient has been compliant with prescribed
23 medications, including olanzapine, paroxetine, buspirone, clonidine, hydroxyzine, and PRN
24 hydroxyzine. Patient 7 was referred to the ICF level-of-care from a California Medical Facility
25 (CMF) Mental Health Crisis Bed MHCB (MHCB), of which DSH was notified on 7/3/20.
26 Patient 3 was accepted on 7/8/20, and was transferred to ASH on 10/20/20. In the three-and-a-
27 half months between acceptance and transfer, Patient 7 remained at the MHCB level-of-care. The
28 patient received daily individual contacts or appointments from either psychiatry or psychology

1 during this time, and had weekly Interdisciplinary Treatment Team meetings (IDTTs), all with
2 good attendance. Patient 7 was offered approximately one leisure/recreation group once per week
3 and regular yard time, and attendance increased steadily. The patient's antipsychotic dose was
4 increased to better target their refractory psychotic symptoms, including paranoia, with some
5 reported improvement. The patient was given in-cell activities, and stayed on full issue of regular
6 property, as opposed to receiving suicide-resistant products. In my clinical opinion, there was no
7 obvious or objective evidence that the delay was the cause of any harm suffered by this patient.

8 **Patient 10**

9 7. Patient 10 has been diagnosed with Schizophrenia, Amphetamine Use Disorder,
10 and Alcohol Use Disorder. The patient has been on an involuntary medication order (under
11 California Penal Code section 2602), and was compliant with a psychiatric medication regimen of
12 clozapine, divalproex sodium, fluoxetine, and buspirone. Patient 10 at ASH from 11/28/18 until
13 1/16/20, after which they were housed at the Enhanced Outpatient (EOP) level-of-care. The
14 patient was eventually referred back to the ICF level-of-care on 7/17/20. DSH was notified of the
15 referral on 7/18/20, accepted the patient on 7/28/2020, and transferred to ASH occurred on
16 10/20/20. In the three months between acceptance and transfer, Patient 10 engaged meaningfully
17 in their treatment. Some medication adjustments and increases were undertaken, resulting in a
18 reduction in symptoms. The patient's clozapine dose was increased, and the mirtazapine was
19 switched to fluoxetine to better target depressive symptoms. The patient was briefly hospitalized
20 in the MHCB from 8/4/20 to 8/14/20 due to fleeting suicidal ideation related to relatively minor
21 incompatibilities with a cellmate. During this time, Patient 10 was seen daily by either a
22 psychiatrist or mental health clinician, and five-day follow ups occurred after the patient returned
23 to EOP housing. The patient's condition was notably improved upon return, where they attended
24 required IDTTs and uninterrupted contact with psychiatrist and other mental health clinicians. In
25 my clinical opinion, there was no obvious or objective evidence that the delay was the cause of
26 any harm suffered by this patient.

Patient 11

8. Patient 11 has been diagnosed with Schizoaffective Disorder Bipolar Type. The patient was compliant with medications including quetiapine, bupropion, diphenhydramine, and PRN chlorpromazine, quetiapine, and diphenhydramine. Patient 11 was admitted to CMF PIP at the Acute Psychiatric Program (APP) level-of-care on 3/12/20. DSH was notified of the referral to ICF on 7/18/20, accepted the patient on 7/23/20, and transferred occurred on 10/19/20. In the three months between acceptance and transfer, the patient remained at the highest level-of-care (APP), and the intense surveillance provided in that setting allowed quick identification of the self-harm incident/suicide attempt on or around 7/30/20, which resulted in placement of 20 sutures. Around the time of this incident, and in order to implement improved treatment strategies to target symptoms that contributed to the incident, thoughtful and significant medication adjustments were made, which resulted in improved symptoms. Bupropion was added and titrated upwards to better target depressive symptoms; low-dose chlorpromazine was added to better target refractory psychotic symptoms and related agitation/anxiety; and the quetiapine dose was increased to better target refractory psychotic symptoms. Following these adjustments, the patient voiced improvement of some symptoms and stated that their auditory hallucinations were well controlled. Patient 11 weekly contacts with her clinician or psychiatrist. Though the patient refused confidential sessions with their clinician, they regularly attended confidential sessions with a psychiatrist, with whom the patient had a particularly positive and trusting relationship. Patient 11 attended weekly IDTTs, and was offered approximately three to seven treatment groups a month. Although attendance at treatment groups was sporadic, the patient engaged day room activities. Regarding the delay in transfer, Patient 11 was quoted as saying: "I do not have a problem waiting, I just wanted know what is going on [referencing the explanation provided to them about COVID-19 outbreaks causing changes to safe transfer timelines]." In my clinical opinion, there was no obvious or objective evidence that the delay was the cause of any harm suffered by this patient.

Patient 15

9. Patient 15 has been diagnosed with Major Depressive Disorder and Unspecified Schizophrenia Spectrum and Other Psychotic Disorder. The patient was compliant with medications including sertraline, bupropion, and PRN olanzapine and hydroxyzine. Patient 15 was referred from the MHCB level-of-care to APP on 5/28/20, and after showing significant improvement, was referred to ICF on 7/16/20. DSH was notified of the referral on 7/28/20, and accepted the patient on 8/4/20. The patient is currently housed in an EOP setting, awaiting transfer. In the four months since acceptance by DSH, Patient 15's sertraline dose was increased in September 2020 in an effort to better target some refractory anxiety and depressive symptoms, and high-dose bupropion has continued. The patient's treatment includes weekly clinician contacts and seeing a psychiatrist once every 30 days, both of which they attend on a regular basis. The patient is offered approximately 8-10 treatment groups per week, with attendance slightly over 50 percent. Records show that Patient 15 is future oriented, and hopeful about an upcoming Parole Board Hearing in January 2021. The patient is in regular contact with their mother, who is a source of emotional support, and reports they are "coping more" and pulling their hair out less. While the patient asks when they will transfer to ICF on a regular basis and is frustrated by the delays caused by the pandemic, there is no obvious or objective evidence that this delay is the cause of any harm to the patient.

Patient 16

10. Patient 16 has been diagnosed with Schizoaffective Disorder, Bipolar Type and Delusional Disorder, with a Disability Placement Program code of DD2. The patient was compliant with medications including lithium, divalproex sodium, haloperidol, benztropine, and PRN olanzapine and hydroxyzine. DSH was notified of Patient 16's referral from EOP to the ICF level-of-care on 7/28/20, and accepted the patient on 8/3/20. The patient is currently housed in an EOP setting while awaiting transfer. In the four months since acceptance, several medication adjustments were made to better target some of Patient 16's refractory symptoms. Haloperidol was increased, and lithium was added to the medication regimen. Also during this time, the patient was briefly hospitalized in the MHCB from 10/5/20 to 10/20/20. Special local attention

1 has been given to Patient 16 in many aspects of their care—due to anxiety brought about by
2 shared or dorm housing, the patient has been housed in a fashion to give them additional privacy.
3 Patient 16 was offered about 4.74 hours of group treatment per week, but refused about 3.84
4 hours per week. As the team has become more familiar with this patient, they have noted that the
5 patient’s baseline level of functioning appears low and the current level of functioning appears
6 close to it. Patient 16 remains symptomatic (paranoia, anxiety, depressed mood), and is frustrated
7 and reports some anxiety related to transfer delays. While not an ideal situation, the patient’s
8 mental health needs are being met while awaiting transfer.

9 **Patient 24**

10 11. Patient 24 has been diagnosed with Unspecified Depressive Disorder and
11 Unspecified Anxiety Disorder. The patient’s medications fluoxetine, atomoxetine, and
12 diphenhydramine were discontinued on 9/29/20, and has remained stable without them. Patient
13 16 was initially referred to APP level-of-care on 6/2/20, but the referral was changed to ICF on
14 8/6/20. DSH was notified of the referral on 8/12/20, and accepted the patient on 8/21/20, and
15 they are currently housed in the MHCB setting while awaiting transfer. Of note, the patient is
16 unable to transfer to EOP within the same institution during this waiting period due to custody
17 status. In the four months since acceptance, Patient 16’s MHCB stay has been uneventful, and
18 they have been seen daily by his psychologist and met timelines for psychiatry contacts and
19 IDTTs. No treatment groups were offered to the patient, but they attended recreation/leisure
20 groups once a week. Some consideration was given to changing the patient’s referral to the EOP
21 level-of-care, but due to the serious nature of a relatively recent suicide attempt, it was
22 recommended that they remain at the ICF. Patient 24 reports frustration with the transfer delays,
23 but on the whole, they are receiving sufficient mental health treatment while awaiting transfer.

24 **Patient 28**

25 12. Patient 28 has been diagnosed with Schizoaffective Disorder Bipolar Type and
26 Intellectual Disability, and has a Disability Placement Program designation of DD2. The patient
27 was on an involuntary medication order, and was compliant with medications including lithium,
28 olanzapine, benztropine, and PRN haloperidol and hydroxyzine, and they were reportedly helpful

for his mental health conditions. Patient 28 was referred to the ICF level-of-care from EOP, where they were housed in the Administrative Segregation Unit (ASU) for non-disciplinary reasons. DSH was notified of the referral on 8/13/20, accepted the patient on 8/21/20, and transfer occurred transferred on 10/19/20. Five days after the ICF referral, Patient 28 became more distressed about their hallucinations and delusions, and stated suicidal ideations. The patient was referred to the MHCB, where they superficially cut their wrist and swallowed plastic. Patient 28's presentation and anxiety improved steadily until they requested discharge back to ASU, and to rescind their ICF referral. The patient attended nearly all their individual contact appointments in the MHCB, including 23 sessions with the recreational therapist, and was eating well, had full property issue, and appeared calmer and less distressed. Patient 28 was discharged from the MHCB back to EOP ASU, with the ICF referral. In the EOP ASU, the patient was offered and attended five to six treatment groups per week, two weekly individual sessions with a clinician, and an initial evaluation by a psychiatrist. Patient 28's treatment history and condition indicate that there is no evidence that a delay in transferring them to DSH inpatient care caused any harm.

Patient 38

13. Patient 38 has been diagnosed with ADHD, Other Specified Trauma Disorder, and Other Specified Disruptive, Impulse Control, and Conduct Disorder. The patient was prescribed the medications olanzapine, divalproex sodium, fluoxetine, and hydroxyzine until they were discontinued 9/17/20, and was later prescribed lamotrigine from 10/20/20. DSH was notified of the patient's referral to the ICF level-of-care from the MHCB on 8/28/20, and accepted the patient on 9/3/20. The patient is currently housed in an EOP setting, awaiting transfer. In the three months since acceptance for transfer, Patient 38 began in the MHCB, with safety concerns due to a debt that they owed on the yard. After the ICF referral was made, the patient was tapered off of psychiatric medications as their endorsed symptoms of psychosis were not believable, and there was a suspicion that the patient was "cheeking" the medications. After completing the taper, Patient 38 reported that they were feeling good and requested to be discharged. Since being in the EOP yard, the patient reported feeling "great." The patient reported on 10/12/20 that they did not believe they needed to go to ICF, unless they were referred to ASH because he could

1 use a “cheeseburger and milkshake.” On 10/20/20, the patient was prescribed lamotrigine with a
 2 slow titration. Patient 38 attended their individual contacts and treatment groups, though it
 3 appears they were not offered consistently (at least partially due to quarantine and COVID-19
 4 related program status changes). Based on the records, there is no indication that the delay in
 5 transfer has caused harm suffered to this patient.

6 **Patient 39**

7 14. Patient 39 has been diagnosed with Unspecified Schizophrenia and Other
 8 Psychotic Disorder, Major Depressive Disorder, and Major Neurocognitive Disorder due to
 9 Traumatic Brain Injury. The patient has a long history of paranoid delusions and psychotic
 10 symptomology, which CDCR staff has continually monitored. The patient was prescribed
 11 lamotrigine, which was discontinued on 9/11/20 due to side effects, and an atomoxetine trial from
 12 9/23/20 to 10/1/20, which was discontinued due to non-compliance. DSH was notified of Patient
 13 39’s referral to the ICF level-of-care from an EOP program on 8/28/20, accepted the patient on
 14 9/3/20, and the patient was transferred to DSH’s Coalinga State Hospital on 10/29/20. In the two
 15 months between acceptance and transfer, Patient 38 has had individual contacts with their
 16 primary clinician one to two times per week, and with their psychiatrist every one-to-two weeks.
 17 Although the patient appeared to have only two treatment groups offered in the last month, did
 18 not have as many IDTTs as he should have, and documentation of treatment should be improved,
 19 staff were responding to his needs. There is no indication that Patient 38 has been harmed by the
 20 delay in transfer to DSH.

21 **Patient 52**

22 15. Patient 52 has been diagnosed with Schizophrenia. The patient was compliant
 23 with his prescribed medications including quetiapine and PRN hydroxyzine. The patient was
 24 referred to the ICF level-of-care from the MHCB on 9/28/20, and DSH accepted the patient on
 25 10/01/20. When referred two months ago, Patient 52 was in the MHCB due to the severity of
 26 their mental illness. While in the MHCB, the patient was medication compliant and their thought
 27 process became more linear, the patient was calmer, and was more appropriate staff and peers.
 28 Patient 52 was discharged to the EOP level-of-care on 9/29/20, with an ICF referral. The patient

1 has good rapport with their treatment team as evidenced by attending most confidential individual
2 sessions, as well as participating in some structured out-of-cell therapeutic services that they are
3 offered. While the patient is reporting and has been observed to be adjusting better to their
4 current housing, it is clear that the patient is severely mentally ill and in need of ongoing
5 treatment. While no harm can be attributed to a delayed transfer to inpatient care, Patient 52 has
6 continued to exhibit signs of disorganized and bizarre behavior due to psychotic symptoms that
7 significantly impair their functioning, and additional follow up and documentation is important to
8 ensure that the patient's needs are being met.

9 16. These patients received all possible treatment while they were being monitored
10 and cared for without exposing them and all of their peers to the greater risks that accompanied
11 transfers during the ongoing COVID-19 pandemic. This has occurred while California was
12 undergoing various restrictions on travel, gatherings, and services due to concerns over virus
13 spread, and CDCR was reeling from the outbreak at San Quentin and lessons learned from that
14 experience. We saw that we could offer these patients individual treatment from skilled
15 professionals, both psychiatrists and psychologists; medication adjustments to address changes in
16 symptoms and coping strategies; collaborative, inter-disciplinary team meetings to discuss
17 strategies and successes; support groups wherever it was safe to do so, for both our patients and
18 our staff; recreational activities; in cell activities; psychoeducation; social contact, leisure
19 activities, distractions, and everything else we could think of. These treatment components were
20 based on CDCR's experience providing care to these same patients over decades, and under the
21 careful supervision of the court through its monitors.

22 17. CDCR's mental health patients were not harmed by delays in transfers to DSH
23 inpatient beds, and they were protected from other risks associated with COVID-19. CDCR
24 weighed the benefits of know mental health treatment against the virus's unknowns and made the
25 safest decision possible for its patients. Given the potential mortality associated with COVID-19,

26 //

27 //

1 I agree with the risk balancing that CDCR officials have exercised when examining any transfer
2 to a DSH inpatient bed, and will continue to work with my colleagues to perform this assessment
3 going forward.

4
5 I declare under penalty of perjury under the laws of the United States of America that the
6 foregoing is true and correct.

7 Executed in San Quentin, California on December 7, 2020.

8 /s/ A. Mehta

9 A. Mehta, M.D.

10 (original signature retained by attorney)

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IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA
SACRAMENTO DIVISION

RALPH COLEMAN, et al.,

Plaintiffs,

v.

GAVIN NEWSOM, et al.,

Defendants.

2:90-cv-00520 KJM-DB (PC)

**DECLARATION OF JONATHAN M.
MEYER, M.D., IN SUPPORT OF
DEFENDANTS' RESPONSE TO
NOVEMBER 19, 2020 ORDER**

I, Jonathan M. Meyer, M.D., declare:

1. I have been asked by the California Department of State Hospitals (DSH) to offer my professional opinion regarding any potential harm suffered by a certain California Department of Corrections and Rehabilitation (CDCR) mental health patient who was awaiting admission to DSH at the time of an evidentiary hearing in this matter which took place on October 23, 2020. I submit this declaration in support of Defendants' response to the Court's November 19 order. I

1 have personal knowledge of the facts stated in this declaration and, if called to testify to those
2 facts, I could and would do so competently.

3 2. My opinions in this declaration are based on my medical education, training,
4 research, and my over 20 years of experience as a psychiatrist and researcher, as well as my
5 familiarity with the medical and psychiatric literature. They are also based on my expertise in
6 psychopharmacology, particularly psychopharmacology as it relates to persons diagnosed with
7 schizophrenia. These opinions are my own and do not represent those of the institutions with
8 which I am affiliated.

9 **Professional Background and Experience**

10 3. I received my M.D. degree from Harvard Medical School in 1988. I became a board-
11 certified psychiatrist and neurologist in 1998. Since 1998, I have held several Professorships in
12 Psychiatry including at the University of Southern California, Oregon State Hospital, and
13 University of California San Diego. I have also served as the Principal Investigator for NIH
14 grant-funded research involving medication resistance and sensitivity in persons with mental
15 illness, particularly schizophrenia. I am currently a Psychopharmacology Consultant for DSH-
16 Patton. In my capacity as a Pharmacological Consultant, I serve as an expert advisor on which
17 medications might have the best clinical outcome(s) on patient with a particular mental health
18 condition(s). During the course of this work, I have conducted hundreds of consultations,
19 involving review and analysis of complex mental diagnoses, treatment outcomes and
20 expectations, and determinations regarding the levels of treatment appropriate for given patients
21 with certain mental health disorders.

22 4. Additionally, I serve as the Deputy Editor for *Current Psychiatry*. *Current*
23 *Psychiatry* is the leading peer-reviewed source of practical, evidence-based information that is
24 valued by psychiatric clinicians. I have held this position since 2015, and this position requires
25 me to remain up to date and well-versed in the latest psychiatric research and data. Additionally,
26 in my capacity as the Principal Investigator of grant-funded research, I have studied thousands of
27 patient-records, specifically patients diagnosed with schizophrenia. This experience is relevant to
28 my expertise regarding the professional judgments and opinions provided in this declaration.

5. I have lectured and published extensively on psychopharmacology, and am the sole author of the chapter on “The Pharmacotherapy of Psychosis and Mania” for the last 3 editions of Goodman & Gilman’s *The Pharmacological Basis of Therapeutics*. Along with Dr. Stephen Stahl, I am the co-author of *The Clozapine Handbook* published by Cambridge University Press in May 2019, and the upcoming handbook entitled *The Clinical Use of Antipsychotic Plasma Levels*, to be released in May 2021 by Cambridge University Press. I am also a Distinguished Fellow in American Psychiatric Association.

6. In my clinical work as a psychiatrist, I have evaluated and treated numerous patients with severe, persistent mental illness, including patients committed to and treated at DSH institutions since 2009. Overall, my combination of clinical and research experience over the past 20+ years, as well as my familiarity with the relevant research literature, informs my opinions. For a complete listing of my professional background, experience, research, responsibilities, and publications, please see my Curriculum Vitae, which is attached to this declaration as Exhibit A.

Opinions Regarding Any Harm to Patient 10 Associated with Delayed Transfer to DSH.

7. I reviewed the following records to prepare this declaration: (a) CDCR health records for a particular patient covering 06/12/2020 to 10/17/2020 (389 pages); (b) transcript of testimony from Dr. Pablo Stewart dated 10/23/2020; and (c) the declaration of Dr. Pablo Stewart filed 11/13/2020.

8. From these records, I observed the following regarding a California Department of Corrections and Rehabilitation (CDCR) mental health patient identified in Dr. Stewart’s declaration as Patient 10. This patient is a 50-plus-year-old male with a long history of severe mental illness in the schizophrenia spectrum, with the most common working diagnoses being schizophrenia and schizoaffective disorder, bipolar type. Patient 10 has a record of 12 stays at DSH facilities since 1996 under California Penal Code sections 1370 and 2684, with 3 admissions specifically to Atascadero State Hospital (ASH) in 1997, 2000, and 2018-2020 under Penal Code section 2684. Patient 10 had proven treatment resistant and was started on clozapine on 10/22/2019 while at ASH, and remained on clozapine at the time of discharge back to CDCR in

1 January 2020. He was also discharged on divalproex for mood stabilization and continued on
2 haloperidol decanoate 200 mg IM every 2 weeks despite having inadequate response to this
3 medication prior to starting clozapine.

4 9. The records from CDCR prior to June 2020 were not available to me at the time of
5 this declaration; however, notes from June 2020 indicate that Patient 10's condition declined in
6 mid-May, requiring admission to the crisis stabilization unit on May 14, 2020 for psychosis with
7 some elements of catatonia. Clozapine is utilized when schizophrenia spectrum patients do not
8 respond adequately to other medications such as haloperidol.¹ The medication records note that
9 the clozapine dose was increased, medications were added for mood and anxiety (buspirone,
10 mirtazapine) and by June 12, 2020, Patient 10 had improved enough that he could be sent to an
11 unlocked dorm and managed in EOP. He was medication adherent, and the psychiatry notes from
12 June 24 indicate that the patient was at baseline, but there was concern that without an
13 involuntary medication order (IMO) he might be less adherent with oral medication (note dated
14 July 8), so the IMO was renewed on July 23, 2020.

15 10. From June 12, 2020 until his transfer to ASH on October 20, 2020, Patient 10
16 remained psychiatrically stable with limited changes in his psychotropic medications. There was
17 a brief crisis stabilization unit admission from August 4-14, but the record documents that he was
18 frustrated with his cellmate (p. 145) for not showering or cleaning up and for constantly talking
19 about drugs. After his 2 prior requests for a cell change were not acted upon, Patient 10
20 complained of suicidal ideation in order to be removed and transferred eventually to a new cell.
21 The admission note from August 5, 2020 comments that he was calm and cooperative, and that
22 there was no suicidal ideation, or any overt psychotic symptoms (i.e. hallucinations or delusions).
23 A note from August 8, 2020 also documents that he was future oriented and looked forward to his
24 parole in 2024 with the hope of perhaps driving a truck with his father (p. 187). Due to
25 complaints of sedation from mirtazapine, mirtazapine was discontinued in lieu of a nonsedating
26 antidepressant fluoxetine. By August 14, 2020, Patient 10 indicated that he was eager to return to

27 _____
28 ¹ Rubio, J. M. and Kane, J. M. (2019). How and when to use clozapine. *Acta Psychiatr Scand.*

1 the dorm and be followed in EOP. Of note, despite occasionally skipping meals in response to
2 delusions, the patient maintained a normal body mass index (BMI) of 23.1 kg.m² (noted on
3 August 5, 2020).

4 11. Given that the August admission was prompted by a desire to have a new cellmate, it
5 is not surprising that the antidepressant switch represents the only psychotropic change made
6 during the 4 months from the June discharge to the dorm and the transfer to ASH on October 20,
7 2020. The last social work note dated October 13, 2020 comments (p. 386) that the patient's
8 mood was "good," with some delusional content that was not dominant in their conversation.

9 When considering whether patients are harmed by delays in transfers to DSH, Dr. Stewart
10 opines that that because clozapine is used for treatment resistant patients these individuals must
11 have a level of severity which demands intensive inpatient treatment, but this is not necessarily
12 true. While some patients may be started on clozapine during a period of exacerbation coincident
13 with an inpatient stay, the vast majority of patients are maintained on clozapine as outpatients
14 once they reach a level of minimal/moderate severity.² A US study of clozapine use among
15 Medicaid beneficiaries from 2002-2005 found that there were 15,524 outpatient clozapine
16 treatment episodes. Clozapine requires hematological monitoring, but the psychiatric records
17 document that this was performed on a routine basis at CDCR, and that the interval was changed
18 from weekly to biweekly (i.e. every 14 days) after 6 months of clozapine treatment as
19 recommended by the manufacturer. In addition to understanding the appropriate complete blood
20 count (CBC) monitoring protocol, the psychiatrists at CDCR also managed the patient's
21 complaints of constipation from clozapine with docusate and sennosides, and used atropine drops
22 in the mouth for the complaint of drooling that can occur with clozapine, clearly showing a level
23 of sophistication in managing these problems. Patient 10 also has no record of aggression or self-
24 injurious behavior, nor any episodes of polydipsia since being started on clozapine, and the last
25 record of any symptom that might be construed as catatonia was during the May 2020 admission.
26 Although there are some psychiatric symptoms present (e.g. delusions) that occasionally

27 _____
28 ² Stroup, T. S., Gerhard, T., Crystal, S., et al. (2014). Geographic and clinical variation in
clozapine use in the United States. *Psychiatr Serv*, 65, 186-192.

1 influence Patient 10's behavior (e.g. skipping a meal), he was maintained successfully in the
2 dorms from June-October 2020 with the exception of one 10-day crisis bed admission prompted
3 by his desire to change cellmates. During the entire period from June-October 2020 there were
4 virtually no psychotropic medication changes made, and this patient maintained a normal weight
5 as evidenced by a normal BMI of 23.1 kg/m² noted on August 5.

6 12. Although this patient has several medical issues, these are quite stable with no
7 changes required in the nonpsychiatric medical regimen in 2020. A note from July 14, 2020
8 indicates that Patient 10 is neat and has good hygiene, and a primary care medical note from July
9 21 (p. 43) states that that he has no acute medical issues, that his constipation from clozapine had
10 resolved, and that he does pushups for exercise. Importantly, this note also states that he has no
11 complaints of palpitations, dizziness, or syncope. The latter is relevant as Patient 10 had
12 previously been diagnosed with atrial fibrillation. He has not required medications for heart rate
13 control, and was on a stable dose of an anticoagulant (apixaban 5 mg qD) that had not changed
14 since at least 2018 and which itself required no monitoring (as opposed to warfarin that requires
15 frequent and intensive monitoring). Apixaban was the only nonpsychiatric medication used by
16 Patient 10 aside from those mentioned above to control constipation and sialorrhea. Other lab
17 results from July 28 showed normal renal function, no evidence of diabetes, and a normal CBC
18 and chemistry panel with the exception of a slightly low serum sodium of 131.

19 13. While it is true that Patient 10 had been diagnosed with hepatitis C virus (HCV)
20 genotype 1A and developed some degree of cirrhosis as noted by right upper quadrant ultrasound
21 (RUQ US), there are several important facts that were omitted in Dr. Stewart's declaration
22 informing this patient's condition:

23 a. This patient was treated for HCV with Epclusa for 12 weeks in 2017, and he had a
24 complete response with **no detectable HCV RNA** when checked by PCR as recently as January
25 22, 2020 (p. 44, p. 140, and p. 305). HCV is thus no longer an active issue.

26 b. While cirrhosis has been documented, the latest RUQ US dated September 10, 2020
27 notes no progression from earlier scans obtained at 6 month intervals. Moreover, the medical
28 note from July 21, 2020 states that there is no evidence of ascites, and that there is no history of

1 hepatic decompensation. The subsequent AST, ALT, serum albumin and total bilirubin drawn
 2 one week later (July 28, 2020) were all **normal**. From those lab results, and the fact that this
 3 patient does not have ascites nor require medication for hepatic encephalopathy, one can classify
 4 Patient 10 as having the lowest severity stage of chronic hepatic disease (Child-Pugh A). Patients
 5 who are Child-Pugh A do not require dosing adjustments to their medications as their hepatic
 6 ability to metabolize drugs is normal.³ This patient thus requires no active interventions for his
 7 liver disease, and only receives an RUQ US and HCV PCR at 6 month intervals as part of routine
 8 surveillance. There is so little active concern over this patient's liver status that he is prescribed
 9 divalproex, a medication that at times can induce liver function test abnormalities, but which he
 10 tolerates as documented by the normal ALT and AST on July 28, 2020.

11 14. Based on my detailed reviews of this patient's records, his nonpsychiatric medical
 12 issues are stable, not complex, and require limited oversight as documented by the laboratory
 13 reports and the detailed examination from July 21, 2020.

14 15. Based on a detailed review of the psychiatric and nonpsychiatric medical notes
 15 from CDCR from 06/12/2020 to 10/17/2020, Patient 10 has not suffered harm due to any
 16 potential delays in transfer to DSH and has received appropriate care.

17 I declare under penalty of perjury under the laws of the United States of America that the
 18 foregoing is true and correct.

19 Executed in San Diego, California on December 7, 2020.

21 /s/ Jonathan M. Meyer

Jonathan M. Meyer, M.D.

(original signature retained by attorney)

26 ³ Cholongitas, E., Papatheodoridis, G. V., Vangeli, M., et al. (2005). Systematic review:
 27 The model for end-stage liver disease--should it replace Child-Pugh's classification for assessing
 28 prognosis in cirrhosis? *Aliment Pharmacol Ther*, 22, 1079-1089; Verbeeck, R. K. (2008).
 Pharmacokinetics and dosage adjustment in patients with hepatic dysfunction. *Eur J Clin
 Pharmacol*, 64, 1147-1161.

Exhibit A

UCSD ACADEMIC BIOGRAPHY**Section I****Personal Data**

Name: Last, First, Middle **Meyer, Jonathan, Michael**

Department **Psychiatry** Title(s) **Clinical Professor (Vol)**

Home Address
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 City, State, Zip

Business Address
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 City, State, Zip **San Diego, CA 92130** Mail Code

Date of Birth: **XX/XX/1962**

Are you a citizen or permanent resident of the U.S.? Yes **XX** No

If no, what is your current Visa status?

Date this status began: Date this status expires:

Person to be contacted in case of emergency:
 Name **XXXX**
 Street Phone:
 City, State, Zip

Family Members employed by the University:
 Name **None** Relationship Department

Previous Applicable Employment

Months and years of employment	Institution, firm or organization of employment	Location	Rank, title, or position	Approximate annual salary
7/97 – 8/98	Univ. of Southern California	Los Angeles, CA	Assistant Professor of Psychiatry Staff Psychiatrist, and Adj. Asst.	Does not wish to state
8/98 – 6/01	Oregon State Hospital	Salem, Oregon	Prof. of Psychiatry, Oregon Health and Sciences University	Does not wish to state
7/01 – 8/02	UCSD Dept. of Psychiatry	La Jolla, CA	Asst. Clinical Professor	Non-sal.
7/01 – 8/02	UCSD Dept. of Psychiatry	La Jolla, CA	MSP/Assoc. Physician	Does not wish to state
9/02 – 6/06	UCSD Dept. of Psychiatry	La Jolla, CA	Asst. Adj. Professor	Does not wish to state
7/06 – 12/09	UCSD Dept. of Psychiatry	La Jolla, CA	Asst. Professor in Residence	Does not wish to state
7/01 – 02/15	VA San Diego	La Jolla, CA	Staff Psychiatrist (part-time)	Does not wish to state
12/09 – present	California Dept. of State Hospitals	Patton, CA	Psychopharmacology Consultant	Does not wish to state

Education

School, college, university, or hospital (internship, residency, or fellowship)	Dates of attendance	Location	Major subject or field	Degrees or certificates	Date received
Stanford University	9/80 – 6/84	Stanford, CA	Biology	B.S.	6/7/84
Harvard Medical School	9/84 – 6/88	Boston, MA	Medicine	M.D.	6/9/88
PGY I – II	6/88 – 6/90	Los Angeles County – USC Medical Center	General Surgery	N/A	N/A
PGY II	10/92 – 9/93	Cedars Sinai Medical Center – L.A., CA	Psychiatry	N/A	N/A
PGY III – IV	10/93 – 12/95	Los Angeles County – USC Medical Center	Psychiatry	Yes	12/95
PGY V	1/96 – 6/96	Los Angeles County – USC Medical Center	Psychopharm Research Fellow	N/A	N/A
PGY VI	7/96 – 6/97	Los Angeles County – USC Medical Center	C/L Psychiatry Fellow	N/A	N/A

Please indicate areas of sub-specialization or board certification, if any.

Board Certified, American Board of Psychiatry and Neurology #44770 - January 1998, **Latest Recertification** - February 2018

Section II**Professional Data**

Provide a list of your activities, with dates of award or service, in each of the following eight categories.

(a) University Service (Include service at the departmental, college, Academic Senate, campus-wide, and system-wide levels.)

Departmental Committee – Psychiatry Residency Selection Committee, 2003 – 2009
 Supervisor, UCSD Dept. of Psychiatry PGYIV Senior Independent Study Projects, 2003 – 2009
 Hospital Committee – VA Pharmacy and Therapeutics Committee, 2003 – 2009
 IRB Committee A, UCSD Human Research Protections Program (HRPP) – January 2006 – December 2009
 Roundtable Presider, Annual UCSD Undergraduate Research Conference – May, 2007
 Co-director VA VISN 22 Mental Illness Research Education and Clinical Centers (MIRECC) research fellowship – September 2007 – December 2009
 Associate UCSD Psychiatry Residency Training Director – September 2007 – December 2009
 Weekly psychopharmacology instruction for UCSD psychiatry residents and staff (4 hours/month). Biweekly psychopharmacology instruction for Balboa Naval Medical Center psychiatry residents, and monthly case consultation with early psychosis group - July 2015 - present:

(b) Memberships (Include scholarly societies, professional boards, civic organizations, etc.)

American Psychiatric Association, 1993– present
 American Medical Association, 1998 – present
 San Diego Psychiatric Society, 2001 – present
 Society of Biological Psychiatry, 2005 – present

(c) Honors and Awards (Include the dates they were received.)

UCSD Dept. of Psychiatry Residency Teaching Award 2004-2005
 UCSD Dept. of Psychiatry Award for Excellence in Research Mentorship 2007-2008
 American Psychiatric Association Fellow, 2009; Distinguished Fellow 2010 - present

(d) Contracts and Grants Please provide the following information for current contracts and grants:

Title	Granting agency	Amount of total award (include indirect costs)	Time period of contract/grant	Role
Visceral Adiposity and Insulin Resistance in Patients with Schizophrenia	Pfizer, Inc.	\$122,512	11/01/2006 – 10/31/2008	Principal Investigator (5% - no salary)
The Metabolic Syndrome in Patients with Schizophrenia	NIMH K23MH074540	\$838,620	10/01/2005 – 09/30/2010	Principal Investigator (75%)
Acute Impact of Antipsychotics on Insulin Sensitivity: A Novel Human Model	NIMH R21MH082805	\$311,850	04/01/2008 – 12/31/2010	Principal Investigator (5% - no salary)
Acute Impact of IM Aripiprazole and Olanzapine on Insulin Resistance in High Risk Prediabetics	BMS	\$166,160	03/01/2009 - 02/28/2010	Principal Investigator (5% - no salary)
A Pilot Study of Varenicline for Smoking Cessation in Schizophrenia	UCSD Academic Senate	\$10,000	07/01/2008 - 06/30/2009	Principal Investigator (5% - no salary)
Neurocognitive Effects of Inflammation Reduction in Schizophrenia	VA VISN 22 MIRECC PALA/Pilot	\$11,135	04/01/2009 - 03/31/2010	Principal Investigator (5% - no salary)

(e) External Professional Activities (Examples include, but are not limited to, presentation of papers and lectures, technical service to organizations and agencies, acting as a reviewer of journal or book manuscripts or contract and grant proposals, or professional committee service.)

1. Consultant to Prof. Dilip Jeste (RO1 MH071536 Metabolic Effects of Newer Antipsychotics in Older Patients), 2004 – 2008.
2. Core member of NIMH-Funded CATIE Schizophrenia Trial Metabolic Working Group, 2004 – 2009
3. Contributing Writer (Multiple Sections) of American Psychiatric Association Position Paper: Antipsychotic Drugs and Adverse Metabolic Risk, 2005 – 2007
4. **Ad Hoc Reviewer** for the following professional journals. 2001 – present

1. Acta Psychiatrica Scandinavica	28. Israel Journal of Psychiatry
2. American Journal of Cardiology	29. Journal of Affective Disorders
3. American Journal of Clinical Nutrition	30. Journal of Brain Disease
4. American Journal of Geriatric Psychiatry	31. Journal of Child and Adolescent Psychopharmacology
5. American Journal of Managed Care	32. Journal of Clinical Psychiatry
6. American Journal of Psychiatry	33. Journal of Clinical Psychopharmacology
7. Annals of Clinical Psychiatry	34. Journal of Outcomes Research
8. Annals of General Psychiatry	35. Journal of Pharmacy and Pharmacology
9. Archives of General Psychiatry	36. Journal of Psychiatric Research
10. Archives of Medical Research	37. Journal of Psychosomatic Research
11. Biological Psychiatry	38. Journal of Psychopharmacology
12. Bipolar Disorders	39. Molecular Psychiatry
13. Child and Adolescent Psychiatry and Mental Health	40. Neuropsychiatric Disease and Treatment
14. Clinical Chemistry and Laboratory Medicine	41. Neuropsychopharmacology
15. Clinical Drug Investigation	42. Obesity Research
16. Clinical Schizophrenia & Related Psychoses	43. Pharmacopsychiatry
17. CNS Drugs	44. Progress in Neuro-Psychopharmacology and Biological Psychiatry
18. CNS Spectrums	45. Psychiatric Services
19. Diabetes Care	46. Psychiatry Research
20. Drug Safety	47. Psychoneuroendocrinology
21. European Journal of Psychiatry	48. Psychopharmacology
22. European Psychiatry	49. Schizophrenia Bulletin
23. General Hospital Psychiatry	50. Schizophrenia Research
24. International Clinical Psychopharmacology	51. Social Psychiatry & Psychiatric Epidemiology
25. International Journal of Neuropsychopharmacology	52. Southern Medical Journal
26. International Journal of Psychiatry in Medicine	
27. International Medical Case Reports Journal	

5. **Member, Editorial Board** *Current Psychiatry*, 2007-present; **Deputy Editor 2015 - present.**
6. **Ad Hoc Grant Consultant/Reviewer:** UK Medical Research Council (2006), Thrasher Foundation (2007); Raine Medical Research Foundation (Australia) (2007); Food and Health Bureau, Hong Kong SAR Government (2009)
7. **Invited Lectures: 2005-2017**
 - i. **American Psychiatric Association Annual Meeting**, Diabetes in Patients with Schizophrenia: French & US Experience: "Diabetes Prevalence in Patients with Schizophrenia" Atlanta, GA, May 24, 2005.
 - ii. **Canadian Psychiatric Association Annual Meeting**, "Impact of Antipsychotics on Serum Glucose and Lipids" Vancouver, BC, November 4, 2005.
 - iii. **Oregon Health and Sciences University Department of Psychiatry Annual Rondeau Memorial Lecture.** "Improving Health Outcomes in Patients with Schizophrenia" Portland, OR, November 14, 2005.
 - iv. **County of San Diego-Health and Human Services Agency Training and Development.** "Medical Monitoring of Atypical Antipsychotics and Mood Stabilizers." March 23, 2006.
 - v. **UCSD School of Medicine, Department of Psychiatry: Advances in Psychopharmacology Throughout the Life Span:** "Are All Antipsychotics Equal: Lessons from CATIE." San Diego, CA, April, 6, 2006.
 - vi. **Loma Linda University Medical School Department of Psychiatry Grand Rounds.** "The Metabolic Syndrome and Schizophrenia: Disease and Drug Issues." Loma Linda, CA December 15, 2006.
 - vii. **U. of Wisconsin, Depts. of Psychiatry & Public Health: Psychiatry Update.** "An Update on the Metabolic Effects of Antipsychotics: Lessons from CATIE and Other Interesting Data." Madison, WI March 3, 2007.
 - viii. **UCSD School of Medicine, Dept. of Psychiatry: Geropsychiatry Update.** "Psychopharmacologic

Treatment of Psychosis in Older Patients” and “Antipsychotics: Safety Issues in the Elderly” San Diego, CA, March 9, 2007.

ix. UCSD School of Medicine, Dept. of Psychiatry: Advances in Psychopharmacology Throughout the Life Span. “Are All Antipsychotics Equal: *Further Analyses of CATIE & Another Important Study.*” San Diego, CA, April, 13, 2007.

x. NAMI Annual Meeting: “Schizophrenia Update: Treatment Options and Side Effects.” San Diego, CA, June 23, 2007.

xi. City and County of San Francisco Department of Public Health, Population Health And Prevention: Community Behavioral Health Services. “Metabolic Syndrome and Serious Mental Illness: A Practical Update.” Fort Mason Conference Center, San Francisco, September 11, 2007.

xii. Naval Medical Center, San Diego, California - Department of Psychiatry Grand Rounds. “Clinical Psychopharmacology: Kinetics & Drug-Drug Interactions. San Diego, CA March 28, 2008.

xiii. UCSD School of Medicine, Department of Psychiatry: Advances in Psychopharmacology Throughout the Life Span. “Safety Issues in Psychotropics - Things You Mostly Didn’t Know.” San Diego, CA, April 24, 2008.

xiv. Centre for Addiction and Mental Health: Schizophrenia Update 2008. “New Treatment Options for Schizophrenia: Managing Metabolic Effects of Antipsychotic Therapy.” Toronto, Canada October 3, 2008

xv. Naval Medical Center, San Diego, California - Department of Psychiatry Grand Rounds. “Clinical Psychopharmacology Update: Antidepressant Augmentation in Major Depression.” San Diego, CA April 9, 2009.

xvi. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. “Understanding the concept of fast dissociation from dopamine receptors for atypical antipsychotics.” July 7, 2010.

xvii. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. ‘P-Glycoprotein and drug transport.’ August 25, 2010.

xviii. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. ‘Aripiprazole review.’ January 26, 2011.

xix. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. “Lurasidone review.’ March 2, 2011.

xx. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. “Risperidone and Paliperidone Review.’ April 27, 2011.

xxi. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. “Haloperidol and fluphenazine decanoate review.’ May 4, 2011.

xxii. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. “Consta, Sustenna and Relprevv review.’ May 25, 2011.

xxiii. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. “Glutamate and schizophrenia.’ June 1, 2011.

xxiv. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. “Antipsychotic drug-drug interactions.” August 31, 2011.

xxv. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. “Psychiatry Maintenance of Certification.’ September 7 and 14, 2011.

xxvi. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. “MAO inhibitors.’ May 16, 2012.

xxvii. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. “The use of antidepressants in patients with schizophrenia.’ July 18, 2012.

xxviii. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. “The use of benzodiazepines in patients with schizophrenia.’ August 29, 2012.

xxix. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. “Neuroleptic malignant syndrome.’ October 17, 2012.

xxx. NEI Congress. Topics: “Lithium”; “Depot Antipsychotics” San Diego, CA November 10, 2012

xxxi. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. “Managing CBC changes and early side effects from clozapine.” February 13, 2013.

xxxii. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. “Anticholinergics.” April 17, 2013.

xxxiii. San Diego Psychiatric Society CME conference DSM-5: What You Need To Know. “Psychosis Diagnoses in DSM-5 - Debates and Change.” La Jolla, CA June 8, 2013

xxxiv. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. “Schizophrenia rating scales for the busy clinician.” June 12, 2013.

xxxv. UCSD Department of Psychiatry Grand Rounds. ‘Psychosis Diagnoses in DSM-5 - Debates and Change.’ San Diego, CA August 1, 2013

xxxvi. CMEology “Mastering Clinical Challenges in Schizophrenia”. Anaheim, CA, March 15, 2014

xxxvii. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. “Understanding D₂

blockade and antipsychotic plasma levels." May 29, 2014

xxxviii. CME Outfitters. "Treatment of Schizophrenia: Current Strategies and Future Paradigm Shifts." Los Angeles, CA, May 31, 2014

xxxix. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. "Clozapine and the treatment of violent psychotic patients." July 31, 2014.

xl. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. "Lithium primer - I." August 28, 2014.

xli. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. "Lithium primer - II." September 11, 2014.

xlii. Psychiatric Congress. "Optimizing Outcomes in Patients with Schizophrenia." Orlando, FL, September 21, 2014

xliii. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. "SSRI antidepressants." October 16, 2014.

xliv. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. "Tricyclic antidepressants." October 30, 2014.

xl. Prime Education, CME Course. "Advances in Psychotic and Mood Disorders." Los Angeles, CA, November 15, 2014

xlvi. 23rd Congress of the European Psychiatric Association. "The Newly Diagnosed Patient With Schizophrenia." Vienna, Austria, March 30, 2015

xlvi. American Academy of Clinical Psychiatrists Annual Meeting. "Defining Moments: Early Schizophrenia and Schizoaffective Disorder." Chicago, IL, April 17, 2015.

xlvi. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. "Benign Ethnic Neutropenia." May 21, 2015.

xlix. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. "Hepatic Disease and Medication Dosing." May 28, 2015.

I. NEI Congress, Topics: "Kinetics of depot antipsychotics."; "Cognition in schizophrenia." Orlando, FL November 8-11, 2015

li. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. "Clozapine REMS Update and Review of Benign Ethnic Neutropenia." January 20, 2016.

lii. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. "Updated Evidence for Rational Use of Long-Acting Injectable Antipsychotics." February 10, 2016.

liii. NEI Synapse Conference, March 5, 2016 Jersey City, NJ. Topic: The treatment of psychosis in patients with Parkinson's Disease-a neuropharmacology update.

liv. Naval Medical Center, San Diego, California - Department of Psychiatry Grand Rounds. "Lessons from RAISE-ETP and Other First Episode Studies". March 18, 2016

lv. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. "Haloperidol Essentials." June 22, 2016.

lvi. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. "Beyond P450 - PGP Transport and CNS Drug Response." August 17, 2016.

lvii. NEI Congress, Topics: "Tardive dyskinesia"; "P-glycoprotein transporters and psychotropics."

lviii. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. "Tardive Dyskinesia." November 16, 2016. November 3-6, 2016, Colorado Springs, CO.

lix. California Dept. of Corrections and Rehabilitation Grand Rounds. "D2 Blockade and Antipsychotic Plasma Levels." November 17, 2016

lx. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. "Antipsychotics and Congenital Malformations." January 11, 2017.

lxi. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. "Managing Lithium's Renal Effects." May 3, 2017.

lxii. American Psychiatric Association Annual Meeting. "Managing the Nonhematological Adverse Effects of Clozapine." San Diego, CA, May 21, 2017.

lxiii. American Psychiatric Association Annual Meeting. "The Pharmacological Management of Persistent Violence in Psychiatric Inpatients." San Diego, CA, May 21, 2017.

lxiv. American Psychiatric Association Annual Meeting. "The Modern Use of Plasma Antipsychotic Levels." San Diego, CA, May 23, 2017.

lxv. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. "Loading Haloperidol Decanoate." May 31, 2017.

lxvi. World Federation of Societies of Biological Psychiatry Annual Meeting. "Update on assessing and managing lithium's renal effects." Copenhagen, Denmark, June 21, 2017.

lxvii. Brazilian Psychiatric Congress. "Use of Plasma Antipsychotic Levels in Patients With Schizophrenia." São

Paulo, Brazil, August 12, 2017

Ixviii. University of Cincinnati Psychopharmacology Update. "At Last: Effective Treatments for Tardive Dyskinesia." Cincinnati, OH, October 28, 2017

Ixviii. NEI Congress Topics: "Applying Antipsychotic Pharmacokinetics to Best Dosing Practices - Depot Medications"; "Psychosis - Challenging Issues in Parkinson's Disease and other Neurodegenerative Disorders". Colorado Springs, CO. November 9-11, 2017.

Ixix. AACP/GME Conference. "Innovations in the Management of Tardive Dyskinesia." Las Vegas, NV, December 11, 2017

Ixx. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. "Managing the Nonhematological Adverse Effects of Clozapine." March 28, 2018.

Ixxi. American Psychiatric Association Annual Meeting. "TD or Not TD: Movement Disorders Every Psychiatrist Should Know." New York City, CA, May 5, 2018.

Ixxii. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. "Clozapine update: REMS and Benign Ethnic Neutropenia." May 16, 2018.

Ixxiii. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. "NMS and Benign CK-emia." June 27, 2018.

Ixxiv. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. "How to Initiate Clozapine and Use Plasma Levels." July 18, 2018.

Ixxv. UCSD Department of Psychiatry Resident Rounds. "Use of Plasma Antipsychotic Levels." San Diego, CA October 18, 2018

Ixxvi. NEI Congress, Topics: "Optimizing Functional Outcomes In Schizophrenia: Managing Negative Symptoms, Cognitive Impairment, and Adverse Effects"; "Keeping Up With Clinical Advances: Schizophrenia." Orlando, FL November 8-11, 2018.

Ixxvii. AACP/GME Conference. "Diagnostic Dilemmas in Psychiatric Patients with Dyskinesia." Las Vegas, NV, December 2, 2018

Ixxviii. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. "Fluphenazine and fluphenazine decanoate." January 16, 2019.

Ixxix. San Diego Psychiatric Society CME conference. "Is It Safe? Using Psychotropics in Patients With Hepatic Issues." San Diego, CA, January 26, 2019.

Ixxx. UCSD School of Medicine- Essentials of Advanced Practice Psychiatric Nursing. "Antipsychotics and Major Congenital Malformations." San Diego, CA, February 9, 2019.

Ixxxi. Nevada Psychiatric Assn. 24th Psychopharmacology Update. Topics "Antipsychotics & Major Congenital Malformations"; "At last-Effective Treatments for Tardive Dyskinesia." Las Vegas, NV, February 14, 2019.

Ixxxii. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. "Dosing Lithium and Managing Lithium's Renal Adverse Effects Patton State Hospital Psychopharmacology Lectures." March 20, 2019.

Ixxxiii. VA Sepulveda Grand Rounds, Sepulveda, CA. "Rapid Acting Antidepressants: Emerging Treatments for Major Depressive Disorder." May 30, 2019.

Ixxxiv. Department of State Hospitals - 2019 Public Forensic Mental Health Forum. "Unique Aspects of Psychopharmacology for the Diversion Population." June 13, 2019, Sacramento, CA. Sponsor: University of California, Davis School of Medicine.

Ixxxv. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. "Evidence Based Use Of Benzodiazepines In Schizophrenia Patients." June 19, 2019.

Ixxxvi. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. "Clozapine Drug Interactions." July 24, 2019.

Ixxxvi. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. "Delays in Starting Clozapine Decrease Chances of Clozapine Response." October 16, 2019.

Ixxxvii. GME Psychiatry. "Managing TD in the Real World: How Far Have We Come?" October 26, 2019. Grapevine, TX.

Ixxxviii. NEI Congress, Topics: "If You Treat Schizophrenia You Must Prescribe Clozapine-Here's Why and How;"; "Is it Safe? Using Psychotropics in Patients With Hepatic Issues;"; "Psychosis and Dementia in Parkinson's Disease and Other α -Synucleinopathies." Colorado Springs, CO November 8-9, 2019.

Ixxxix. GME Psychiatry. "Managing TD in the Real World: How Far Have We Come?" November 16, 2019. Grapevine, TX.

xc. AACP/GME Conference. "Diagnosing TD in Clinical Practice." Las Vegas, NV, December 8, 2019.

xc. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. "How to Initiate Clozapine and Use Plasma Levels." February 5, 2020.

xcii. Patton State Hospital, Patton, CA - Department of Psychiatry Grand Rounds. "Managing Clozapine Related Seizures." February 12, 2020.

(f) Most Significant Contributions to Promoting Diversity (Examples include, but are not limited to, developing strategies for the educational or professional advancement of students in underrepresented groups, contributions that promote equitable access and diversity in education, and in activities such as recruitment, retention, and mentoring.)

(g) Other Activities (List those that do not fit into categories a – f above, including community service).

Community service - Weekly psychopharmacology instruction for UCSD psychiatry residents and staff (4 hours/month). Biweekly psychopharmacology instruction for Balboa Naval Medical Center psychiatry residents, and monthly case consultation with early psychosis group.

Community service – Lectures to community psychiatrists on navigating the ABPN Maintenance of Certification Process (2013, 2015)

(h) Student Instructional Activities

Course load information is reported separately in faculty review files. Please list here all students mentored outside of the structured classroom setting. Please list by category (e.g., undergraduate research students, masters or doctoral candidates, postdoctoral or medical fellows, interns, residents) and indicate your role

UCSD Dept. of Psychiatry - See Voluntary Credit Worksheet

UCSD Skaggs School of Pharmacy and Pharmaceutical Sciences – Core lecturer on the treatment of psychosis and mania (90 minutes): 2012, 2013, 2014, and 2015

UC Irvine Dept. of Psychiatry – Voluntary Asst. Clinical Professor, core faculty on forensic psychiatry fellowship, 06/01/2014 – 06/30/2017.

Section III - Bibliography**BIBLIOGRAPHY****A. Primary Published or Creative Work**

1. Kimura M. Meyer JM. Simpson GM. Anticholinergic prophylaxis revisited. *Psych Annals*. 1996;26(9): 602-3. *Review*
2. Meyer JM. Simpson GM. The treatment of psychosis in Parkinson's Disease. In Nelson JC (ed). **Geriatric Psychopharmacology**. New York: Marcel Dekker, 1997; pp. 327-45. *Book Chapter*
3. Meyer JM. Simpson GM. Psychopharmacology from chlorpromazine to olanzapine: a brief history of antipsychotics. *Psychiatric Services*. 1997; 48(9): 1137-40. *Review*
4. Meyer JM. Marsh J. Simpson GM. A case report of differential sensitivities to risperidone and olanzapine in an HIV patient. *Biological Psychiatry*, 1998; 44(8): 791-3. *Case Report*
5. Meyer JM. Simpson GM. Pharmacotherapy. In Hersen M, Bellack A (eds). **Handbook of Comparative Interventions for Adult Disorders**, Second Edition. New York: John Wiley & Sons; 1999, p. 62-86. *Book Chapter*
6. Meyer JM. Simpson GM. Anticholinergics and amantadine. In Kaplan HI, Sadock BJ (eds). **Comprehensive Textbook of Psychiatry**, Seventh Edition. Baltimore: Williams and Wilkins; 1999, p. 2276-81. *Book Chapter*
7. Meyer JM. Novel antipsychotics and severe hyperlipidemia. *J Clin Psychopharm*, 2001; 21(4): 369-74. *Research Article*
8. Meyer JM. Individual alterations in clozapine levels after smoking cessation: results and a predictive model. *J Clin Psychopharm*, 2001; 21(6): 569-74. *Research Article*
9. Jin H. Meyer JM. Jeste DV. The phenomenology of new-onset diabetes mellitus and diabetic ketoacidosis associated with atypical antipsychotics: an analysis of 45 published cases. *Annals of Clinical Psychiatry*, 2002; 14(1): 59 – 64. *Research Article*
10. Meyer JM. Effects of atypical antipsychotics on weight and serum lipids. *J Clin Psychiatry* 2001; 62(suppl 27): 27-34. *Review*
11. Meyer JM. Prevalence of hepatitis A, hepatitis B and HIV among hepatitis C seropositive state hospital patients. *Journal of Clinical Psychiatry*, 2003;64(5): 540-45. *Research Article*
12. Meyer JM, Nasrallah HA (eds). **Medical Illness and Schizophrenia**. American Psychiatric Press, Inc., Washington DC. 2003, 242 pp. *Edited Book*
13. Meyer JM, Nasrallah HA. Issues Surrounding Medical Care for Individuals with Schizophrenia: The Challenge of Dual Neglect by the Patients and the System, in **Medical Illness and Schizophrenia**, Meyer JM, Nasrallah HA (eds). American Psychiatric Press, Inc., Washington DC, 2003, pp. 1-12. *Book Chapter*
14. Wirshing DA, Meyer JM. *Obesity and Schizophrenia* in **Medical Illness and Schizophrenia**, Meyer JM, Nasrallah HA (eds). American Psychiatric Press, Inc., Washington DC, 2003, pp. 35-52. *Book Chapter*
15. Meyer JM. *Cardiovascular Illness and Hyperlipidemia in Patients with Schizophrenia*, in **Medical Illness and Schizophrenia**, Meyer JM, Nasrallah HA (eds). American Psychiatric Press, Inc., Washington DC, 2003, pp. 53-80. *Book Chapter*
16. Netski A, Welsh C, Meyer JM. *Substance Use Disorders in Schizophrenia*, in **Medical Illness and Schizophrenia**, Meyer JM, Nasrallah HA (eds). American Psychiatric Press, Inc., Washington DC, 2003, pp. 163-184. *Book Chapter*
17. Maser JD, Meyer JM. Defining a Case for Psychiatric Epidemiology: Threshold, Non-Criterion Symptoms, and Category versus Spectrum. In Maj, M., Akiskal H.S., Lopez-Ibor J.J. and Okasha A. (Eds), **Phobias**, Volume 7 of the World Psychiatric Association series *Evidence and Experience in Psychiatry*. Chichester, England: Wiley. *Book Chapter*
18. Meyer JM. Awareness of obesity and weight issues among chronically mentally ill inpatients: a pilot study. *Annals of Clinical Psychiatry*, 2002; 14(1): 39 – 45. *Research Article*
19. Meyer JM. Metabolic Outcomes After One Year: A Retrospective Comparison of Weight, Lipid and Glucose Changes Between Risperidone- and Olanzapine-Treated Inpatients. *J Clin Psychiatry*, 2002; 63:425-33 *Research Article*
20. Loh C, Leckband SG, Meyer JM, Turner E. Risperidone-induced retrograde ejaculation: case report and review of the literature. *Intl Clinical Psychopharmacol* 2004; 19:111-12. *Case Report*
21. Meyer JM, Leckband SG, Loh C, Moutier CY. Quetiapine-induced diabetes with metabolic acidosis: a case report. *Intl Clinical Psychopharmacol* 2004; 19:169-71. *Case Report*
22. Meyer JM, Koro CE. Meyer JM, Koro CE. The effects of antipsychotic therapy on serum lipids: a comprehensive

review. *Schizophrenia Research* 2004; 70(1):1-17. *Review*

23. Atkinson JH, Meyer JM, Slater MA. *Principles of psychopharmacology in pain treatment*. In Dworkin R.H., and Breitbart, W.S. (eds) **Psychological Aspects of Pain: A Handbook for Healthcare Providers. Progress in Pain Research and Management vol. 27**. International Assoc. for the Study of Pain Press, Seattle, Wash., 2004, pp. 231-60. *Book Chapter*

24. Jin H, Meyer JM, Jeste DV. Atypical antipsychotics and glucose dysregulation: a systematic review. *Schizophrenia Research* 2004; 71(2-3):195-212. *Review*

25. Meyer JM. Treating the mind and body in schizophrenia: risks and prevention. *CNS Spectrums* 2004; 9(10 Suppl 11):25-33. *Review*

26. Kimmel RJ, Irwin SA, Meyer JM. Valproic acid-associated hyperammonemic encephalopathy: a case report from the psychiatric setting. *Intl Clinical Psychopharmacol* 2005; 20(1):57-8. *Case Report*

27. Meyer JM, Dollarhide A, Tuan I-L. Lithium toxicity after switch from fosinopril to lisinopril: a case report. *Intl Clinical Psychopharmacol* 2005; 20(2):115-18 *Case Report*

28. Koro CE, Meyer JM. Atypical antipsychotic therapy and hyperlipidemia: a review. *Essential Psychopharmacology* 2005; 6(3): 148-57. *Review*

29. Loh C, Meyer JM, Leckband S. A comprehensive review of behavioral interventions for weight management in schizophrenia. *Annals of Clinical Psychiatry* 2006; 18(1):23-31. *Review*

30. Meyer JM, Lehman D. Bone mineral density in male schizophrenia patients. *Annals of Clinical Psychiatry* 2006; 18(1):43-48. *Review*

31. Meyer JM, Nasrallah HA, McEvoy JP, Goff DC, Davis SM, Chakos M, Patel JK, Stroup TS, Lieberman JA. The CATIE Schizophrenia Trial: clinical comparison of subgroups with and without the metabolic syndrome. *Schizophrenia Research* 2005; 80(1):9-18 *Research Article*

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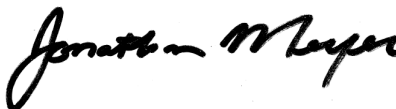
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I have provided the information contained in the Biography/Bibliography packet or have reviewed it for accuracy.



Signature

06/30/2020

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IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA
SACRAMENTO DIVISION

RALPH COLEMAN, et al.,

Plaintiffs,

v.

GAVIN NEWSOM, et al.,

Defendants.

2:90-cv-00520 KJM-DB (PC)

**DECLARATION OF CHARLES SCOTT,
M.D., IN SUPPORT OF DEFENDANTS'
RESPONSE TO NOVEMBER 19, 2020
ORDER**

I, Charles Scott, M.D., declare as follows:

1. I am a Professor of Clinical Psychiatry at the University of California, Davis. I am licensed to practice medicine in California and Alaska and am board-certified by the American Board of Psychiatry and Neurology (ABPN) in four separate areas of psychiatry. I have ABPN qualifications in General Psychiatry, Child and Adolescent Psychiatry, and Added Qualifications in Forensic Psychiatry and Addiction Psychiatry. I have served as the Forensic Psychiatry

1 Fellowship Training Director at the University of California, Davis since October of 1998 and as
2 the Chief, Division of Psychiatry and the Law at the University of California, Davis since 2002.
3 From 1996 to 1998, I served as an Assistant Professor of Psychiatry at the Tulane University
4 Medical Center.

5 2. In addition to the above academic and professional services, I have provided
6 mental health services to inmates detained at the Sacramento County Jail from 1998 through
7 2010. I have also provided psychiatric consultation on issues related to the evaluation and
8 treatment of offenders with mental illness who are detained at Napa State Hospital under
9 designated penal codes for involuntary commitment. Prior to my employment with UC Davis, I
10 was responsible for psychiatric services provided at the only maximum-security psychiatric unit
11 in Louisiana and for direct clinical care to inmates at Hunt Correctional Facility in Louisiana.
12 Between 1991 and 1996, I provided psychiatric services to children, adolescents and adults for
13 the United States Army while stationed in Germany and in Texas.

14 3. I am the Past-President of the American Academy of Psychiatry and the Law
15 (AAPL) and have also served as Vice-President of AAPL and as a national Counselor of AAPL.
16 Since 1996, I have been one of four United States psychiatrists selected to provide national
17 training for the AAPL Annual Forensic Review Course, and was the sole national faculty member
18 selected to provide the national training for issues related to correctional mental health care for
19 this national annual training. I am also the Vice-Chair of the AAPL Research and Education
20 Institute.

21 4. I have also served on the AAPL Ethics Committee, which helps review and
22 establish ethical guidelines for the practice of forensic psychiatry, including the standards for
23 rendering expert witness opinions and the ethical guideline to strive for honesty and objectivity in
24 rendering such opinions.

25 5. I have served as an expert witness on litigation issues involving the standard of
26 care in Alabama, Arizona, California, Florida, Illinois, Iowa, Louisiana, New Mexico, and
27 Pennsylvania. I have publications related to correctional mental health care and have served as
28 Editor of two editions of the American Psychiatric Association's Handbook of Correctional

1 Mental Health Care. I have provided numerous trainings on standards of care in correctional
2 settings, have served on California's Judicial Action Committee and have served as a member of
3 the American Psychiatric Association's Council on Psychiatry and the Law.

4 6. I am co-editor of the Principles and Practice of Forensic Psychiatry, which
5 received the American Psychiatric Association Guttmacher Award for the most influential
6 forensic psychiatry publication for that year. I am editor of the textbook titled DSM-5 and the
7 Law: Changes and Challenges, which reviews revisions to the diagnostic criteria to make a
8 mental disorder diagnosis.

9 7. My curriculum vitae (a true and correct copy of which is attached as Exhibit A)
10 lists my experience in the field of psychiatry, publications, and presentations.

11 8. I submit this declaration in support of Defendants' response to the Court's
12 November 19, 2020 order regarding the transfer of patients to inpatient care. To prepare this
13 declaration, I reviewed the declaration of Pablo Stewart dated November 12, 2020 regarding
14 Defendants' transfers of class members to inpatient care at the California Department of State
15 Hospitals (DSH) during this ongoing international COVID-19 health crisis

16 9. In preparing this report, I reviewed the records of "Patient 3," who is on the CDCR
17 list of patients awaiting transfer to DSH. Patient 3 was cited as one of 11 individual cases that Dr.
18 Stewart reviewed to reach his opinions in his declaration. Dr. Stewart reached three general
19 conclusions in his declaration. First, he concluded that the 11 cases he reviewed were appropriate
20 for transfer to DSH. Second, he concluded that, as a whole, this group of patients had serious
21 issues that required prompt transfer to inpatient level of care. Third, he concluded that as a
22 whole, this group was experiencing significant harm from having their transfer to DSH inpatient
23 hospital programs delayed. Dr. Stewart stated that he conducted an "in depth review" of 11 cases
24 on the wait list and his reviewed confirmed and strengthened his conclusions.

25 10. DSH requested that I review Dr. Stewart's conclusions in at least one of the 11
26 cases that he reviewed to determine if he had fairly and objectively communicated factual data in
27 the records from his "in depth" review. I conducted only a record review and no in person or
28 virtual evaluations were conducted. I selected randomly the first case, Patient 3, he described in

1 his declaration. Due to time constraints created by the Court's November 19 order, I was only
2 able to complete an in-depth clinical review of this case. But my overall analysis of Dr. Stewart's
3 hearing testimony and declaration suggest that he has grossly mischaracterized the clinical status
4 of the patient cases and he has ignored factual information in the record to reach his opinion that
5 this entire group was experiencing significant harm from having their transfer to DSH inpatient
6 hospitals delayed.

7 11. To place Dr. Pablo Stewart's opinions in context, it is important to provide brief
8 information about Patient 3, without providing specific information that might identify him.
9 Based on the records reviewed by Dr. Stewart and using his citation method, Patient 3 is a man in
10 his 20s without a known history of psychiatric treatment prior to this incarceration. He has a
11 substantial history of substance use from his early teenage years, including methamphetamine,
12 cocaine, heroin, marijuana and alcohol use. [PT 3 000017; PT 000198.]

13 12. Because of his early onset and duration of substance use, the exact etiology of
14 some of his reported mental health symptoms may be secondary to substance use, an independent
15 mental disorder, exaggeration of symptoms to avoid inmate/s that he feared, or some combination
16 of all of these factors. His treatment records note that he has the diagnoses of schizoaffective
17 disorder, depressive type, unspecified depressive disorder, and unspecified schizophrenia
18 spectrum and other psychotic disorder. The use of an unspecified disorder qualifier is commonly
19 and appropriately used when there may be more than one etiology for the symptom presentation,
20 or the person does not meet sufficient criteria for a specific diagnosis. The records also note that
21 he had a history of posttraumatic stress disorder.

22 13. In his declaration, Dr. Stewart opines that Patient 3 would require a transfer to
23 Atascadero State Hospital (ASH) because "he was carrying two unspecified diagnoses, which
24 suggests a need for diagnostic clarification." Diagnostic clarifications happen routinely in
25 community outpatient settings, residential treatment facilities, general medical inpatient units,
26 psychiatric inpatient settings, and in general population settings in a correctional population.
27 Transferring someone to a forensic psychiatric hospital is not required to clarify a diagnosis,
28

1 particularly when trained psychiatrists, psychologists, social workers, and rehabilitation therapists
2 are all present at the correctional institution.

3 14. Dr. Stewart further writes, “He was also being treated with two different anti-
4 psychotics, along with Prazosin, which is only prescribed for PTSD. However, Patient 3 did not
5 have a confirmed diagnosis of PTSD at the time (although it appears staff were considering the
6 diagnosis).” Patient 3 was noted to have a history of PTSD recorded in the record. For example,
7 on June 18, 2020, Dr. Dhillon specifically records that he was aware that Patient 3 had a
8 diagnosis of PTSD. [PT 3 000335.] Furthermore, in her note dated July 27, 2020, Dr. Aloï
9 documents specific PTSD symptoms and responses as well as triggers for Patient 3. He was
10 appropriately treated with Prazosin, a medication for PTSD nightmares and he described that this
11 medication helped decrease his nightmares. [PT 3 000502.]

12 15. The records indicate that Patient 3 has an early history in his teenage years of gang
13 involvement, which is relevant to the evaluation and treatment of his reported symptoms while
14 incarcerated. [PT 3 000017.] In particular, Patient 3 told staff that feared being harmed by
15 another prison inmate while incarcerated related to his prior gang affiliation and renouncing of his
16 gang affiliation when placed in a sensitive needs yard (SNY). [PT 3 000081.] Many of the
17 treatment notes describe Patient 3 as being “paranoid.” As Patient 3 was in a gang and then
18 renounced his gang affiliation, there is a strong likelihood that his paranoia was at least partially
19 reality based/

20 16. As a result of his former gang affiliation, Patient 3 feared he could be harmed by
21 another inmate and was distressed by this fear. On April 27, 2020, his social worker writes, “He
22 reported that he would prefer to die from his own hand rather than a gang assault.” [PT 3
23 000019.] On May 2, 2020, Dr. Martinez notes that Patient 3 told her that he turned down joining a
24 gang so “they put a hit on me.” [PT 3 000081.]

25 17. At various times during his incarceration, he was noted to superficially scratch his
26 wrist with his fingernail or a staple, often related to his fears of being attacked.

27 18. On May 13, 2020, the social worker notes that Patient 3 reported that another
28 patient threatened to “stab” Patient 3 and he superficially scratched himself. He was subsequently

1 admitted to the inpatient psychiatric unit. Patient reported that one of his main sources of
2 stress/worry as to due to “prison politics” and “there are rules you have to live by in prison and I
3 broke one of them.” [PT 3 000214.] According to the psychiatry note dated May 13, 2020, when
4 asked why he superficially cut himself, Patient 3 “responded for ‘safety.’” [PT 3 000219.]

5 19. During his current incarceration, Patient 3 has reported various symptoms
6 including auditory hallucinations, visual hallucinations of gnomes coming out of the sockets and
7 the drains, anxiety, depression, nightmares, and fluctuating suicidality. He was recommended for
8 transfer to ASH, accepted for transfer, and placed on a waiting list for transfer considering the
9 COVID-19 epidemic. As documented below, many evaluators assessed that his report of such
10 severe and unusual symptoms were not consistent with his actual observed behavior.

11 20. Patient 3 is repeatedly evaluated by both psychiatry and psychology while
12 awaiting transfer to ASH. At times, he is readmitted to the inpatient psychiatric unit after he
13 superficially scratches his wrist and he sometimes describes “hearing voices” and/or feeling
14 suicidal. In her note dated June 18, 2020, Dr. Aloï, psychologist, reevaluates Patient 3 and writes,
15 “It is worth noting that pt appears to be over endorsing severity of mental health sx as his
16 presentation is incongruent with his reported sx severity...Additionally, pt’s sx endorsement may
17 be motivated by secondary gain as he was transferred to this unit in response to any enemy
18 concern in his prior unit and this may be his driving factor to ensure his safety in a prison
19 environment. [PT 3 000353-54.]

20 21. In her note dated August 5, 2020, Dr. Aloï writes, “Patient also reported being
21 bullied and identified ‘enemies’ which was the reason for his transfer from another ICF unit to his
22 current placement...pt continues to present primarily with anxiety related to safety concerns,
23 particularly in a prison environment...” [PT 3 000512.]

24 22. During his inpatient psychiatric hospitalization, Patient 3 is repeatedly encouraged
25 to go out and participate in groups as part of his treatment. On September 18, 2020, he attends a
26 large group with other inmates but leaves after approximately 15 minutes. He subsequently cuts
27 himself with a staple and tells clinicians that the voices told him to “cut himself” and that he
28 didn’t feel “safe.” [PT 3 000735.]

1 23. After Patient 3 superficially scratched his wrist, he is placed on a 1:1 watch and is
2 repeatedly reevaluated for thoughts of suicide, which are noted to dissipate.

3 24. In his report, Dr. Stewart communicates only one portion from the treatment
4 record to describe Patient 3's presentation. He writes: "Patient 3 also experienced ongoing
5 suicidal ideation and some self-injurious behavior while waiting to be transferred to DSH,
6 including cutting himself on September 18, 2020, which resulted in his placement on 1:1
7 observation. He told staff he cut himself because the voices he hears were getting louder and
8 because he was not feeling safe. These factors highlight some of the potential risks of delaying
9 treatment in an inpatient hospital for someone like Patient 3-self-harm or even suicide."

10 25. Dr. Stewart's report does not disclose, however, that Patient 3's pattern of
11 scratching himself was generally related to his stated attempt to avoid being around other inmates.
12 The omission of this important information gives the impression that this self-injurious behavior
13 is solely related to a psychotic illness. The treating psychologist documented her judgment that
14 Patient 3 did not demonstrate the level of psychotic symptoms consistent with his verbal report of
15 symptoms. In her note dated July 27, 2020, Dr. Aloï writes, "Pt also reported feelings of paranoia
16 due to his enemy concerns... Where pt continues to endorse AH, depression, and anxiety with
17 intermittent PTSD type panic responses, he has not been observed to actively responding to
18 internal stimuli and was able to engage in session without overt thought blocking or distraction
19 which would suggest overwhelming sxs. Pt has also not engaged in any acts of other than
20 superficial SIB which may suggest some impression management present, particularly as pt has
21 identified enemies which was the catalyst for his move to this unit." [PT 3 000502.] In other
22 words, the actual treatment records do not indicate that a delay in treatment resulted in Patient 3's
23 scratching his wrist, but rather that Patient 3 scratched his wrist to avoid being around other
24 inmates as much as possible so that he would not be attacked.

25 26. Dr. Stewart also opines that because Patient 3 did not want to come out of his cell
26 for treatment groups and that this behavior indicates that he was decompensating while awaiting
27 transfer. Dr. Stewart writes, "Starting in early September, Patient 3 started to refuse virtually all
28

1 out of cell activity.” He also notes, “This is a very significant sign of the ongoing decompensation
2 in this patient.”

3 27. There are two aspects of Dr. Stewart’s claim that are false. First, Patient 3 had
4 concerns about going to groups and being around others prior to September. Therefore, his refusal
5 to attend many groups does not mean that this was a “very significant sign of ongoing
6 decompensation.” Second, the records repeatedly document that Patient 3 did not want to leave
7 his cell to attend groups due to fears of being attacked by other inmates related to his prior gang
8 activity and not wishing to be involved in a fight. In her therapeutic intervention note dated
9 September 30, 2020, Dr. Paula Aloï (psychologist) writes that she asked Patient 3 why he was
10 refusing groups. Patient 3 told her that he did not want to go to groups “due to safety concerns
11 and didn’t want to get more time.” She also notes, “pt is clearly impacted by his safety concerns,
12 often restricting his interactions with other to functionally avoid any potential for a negative or
13 assaultive encounter which could jeopardize his parole or safety.” [PT 3 000821.]

14 28. In her follow up evaluation on September 23, 2020, Dr. Aloï notes that Patient 3
15 told her that he cut/scratched his wrist because of anxiety he experienced in groups that triggered
16 derogatory auditory hallucinations, suicidal ideation with a resulting act of SIB. However, she
17 also notes that despite his report of hearing voices, he “did not appear to be responding to internal
18 stimuli” and he reported that he was no longer experiencing suicidal ideation. [PT 3 000794.]

19 29. Dr. Stewart also claims that the current correctional facility was not treating
20 Patient 3’s depression. He writes, “My review of his treatment records also showed the CHCF is
21 not doing *anything* [italics added for emphasis] for Patient 3’s diagnosed Depressive Disorder.
22 His treatment plan is focused on addressing his psychotic symptoms and does not include
23 elements to address his depression.” Dr. Stewart’s statement is untrue and factually incorrect.
24 Several notes indicate that clinicians provided specific interventions to address Patient 3’s
25 depression. Examples of treatment targeting his depressive symptoms include the following:

- 26 a. On July 15, 2020, Dr. Dhillon, his treating psychiatrist, writes that Patient 3 reported
27 “feeling down.” Dr. Dhillon adjusts the treatment plan to target his depressive
28 symptoms that have not responded to the previously prescribed antidepressant
medications. He notes, “Plan is to go down on Lexapro and start Effexor to address

depressive symptoms.” [PT 3 000449.] This note substantiates that more than one medication trial specific for Patient 3’s reported depression was initiated as an element to address his depression and that his depressive symptoms were monitored.

- b. On July 23, 2020, Dr. Dhillon documents that Patient 3 is on the antidepressant venlafaxine for “low mood” and he notes that he is “improving.” Dr. Dhillon is appropriate addressing his depression with his follow up evaluation after recommending a change in the antidepressant. [PT 3 000497.]
 - c. On August 5, 2020, Dr. Dhillon increases Patient 3’s dose of antidepressant to further address his reported depressive symptoms. [PT 3 000509.]
 - d. In the evaluation and treatment note dated September 23, 2020, Dr. Vikramjeet Dhillon (treating psychiatrist) writes, “Patient was placed on one-to-one observation last Friday as he superficially cut himself on the left wrist and verbalized thoughts toward himself. Pt. denies feeling hopeless and reports being a “6” on 0-10 happiness scale where 10 is the happiest. Mood is reported as better and reports that medications have been helping.” [PT 3 000789-000790.]
- On this date, Dr. Dhillon increased Patient 3’s antidepressant Venlafaxine to 225 mg daily to “address depressive symptoms.” This note specifically indicates that a clinical intervention specific to treating depression was identified, was implemented, and was helpful.
- e. In his psychiatric note dated September 27, 2020, Dr. Dhillon notes that Patient 3 requested to speak with him. He writes, “He reports that he is feeling better after increasing the dose of Haldol and venlafaxine. He is currently denying any suicidal or homicidal ideation.” [PT 3 000803]. This note indicates that the treating psychiatrist continued to follow up Patient 3’s clinical response to the antidepressant after he had increased the dose. Patient 3 told him that he was not suicidal and that he was feeling better, again indicating that an effective treatment for depressive symptoms was implemented.
 - f. In her nursing progress note dated October 8, 2020, Darlene Dulatre records that Patient 3 denies suicidal and homicidal ideations and adds, “No depression reported.” [PT 3 000863.] The nurse’s note further substantiates that Patient 3’s depression had improved to the degree that he was reporting that he was no longer depressed. On this same date, Patient 3 tells the nurse that his auditory hallucinations were only “noise in the background.”
 - g. In his note dated October 14, 2020, Dr. Vikramjeet Dhillon (treating psychiatrist) writes, “Continue Venlafaxine to 225 mg daily to address depressive symptoms.” [PT 3 000893.] The treatment note documents that Dr. Dhillon was specifically addressing depressive symptoms and medication treatment for depression.

30. Dr. Stewart suggests that while waiting for transfer, Patient 3 was not stabilizing. He writes, "During his entire period waiting for transfer, Patient 3 was in need of stabilization and diagnostic clarification. He had severe, active symptoms and was not responding to his treatment." Dr. Stewart also asserts, "In my opinion, the care being provided to Patient 3 while he was waiting for treatment in DSH was not adequate, as evidenced by his declining participation in treatment, active psychotic symptoms, and self-injurious behavior while he waited for transfer."

31. In contrast to Dr. Stewart's assertion that Patient 3 was not responding to treatment during the entire period he was waiting for transfer, the actual records indicate that was responding and improving, even after he superficially cut his wrist with a staple on September 16, 2020. As noted previously, his depression significantly improved as his medications were adjusted. In addition, his other psychiatric symptoms also improved while waiting for transfer. Evidence to support this statement includes the following:

- a. In the evaluation and treatment note dated September 29, 2020, Dr. Vikramjeet Dhillon (treating psychiatrist) writes,

Pt. said, "I am feeling a little bit better." He reports being a #4 on 0-10 happiness scale where 10 is happiest. Pt reports that depression and anxiety are better compared to last week. He spoke with his family recently. Reports that he is less concerned about going to ASH after he spoke with the family. He denies any suicidal/homicidal ideations with no intent/plan. Paranoid people will hurt him. He mentioned that the voices are better with increasing the dose of the medications. Pt is exercising in his cell. Coming out to showers and eating three meals. Attended group yesterday, feeling little more comfortable but continues to feel anxious attending groups. Mostly comes out for solo programming. He is compliant with medications and denies any side effects." [PT 3 000811.]

Dr. Dhillon notes that the Haldol (an antipsychotic medication) had been increased to 20 mg at bedtime for psychosis, and that he was prescribed Lithium for mood stabilization and Venlafaxine for depression. The treatment interventions were noting to stabilize Patient 3 and to lessens his symptoms.

- b. In the psychiatric technician note dated September 29, 2020, Randall Aldea summarizes Patient 3's presentation from September 23, 2020 through September 29, 2020. He notes that although he is withdrawn/isolative, he is pleasant and cooperative. He notes that Patient 3 is coherent and logical without observed pacing, paranoia, hallucinations, or delusions. He also notes that his mood is normal and that he does not appear sad or angry. He records that he has been medication compliant and has not refused any meals. [PT 3 000814-000815.]

- 1 c. In his evaluation and treatment note dated October 06, 2020, Dr. Vikramjeet Dhillon
2 (treating psychiatrist) writes,

3 Patient mentioned his mood as, “little better.” He reports being #6 on 0-10 happiness
4 scale but denies happiest. Patient mentioned that the voices are better after increasing
5 the dose of Haldol. Patient has been attending groups but feels nervous attending
6 them. He is denying any current suicidal or homicidal ideation with no intent or plan.
7 He is in regular touch with his family who are supportive of him. He reports that he
8 keeps himself busy by, “reading books, exercise, watching TV and doing word
9 searches. He reports feeling paranoid. He is complaint with medications and denies
10 any side effects...”

11 In his mental status examination dated October 06, 2020, Dr. Vikramjeet Dhillon
12 writes that Patient 3 is cooperative and that his mood is a “little better.” His affect
13 [e.g. observed emotions] is described as “broad,” which substantiates that he has a
14 normal range of emotions. His thinking is noted as “linear” with “racing thoughts”
15 and “paranoia.” He reports that his auditory hallucinations are “getting better.” His
16 memory, attention, and concentration are all noted to be within normal limits and his
17 judgment is noted to be “improving.” [PT 3 000838.]

18 In marked contrast to Dr. Stewart’s false assertion that Patient 3 was not improving,
19 the actual record notes that he was improving in multiple areas. Moreover, the record
20 does not indicate that he was worsening or that he was being harmed.

- 21 d. In the psychiatric technician note dated 10/06/2020, Ashley Taylor summarizes Patient
22 3’s presentation from 09/29/2020 through 10/06/2020. She notes that although he is
23 withdrawn/isolative, he is pleasant and cooperative, that his thought process is
24 coherent and logical without observed pacing, paranoia, hallucinations, or delusions.
25 She also notes that his mood is normal and that he does not appear sad or angry. She
26 records that he has been medication compliant and has not refused any meals. [Patient
27 000842-000843.]

- 28 e. In her nursing monthly progress note for assessment and evaluation dated October 9,
2020, Darlene Dulatre summarizes Patient 3’s monthly progress from September 9,
2020 through October 9, 2020. She notes that Patient 3 is “coherent/logical” and she
does not check the observational box that would indicate he appears paranoid. She
describes that he is “neat and clean”, that his mood is “euthymic,” and that he has
averaged sleeping six to eight hours per night. She also notes that his weight is stable
and has not had an increase or decrease of 5% since the IPOC was created. [PT 3
000862.]

- f. In the psychiatric technician note dated October 13, 2020, Randall Aldea summarizes
Patient 3’s presentation from 10/07/2020 to 10/13/2020. He notes that during this
week, no hallucinations or delusions were identified as being experienced by Patient 3.
Patient 3 is recorded as having coherent and logical thought processes and was
described as pleasant and cooperative during this time period, even though he noted to
be withdrawn and isolative. [PT 3 000878-000879.]

g. In his evaluation and treatment note dated October 14, 2020, Dr. Vikramjeet Dhillon writes, "Pt reports his mood to be "OK." He reports being #6 on 1-10 happiness scale. He continues to report feeling a little paranoid around other people. He feels comfortable attending groups. He reports hearing voices but reports that they are better and under control after adjusting medications. He has been in touch with his family. He denies any suicidal/homicidal ideations with no intent/plan. He reports feeling a little anxious about leaving but is able to handle himself. He has been compliant with medications and denies any side effects." [Patient 03 000893.]

Although Dr. Dhillon documents that Patient 3 has "+ paranoia" and "linear, racing thoughts," his mental status examination October 14, 2020 also documents significant improvement. Dr. Vikramjeet Dhillon writes, "Behavior: cooperative; Speech: normal; Mood: 'doing OK'; Affect: Broad; (+) AH, reports getting better...Judgment: Improving." [PT 3 000893.]

32. The above notes clearly contradict Dr. Stewart's allegations that Patient 3 continued to have severe active symptoms and that he was not responding to treatment. In fact, Patient 3 began participating in groups while waiting for transfer, despite his fear that he might be attacked by another inmate. In the note dated October 7, 2020, Dr. Paula Aloia writes that Patient 3 "attended his first group and his participation was appropriate, active, and engaged. He participated and voluntarily contributed to the discussion with insightful comments. No behavioral concerns were noted." [PT 3 000851.]

33. In summary, Dr. Stewart's description of Patient 3 is at best grossly misleading and factually inconsistent with the record that he stated in his declaration he had reviewed. His claim that Patient 3 experienced significant harm as a result of waiting for his transfer to DSH is not supported by the contemporaneous records. As noted above, as of October 2020, Patient 3 described that his depression was improving, that he was no longer suicidal, that his auditory hallucinations were "getting better," and that his concern about attending groups had diminished so significantly that he was described by his treating psychologist as being active and engaged.

34. My review of Patient 3 demonstrates that Dr. Stewart's assertion that patients awaiting transfer to DSH are suffering harm is derived from not only an insufficient and incomplete analysis but also a misleading presentation of the evidence in this case of Patient 3. The harms that Dr. Stewart claims in regard to Patient 3 while awaiting transfer to DSH and

1 receiving treatment at CDCR are not supported by the evidence. Therefore, the court should not
2 assume any harm is occurring based on his analyses and case reviews.

3 I declare under penalty of perjury under the laws of the United States of America that the
4 foregoing is true and correct.

5 Executed in San Francisco, California on December 7, 2020.

6 /s/ Charles Scott

7 Charles Scott, M.D.

8 (original signature retained by attorney)

Exhibit A

Charles L. Scott, MD
Chief, Division of Psychiatry and the Law
Professor of Clinical Psychiatry
Department of Psychiatry & Behavioral Sciences
University of California, Davis Medical Center - Sacramento

MEDICAL LICENSE

California (G65591)
Alaska (7891)

BOARD CERTIFICATION

April 1998	Added Qualifications in Addiction Psychiatry American Board of Psychiatry and Neurology (Recertification April 2018; certification #1522)
April 1996	Added Qualifications in Forensic Psychiatry American Board of Psychiatry and Neurology (Recertification April 2016; certification #462)
September 1993	Child and Adolescent Psychiatry American Board of Psychiatry and Neurology
June 1992	General Psychiatry American Board of Psychiatry and Neurology

MEDICAL AND PSYCHIATRIC TRAINING

July 1995-June 1996	Forensic Psychiatry Fellowship University Hospitals, Cleveland, Ohio Case Western Reserve University School of Law
July 1989-June 1991	Child and Adolescent Psychiatry Fellowship University of California, San Francisco
July 1987-June 1989	Adult Psychiatry Residency Walter Reed Army Medical Center Washington, DC
July 1986-June 1987	Transitional Internship Walter Reed Army Medical Center Washington, DC

WORK EXPERIENCE

January 2002-present

Chief, Division of Psychiatry and the Law

Professor of Clinical Psychiatry

University of California, Davis

Responsible for provision of forensic psychiatry consultation and teaching to Napa State Hospital, oversight of Clinical Demonstration/Research Unit at Napa State Hospital, provision of mental health services to Sacramento County Jail, and Director of Psychiatry and the Law Forensic Evaluation Clinic.

September 1998-present

Responsible for provision of forensic psychiatry consultation and teaching to Napa State Hospital, and Director of Psychiatry and the Law Forensic Evaluation Clinic.

September 1998-present

Director, Forensic Psychiatry Fellowship

University of California, Davis

Director of Forensic Psychiatry Fellowship Training Program overseeing forensic didactic training and education in landmark mental health law cases. Successfully achieved first time ACGME accreditation for the forensic psychiatry residency program in 1998 with subsequent five-year renewed accreditation awarded in 2002, and five-year renewed accreditation with commendation awarded in 2009 and 2013.

September 1998-present

Director of Forensic Psychiatry Case Seminar

UC Davis Forensic Psychiatry Residency

Responsible for the instruction of psychiatrists in criminal and civil psychiatric evaluations. These assessments include insanity and competency to stand trial evaluations, psychiatric damages evaluations, medical malpractice, independent medical examinations, sexual harassment examinations, and dangerousness assessments.

September 1998-June 2003

Director of Basic Law for the Psychiatrist Seminar

UC Davis Forensic Psychiatry Residency

September 1998-July 2003

Co-Instructor of Mental Health Law Class
UC Davis School of Law

September 1998-July 2003

Co-Instructor of Clinical Case Mental Health Law Class
UC Davis School of Law

September 1998-2009

Psychiatric Consultant to Sacramento County Jail

September 1998-present

Director, Forensic Psychiatric Consultation Service, Napa State Hospital

September 1998-present

Psychiatric Consultant to Napa State Hospital

July 1996-August 1998

Assistant Professor of Psychiatry
Assistant Clinical Professor of Pediatrics
Tulane University Medical Center
Department of Psychiatry and Neurology

Served as faculty instructor for third year medical school psychiatric lectures, child and adolescent psychiatry residents and forensic psychiatry residents.

Co-director of Tulane University Forensic Psychiatry Fellowship

Successfully achieved first-time accreditation of fellowship by ACGME.

Director of Competency Restoration Unit
Feliciano Forensic Facility

Responsible for provision of psychiatric services and competency to stand trial evaluations for the only maximum-security psychiatric unit in Louisiana.

Director of Forensic Psychiatry Case Seminar
Tulane Forensic Psychiatry Residency

Responsible for the instruction of psychiatrists in criminal and civil psychiatric evaluations. These

assessments include insanity and competency to stand trial evaluations, psychiatric damages evaluations, medical malpractice, independent medical examinations, sexual harassment examinations, and dangerousness assessments.

Director of Child Psychiatry and the Law Section

Responsible for the instruction of psychiatry fellows in conducting custody evaluations. Instructor for the forensic psychiatry fellows in the assessment of juvenile transfers to adult court and juvenile competency to stand trial evaluations.

Psychiatric Consultant to Elayne Hunt Correctional Facility

From 1996-1997 served as psychiatric consultant to maximum-security correctional psychiatric unit.

July 1994-June 1995

**Chief, Psychiatry Outpatient Service
Chief, Child and Adolescent Psychiatry Services
William Beaumont Army Medical Center
El Paso, Texas**

Oversaw implementation of civilian CHAMPUS recapture program for children and adolescents in an area encompassing six states.

Developed and implemented the mental health emergency triage system for all six services under the Department of Mental Health.

Directed Quality Improvement Program for Department of Mental Health.

Supervised psychiatry residents from Texas Tech School of Medicine.

Served as JCAHO advisor to the Department of Mental Health and the Alcohol and Drug Abuse Counseling Service.

June 1993-June 1994

Chief, Department of Psychiatry

67th Combat Support Hospital
Wuerzburg, Germany

Responsible for organizing and delivering care for a catchment area population of over 100,000 soldiers and family members.

Served as the European Drug and Alcohol Consultant to Adolescent Substance Abuse Counseling Services.

Developed an intensive training program for counseling interns with the University of Maryland and with paraprofessional staff.

Clinical Consultant to the Family Advocacy Case Management Team-panel to review referred cases of suspected child abuse.

Organized psychiatry review course for oral boards for military psychiatrists in Europe.

Doubled staffing and provided highest number of patient contacts of all military hospitals in Europe despite an aggressive downsizing of military forces.

Presented lectures to Wuerzburg School of Medicine and to European Medical Conference.

July 1992-June 1993

Chief, Child and Adolescent Psychiatry Services
67th Evacuation Hospital
Wuerzburg, Germany

Developed an outpatient Child and Adolescent Psychiatry Service within 30 days of assuming job position.

Clinical consultant to adolescent drug and alcohol counselors, Department of Defense schools, developmental pediatricians and psychologists.

Clinical Consultant to the Family Advocacy Case Management Team-panel to evaluate referred cases of suspected child abuse.

July 1991-June 1992

Chief, Outpatient Psychiatry Service
5th General Hospital
Stuttgart, Germany

Awarded for the successful development of a transition care plan for all patients requiring continued psychiatric care after hospital closure.

POST GRADUATE EDUCATION

July 1982-May 1986

Emory University School of Medicine, Medical Degree
Cum Laude graduate, Atlanta, Georgia

UNDERGRADUATE EDUCATION

September 1981-June 1982

University of St. Andrews, St. Andrews, Scotland
Certificate of Merit Winner for Academic Achievement in Baroque Music History and Biochemistry

September 1978-June 1981

Emory University, Atlanta, Georgia, BA. Music

AWARDS AND HONORS

Alpha Omega Alpha Honor Society

Glaxo Welcome/Association for Academic Psychiatry Junior Faculty Development Award
1998-One of six junior psychiatric faculty nationwide recognized for dedication to teaching.

Phi Beta Kappa Honor Society

John Gordon Stipe Scholar-One of 12 undergraduates selected for four-year scholarship based on creative scholarship and academic achievement.

Robert T. Jones Scholar, 1982-Only undergraduate selected from over 4 thousand students for a full scholarship to University of St. Andrews, Scotland.

Outstanding Military Child Psychiatry Fellow, 1992-Awarded clinical practicum with Maudsley Hospital, London, England

United States Army Commendation Award for development of patient transition care plan, May, 1992.

United States Army Meritorious Service Medal for organizing the delivery of psychiatric service to an area encompassing over 60% of Germany, June, 1994.

United States Army Meritorious Service Medal for serving as the officer in charge of JCAHO preparation for the William Beaumont Army Medical Center Department of Mental Health and Alcohol and Drug Abuse Counseling Service.

Irma Bland, MD Certificate of Excellence in Teaching Residents Award in recognition of outstanding and sustained contributions to resident education awarded at the American Psychiatric Association Meeting, May 22, 2005

American Academy of Psychiatry and the Law Award for Best Teacher in a Forensic Psychiatry Fellowship program, October 2008

William T. Rossiter Award awarded by the California Forensic Mental Health Association of California for “an exceptional global contribution to the Field of Forensic Mental Health,” 2014

Dean’s Excellence in Mentoring Award, University of California, Davis School of Medicine, Sacramento, 2015

Distinguished Charles L. Scott Lecturer Award created in 2017 by Saint Louis University School of Medicine. This award was developed in honor of Dr. Scott’s contributions to the field of forensic psychiatry as an annual distinguished lecture series for a forensic psychiatrist.

Manfred S. Guttmacher Award, 2018. This award from the American Psychiatric Associations recognizes the most single outstanding contribution to the literature of forensic psychiatry during a 12 month period. Received award for the book titled “Principles and Practice of Forensic Psychiatry,” a 101 chapter book providing in-depth review and updates in the field for forensic psychiatry

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COLUMNS

2003-2012 Writer of “Muse and Views” Column, published biannually in the American Academy of Psychiatry and the Law Newsletter

JOURNAL PEER REVIEWER

The Journal of the American Academy of Psychiatry and the Law

The American Journal of Psychiatry

The Journal of Forensic Psychiatry

Behavioral Sciences and the Law
Psychiatric Services

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Correctional Mental Health Law Reporter

Criminal Behavior and Mental Health

The Journal of the American Academy of Psychiatry and the Law (2007 – 2013)

GRANTS/APPROVED RESEARCH PROTOCOLS

1. An Archival Review of Substance Use in Not Guilty by Reason of Insanity Acquittes-Principal Investigator: UC Davis Human Subjects Review Committee Protocol # 200311155-2. Recipient of FARDF Grant (Faculty Alumni Research Development Fund) for \$36,000.

The purpose of this research is to examine the relationship between substance use and violent crime in 500 Not Guilty by Reason of Insanity Acquittes. This retrospective research project reviews the police records, witness statements, mental health court reports, and psychiatric records and examines the relationship of substance use to

violence, mental health symptoms, location of crime, victim type, weapon choice, prior psychiatric history, prior substance use treatment, and prior history of violence. Over 930 separate court reports have been analyzed as part of this research project.

2. Retrospective Record Review Studies of In-Hospital Aggression and Violence in Forensic and Non-Forensic Patients. Principal Investigator: UC Davis Human Subjects Review Committee Protocol #200311487-2

The purpose of this research is to conduct systematic and quantitative research to examine correlates of aggression and violence in forensic and civilly committed patients at a 1000 bed state hospital. This research examines both static and dynamic factors associated with aggression at Napa State Hospital through the examination of hospital wide databases and medical records. In addition, all instances of aggression and violence noted in the subject's chart are coded according to the Modified Overt Aggression Scale (MOAS). Chart reviews also include an analysis of in hospital aggression as correlated through scores on the PCL-SV (Hare Psychopathy Check List-Short Version). A detailed analysis of individuals in walking restraints is conducted comparing subjects who commit assaultive acts secondary to impulsive, predatory, or medical causes.

3. Assessment of Mental illness, Violence Risk and Readiness for Release in a Forensic Facility. Co-Investigator: UC Davis Human Subjects Review Committee Protocol # 200210712-2

This research conducts a prospective analysis of Mentally Disordered Offenders (MDO's) and Not Guilty by Reason of Insanity Acquittes (NGRI's) committed to Napa State Hospital prior to their conditional release into the community. The evaluations include standardized violence risk assessment measures (PCL-R, V-RAG, HCR-20), Barratts Impulsiveness Scale, Novaco Anger Scale, Modified Overt Aggression Scale (MOAS), DSM Checklist, SAPS, SANS, Community Outpatient Treatment Readiness Profile (COT), and the Social Adaptive Functioning Evaluation (SAFE). One goal of this research is to allow a prospective evaluation of the utility of these assessment instruments by examining their relationship to the subject's failure or success when placed in conditional release programs outside of the hospital.

4. Success in CONREP as a Tool for Program Evaluation: The Development of an Exemplary Program. Co-Investigator: UC Davis Human Subjects Review Committee Protocol #: 200311633-2

The goal of this research is to characterize the differences between Mentally Disordered Offenders (MDO's) and Not Guilty by Reason of Insanity Acquittes (NGRI's) who have successfully been discharged from the hospital into the community Conditional Release Program (CONREP) versus those who have not maintained success in their outpatient conditional release placement. This study examines the comprehensive California Department of Mental Health database of all patients

released into CONREP since its inception in 1986. A total of 3,111 patients have received services through CONREP, of which 437 were discharged from NSH. In addition, this study examines the complete rap sheet of all patients admitted to the CONREP program through information released by the Department of Justice to the California Department of Mental Health every six weeks.

5. Capacity of Forensic Patients to Consent to Clinical Research: Co-Investigator: Protocol #200311521-1

The purpose of this research is threefold: 1) To carefully evaluate the capacity issues in patients with dual vulnerability: psychiatric diagnosis and involuntary commitment via the criminal statutes, using a structured interview (the MacArthur Competence Assessment Tool for Treatment to evaluate an individual's capacity to consent to research [MacCAT-R]); 2) to carefully define the areas of deficiencies that individuals with these dual vulnerabilities may possess; and 3) to provide recommendations regarding how to translate scores on the MacCAT-CR into judgments about competence in this population.

6. Violence in Forensic and Non-Forensic Patients. Co-Investigator: UC Davis Human Subjects Review Committee Protocol #: 994663

The purpose of this research is to conduct a prospective analysis of static and dynamic risk factors associate with in-hospital aggression in both forensic and civilly committed psychiatric patients. The evaluations include standardized violence risk assessment measures (PCL-R, HCR-20), Barratts Impulsiveness Scale, Novaco Anger Scale, Modified Overt Aggression Scale (MOAS), SCID, SID-P, SAPS, SANS, and standardized neuropsychological testing.

NATIONAL BOARD REVIEW COURSE INSTRUCTOR

One of four national faculty instructors for the Annual American Academy of Psychiatry and the Law Board Review Course, October 1996 to present. Instructor for the topics of "Correctional Psychiatry-Clinical Issues," "Correctional Psychiatry-Legal Issues," "Psychiatry and the Death Penalty," "Juvenile's Rights and Juvenile Court," "Sexual Offenders and the Law," "Child Custody," "Child Abuse" and "Child Witness Testimony," "Right to Treatment," "Psychic Harm and Disability," and "Psychiatric Disability."

NATIONAL CONSULTATION

October 1998 **Forensic Psychiatric Consultant to Hillsborough School District, Florida**

Responsible for providing training for the assessment and treatment of violent youth in school.

September 2003 **Forensic Psychiatric Consultant for the Clinicians of the National Football League (NFL) Policy and Program for Substances of Abuses**

Responsible for developing a comprehensive violence risk assessment training program and syllabus for substance abuse counselors for the National Football League.

November 2007 **Forensic Psychiatric Consultant for the Clinicians of the National Football League (NFL) Policy and Program for Substances of Abuses**

Responsible for developing trainings in juvenile violence risk assessment and recognizing psychopathy in future aggression for substance abuse counselors for the National Football League.

February/March 2017 **Psychiatric Interviewer and Consultant to the National Aeronautics and Space Administration (NASA)**

Responsible for interviewing final applicants for position as astronaut with NASA and making recommendations regarding fitness for NASA space travel.

PROFESSIONAL ORGANIZATIONS

American Academy of Addiction Psychiatry

American Academy of Child and Adolescent Psychiatry

American Academy of Psychiatry and the Law

American Psychiatric Association

NATIONAL TASK FORCE APPOINTMENTS

October 1999-present American Academy of Psychiatry and the Law, Member of National Task Force developing practice guidelines for the evaluation of criminal responsibility

May 2001-present Chair, National Task Force to examine ACGME guidelines for Forensic Psychiatry Training

May 2001-present Chair, National Task Force to develop core competencies and training guidelines for Forensic Psychiatry in ACGME accredited training programs.

October 2002-present American Academy of Psychiatry and the Law, Member of National Task Force developing practice guidelines for the evaluation of Competency to Stand Trial

October 2013-2014 American Academy of Psychiatry and the Law, Chairman of Financial Task Force, Chair

March 2014-2015 Member, American Psychiatric Association National Task Force for drafting *Psychiatric Services in Correctional Facilities* Resource Document

March 2014-present Accreditation Council for Graduate Medical Education and the American Board of Psychiatry and Neurology, Member of the Forensic Psychiatry Working Group developing a subspecialty-specific system of competency based learning and assessment for forensic psychiatry training programs.

October 2014-present American Academy of Psychiatry and the Law, Member of National Task Force on Technology for Education Purposes

October 2014-present American Academy of Psychiatry and the Law, Member of National Maintenance of Certification Task Force

NATIONAL OFFICES

President of the American Academy of Psychiatry and the Law-Association of Directors of Forensic Psychiatry Fellowships (1996-2010)

American Academy of Psychiatry and the Law-Counselor (2002-2005)

Vice President of American Academy of Psychiatry and the Law (2010)

President Elect of American Academy of Psychiatry and the Law (2011)

President of American Academy of Psychiatry and the Law (2012)

NATIONAL PROFESSIONAL COMMITTEES

American Academy of Psychiatry and the Law-Peer Review Committee (1997-2005)

American Academy of Psychiatry and the Law-Rappeport Fellow Selection Committee (1996-2002)

American Academy of Psychiatry and the Law-Ethics Committee (1999-2004)

American Academy of Psychiatry and the Law-Sex Offender Committee (2004-2006, 2011, 2017)

American Academy of Psychiatry and the Law-Association of Directors of Forensic Psychiatry Fellowships (2006-present)

American Academy of Psychiatry and the Law-Executive Council (2011-2013)

American Academy of Psychiatry and the Law-Program Committee (2011-present)

American Academy of Psychiatry and the Law-Maintenance of Certification Committee (2014-Present)

American Academy of Psychiatry and the Law-Institute of Research and Education (2013-present)

American Academy of Psychiatry and the Law-Education Committee (2013-present)

American Academy of Psychiatry and the Law-Awards Committee (2014-present)

American Academy of Psychiatry and the Law-Public Relations Committee (2017-present)

American Academy of Psychiatry and the Law-Government Affairs Committee (2017-present)

CALIFORNIA STATEWIDE COMMITTEES

2002-2010 Member, California Statewide Judicial Action Committee

NATIONAL PRESENTATIONS

1. "Treatment of Tourette's Disorder," National Military Psychiatry Conference, San Antonio, Texas, March 1994
2. "The Prediction of Violence," National Conference of Hospital Administrators, New Orleans, Louisiana, October 1996
3. "An Overview of Psychiatry and the Law," National Conference of Hospital Administrators, New Orleans, Louisiana, October 1996
4. "The Many Faces of Competency," National Conference of Hospital Administrators, New Orleans, Louisiana, October 1996
5. "An Overview of Psychiatric Malpractice," National Conference of Hospital Administrators, New Orleans, Louisiana, October 1996

6. "An Overview of Correctional Psychiatry," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Puerto Rico, October 1996
7. "Prediction of Juvenile Dangerousness," American Academy of Psychiatry and the Law Annual Meeting, Denver, Colorado, October 1997
8. "Juvenile Transfers to Adult Court-Waiving Good-bye to Rehab," American Academy of Psychiatry and the Law, Denver, Colorado, October 1997
9. "Forensic Assessment of Emotional Abuse," American Academy of Psychiatry and the Law, Denver, Colorado, October 1997
10. "An Overview of Correctional Psychiatry," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Denver, Colorado, October 1997
11. "The Psychiatric Assessment of Juvenile Dangerousness," American Psychiatric Association, Toronto, Canada, May 1998
12. "School Violence-the Assessment of Kids who Threaten," Hillsborough County School System, Tampa, Florida, October 1998
13. "An Overview of Correctional Psychiatry," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, New Orleans, Louisiana, October 1998
14. "Psychiatry and the Death Penalty," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, New Orleans, Louisiana, October 1998
15. "An Overview of Juvenile Court," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, New Orleans, Louisiana, October 1998
16. "The Psychiatrist Role in Death Penalty Evaluations," American Academy of Psychiatry and the Law, New Orleans, Louisiana, October 1998
17. "Competency Evaluations of the Mentally Retarded," American Academy of Psychiatry and the Law, New Orleans, Louisiana, October 1998
18. "An Overview of Conduct Disorder," Hillsborough County School System, Tampa Florida, February 1999
19. "Assessment of School Violence," American Academy of Psychiatry and the Law Annual Meeting, Baltimore, Maryland, October 1999
20. "An Overview of Correctional Psychiatry," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Baltimore, Maryland, October 1999

21. "Psychiatry and the Death Penalty," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Baltimore, Maryland, October 1999
22. "An Overview of Juvenile Court," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, New Baltimore, Maryland, October 1999
23. "Sexual Offenders and the Law," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, New Baltimore, Maryland, October 1999
24. "Ethical Dilemmas, Ask the Experts," American Academy of Psychiatry and the Law Annual Meeting, Baltimore, Maryland, October 1999
25. "Juvenile Violence," American Psychiatric Association National Meeting, Chicago, Illinois, May 2000
26. "Ethical Dilemmas-Ask the Experts," American Academy of Psychiatry and the Law Annual Meeting, Vancouver, Canada, October 2000
27. "Presentation of the American Academy of Psychiatry and the Law Task Force on Criminal Responsibility," American Academy of Psychiatry and the Law Annual Meeting, Vancouver, Canada, October 2000
28. "Sexual Harassment in the Schoolyard-Hurting or Flirting," American Academy of Psychiatry and the Law Annual Meeting, Vancouver, Canada, October 2000
29. "An Overview of Correctional Psychiatry," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Vancouver, Canada, October 2000
30. "Psychiatry and the Death Penalty," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Vancouver, Canada, October 2000
31. "An Overview of Juvenile Court," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Vancouver, Canada, October 2000
32. "Sexual Offenders and the Law," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Vancouver, Canada, October 2000
33. "Child Custody," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Vancouver, Canada, October 2000
34. "Ethical Dilemmas-Ask the Experts," American Academy of Psychiatry and the Law Annual Meeting, Boston, Massachusetts, October 2001

35. "Difficult Cases-Forensic Case Consultation," American Academy of Psychiatry and the Law Annual Meeting, Boston, Massachusetts, October 2001
36. "An Overview of Correctional Psychiatry," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Boston, Massachusetts, October 2001
37. "Psychiatry and the Death Penalty," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Boston, Massachusetts, October 2001
38. "An Overview of Juvenile Court," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Boston, Massachusetts, October 2001
39. "Sexual Offenders and the Law," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Boston, Massachusetts, October 2001
40. "Child Custody," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Boston, Massachusetts, October 2001
41. "Child Abuse/Child Witness Testimony," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Boston, Massachusetts, October 2001
42. "Landmark Case Update," Gerbasi J, **Scott C**. American Academy of Psychiatry and the Law Annual Meeting, Newport Beach, California, October 2002
43. "Assessing and Managing Dangerous Behaviors in a Forensic State Hospital," Sokolov G; Quanbeck C; McDermott; **Scott C**, American Academy of Psychiatry and the Law Annual Meeting, Newport Beach, California, October 2002
44. "Characteristics Predicting Success in CR Programs," , American Academy of Psychiatry and the Law Annual Meeting, Newport Beach, California, October 2002
45. "Categorizing Sex Offenders: Implications for Treatment," Keeler W, Blunt T, Scott C, Guillory S, American Academy of Psychiatry and the Law Annual Meeting, Newport Beach, California, October 2002
46. "Update on Chemical Castration of Sex Offenders," Holmberg T; Scott C, American Academy of Psychiatry and the Law Annual Meeting, Newport Beach, California, October 2002
47. "Characterization of Female Forensic Inpatients," Wieneke, M; McDermott B; Hoff A; Scott C; Espinoza S, American Academy of Psychiatry and the Law Annual Meeting, Newport Beach, California, October 2002

48. "SCID Module for the Diagnosis of Paraphilias," Panizzon M; Scott C; McDermott B, American Academy of Psychiatry and the Law Annual Meeting, Newport Beach, California, October 2002
49. "Difficult Cases-Forensic Case Consultation," American Academy of Psychiatry and the Law Annual Meeting, Newport Beach, California, October 2002
50. "Ethical Dilemmas-Ask the Experts," American Academy of Psychiatry and the Law Annual Meeting, Newport Beach, California, October 2002
51. "Violence in Long-Stay Psychiatric Inpatients," Hoff A; **Scott C**; McDermott B; Wienke M; American Academy of Psychiatry and the Law Annual Meeting, Newport Beach, California, October 2002
52. "Does Inpatient Behavior Predict Patterns of Revocation?," McDermott B; **Scott C**; Mone R; Hoffe A; American Academy of Psychiatry and the Law Annual Meeting, Newport Beach, California, October 2002
53. "Advice for the Early Career Psychiatrist-Early Career Committee," Guest Panelist, American Academy of Psychiatry and the Law Annual Meeting, Newport Beach, California, October 2002
54. "An Overview of Correctional Psychiatry," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Newport Beach, California, October 2002
55. "Psychiatry and the Death Penalty," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Newport Beach, California, October 2002
56. "An Overview of Juvenile Court," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Newport Beach, California, October 2002
57. "Sexual Offenders and the Law," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Newport Beach, California, October 2002
58. "Child Custody," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Newport Beach, California, October 2002
59. "Child Abuse/Child Witness Testimony," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Newport Beach, California, October 2002
60. "Sexual Offenders, Psychiatry and the Law," United States Air Force Wilford Hall Annual Distinguished Visiting Professor Lecture, San Antonio, Texas, March 2003
61. "Assessment and Treatment of the Antisocial Personality Disorder," Colorado State Hospital, Colorado, May 2003

62. "The Risk Assessment of Violence in Professional Athletes," National Football League (NFL) Annual Conference of Substance Abuse Counselors, Houston, Texas, September, 2003
63. "AAPL Task Force on Competence to Stand Trial," Panel Presentation, American Academy of Psychiatry and the Law Annual Meeting, San Antonio, Texas, October 2003
64. "Restoring Competence for Execution," Debate Presentation, American Academy of Psychiatry and the Law Annual Meeting, San Antonio, Texas, October 2003
65. "Court Reporters and NGRI Findings: Fact or Fiction?," Research in Progress, American Academy of Psychiatry and the Law Annual Meeting, San Antonio, Texas, October 2003
66. "Intoxication and Insanity: A Study of 500 NGRI Acquittes," Research in Progress, American Academy of Psychiatry and the Law Annual Meeting, San Antonio, Texas, October 2003
67. "Capacity of Forensic Patients, The Use of the MacCAT-CR," Research in Progress, American Academy of Psychiatry and the Law Annual Meeting, San Antonio, Texas, October 2003
68. "Landmark Case Update," Panel Presentation, American Academy of Psychiatry and the Law Annual Meeting, San Antonio, Texas, October 2003
69. "An Overview of Correctional Psychiatry-Part I," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, San Antonio, Texas, October 2003
70. "An Overview of Correctional Psychiatry-Part II," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, San Antonio, Texas, October 2003
71. "Psychiatry and the Death Penalty," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, San Antonio, Texas, October 2003
72. "An Overview of Juvenile Court," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, San Antonio, Texas, October 2003
73. "Sexual Offenders and the Law," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, San Antonio, Texas, October 2003
74. "Child Custody," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, San Antonio, Texas, October 2003
75. "Child Abuse/Child Witness Testimony," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, San Antonio, Texas, October 2003

76. "An Overview of Juvenile Violence," Children's Hospital Grand Rounds, November 2003
77. "Sexually Violent Predator Legislation," University of Cincinnati Grand Rounds, November 2003
78. "Sexual Offenders and the Law," University of Mississippi Grand Rounds, December 2003
79. "An Assessment of Juvenile Violence," California Youth Authority Conference, UC Davis, March 2004
80. "Soldiers of Satan-An Overview of Satanic Cults," American Association of Adolescent Psychiatry, Los Angeles, California, March 2004
81. "Risk Factors for Juvenile Violence," Children's Hospital Annual Symposium, Cincinnati, Ohio, April 2004
82. "Psychiatry and the Death Penalty," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Scottsdale, Arizona, October 2004
83. "Correctional Psychiatry Part I," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Scottsdale, Arizona, October 2004
84. "Correctional Psychiatry Part II," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Scottsdale, Arizona, October 2004
85. "Right to Treatment," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Scottsdale, Arizona, October 2004
86. "Sexual Offenders and the Law," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Scottsdale, Arizona, October 2004
87. "An Overview of Minor's Rights and Juvenile Court," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Scottsdale, Arizona, October 2004
88. "Child Custody," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Scottsdale, Arizona, October 2004
89. "Child Abuse/Child Witness Testimony," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Scottsdale, Arizona, October 2004
90. "Do Anger and Impulsivity Predict Institutional Aggression? Research in Progress," American Academy of Psychiatry and the Law, Scottsdale, Arizona, October 2004

91. "Profiling Chronically Aggressive Behavior in State Hospital Patients, Research in Progress," American Academy of Psychiatry and the Law, Scottsdale, Arizona, October 2004
92. "Are Forensic Patients Susceptible to Coercion in Research? Research in Progress," American Academy of Psychiatry and the Law, Scottsdale, Arizona, October 2004
93. "Pitfalls in Clinical and Forensic Practice: A Presentation and Discussion of Case Scenarios," Workshop, American Academy of Psychiatry and the Law, Scottsdale, Arizona, October 2004
94. "Insane Women: Research Findings of 61 NGRI Acquittees, Research in Progress," American Academy of Psychiatry and the Law, Scottsdale, Arizona, October 2004
95. "An Overview of Juvenile Conduct Disorder," Children's Hospital Annual Symposium, Cincinnati, Ohio, April 2005
96. "Psychiatry and the Death Penalty," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Montreal, Canada, October 2005
97. "Correctional Psychiatry Part I," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Montreal, Canada, October 2005
98. "Correctional Psychiatry Part II," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Montreal, Canada, October 2005
99. "Right to Treatment," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Montreal, Canada, October 2005
100. "Sexual Offenders and the Law," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Montreal, Canada, October 2005
101. "An Overview of Minor's Rights and Juvenile Court," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Montreal, Canada, October 2005
102. "Child Custody," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Montreal, Canada, October 2005
103. "Child Abuse/Child Witness Testimony," American Academy of Psychiatry and the Law, Forensic Psychiatry Review Course, Montreal, Canada, October 2005
104. "Uncovering Death's Dilemmas: The Psychological Autopsy," American Academy of Psychiatry and the Law, Montreal, Canada, October 2005

105. "How to Make Your Best Presentation Now!," American Academy of Psychiatry and the Law, Montreal, Canada, October 2005
106. "The Use of Psychopathic Personality Inventory (PPI) in a Forensic Sample," American Academy of Psychiatry and the Law, Montreal, Canada, October 2005
107. "Aggression Reduction Training-A Nursing Survival Guide," American Psychiatric Nurses Association Annual Meeting, Long Beach California, October 2006
108. "Child Abuse – Child Witness," American Academy of Psychiatry and the Law, Chicago, Illinois, October 2006
109. "Child Custody," American Academy of Psychiatry and the Law, Chicago, Illinois, October 2006
110. "Correctional Psychiatry," American Academy of Psychiatry and the Law, Chicago, Illinois, October 2006
111. "Death Penalty," American Academy of Psychiatry and the Law, Chicago, Illinois, October 2006
112. "Disability and Psychic Harm," American Academy of Psychiatry and the Law, Chicago, Illinois, October 2006
113. "Juvenile's Rights and Juvenile Court," American Academy of Psychiatry and the Law, Chicago, Illinois, October 2006
114. "Right to Treatment," American Academy of Psychiatry and the Law, Chicago, Illinois, October 2006
115. "Sex Offenders," American Academy of Psychiatry and the Law, Chicago, Illinois, October 2006
116. "Conditional Release Decision Making," American Academy of Psychiatry and the Law, Chicago, Illinois, October 2006
117. "Serial Killers: From Cradle to Grave," American Academy of Psychiatry and the Law, Chicago, Illinois, October 2006
118. "Sex Offenders and Insanity: An Examination of 42 Individuals Found Not Guilty by Reason of Insanity," American Academy of Psychiatry and the Law, Chicago, Illinois, October 2006
119. "The Ultimate Taboo: When an NGRI Acquittee Reoffends," American Academy of Psychiatry and the Law, Chicago, Illinois, October 2006

120. "The Internet and Child Pornography: the Impact of Forensic Assessments," American Academy of Psychiatry and the Law, Chicago, Illinois, October 2006
121. "Not Guilty by Reason of Insanity: Did the Alienists Reports Follow California Law," The Individual with Schizophrenia: Evidenced-Based Practices for Recovery Conference, Patton State Hospital, Patton, California, April 2007
122. "Sexual Offenders and the Law," The Individual with Schizophrenia: Evidenced-Based Practices for Recovery Conference, Patton State Hospital, Patton, California, April 2007
123. "Aggression Reduction Training," Mercy Medical Center, Cedar Rapids, Iowa, May 2007
124. "Assessment of Dangerousness" Mercy Medical Center, Cedar Rapids, Iowa, May 2007
125. "Detection of Malingering," Mercy Medical Center, Cedar Rapids, Iowa, May 2007
126. "Internet Child Pornography and Mental Illness: The Psychiatrist's Role," American Psychiatric Association Annual Meeting, San Diego, May 2007
127. "Psychic Harm and Workers Compensation," American Academy of Psychiatry and the Law, Miami, Florida, October 2007
128. "Death Penalty," American Academy of Psychiatry and the Law, Miami, Florida, October 2007
129. "Correctional Psychiatry," American Academy of Psychiatry and the Law, Miami, Florida, October 2007
130. "Child Abuse/Child Witness," American Academy of Psychiatry and the Law, Miami, Florida, October 2007
131. "Psychiatric Disability," American Academy of Psychiatry and the Law, Miami, Florida, October 2007
132. "Child Custody," American Academy of Psychiatry and the Law, Miami, Florida, October 2007
133. "Juvenile Court and Minor's Rights," American Academy of Psychiatry and the Law, Miami, Florida, October 2007
134. "Right to Treatment," American Academy of Psychiatry and the Law, Miami, Florida, October 2007

135. "Sexual Offenders and the Law," American Academy of Psychiatry and the Law, Miami, Florida, October 2007
136. "Cults and Forensic Psychiatry: Unraveling the Ties that Bind," American Academy of Psychiatry and the Law, Miami, Florida, October 2007
137. "Assessment of Child Pornography Offenders: A Hands-On Guide for Forensic Psychiatrists," American Academy of Psychiatry and the Law, Miami, Florida, October 2007
138. "The Aging Forensic Population: Are They Dangerous?," American Academy of Psychiatry and the Law, Miami, Florida, October 2007
139. "The Relationship of Psychopathy to Institutional Aggression," American Academy of Psychiatry and the Law, Miami, Florida, October 2007
140. "Forensic Psychiatry Fellowships: Faculty Competencies," American Academy of Psychiatry and the Law, Miami, Florida, October 2007
141. "Developing a Research Curriculum for Fellowship – Research and ADFPF Committees," American Academy of Psychiatry and the Law, Miami, Florida, October 2007
142. "Aggression in Late Adolescence and Early Adulthood: Do Bad Boys Become Better Men?," NFL Program for Substances of Abuse Treating Clinician Conference, Phoenix, Arizona, November 2007
143. "Juvenile Violence: Structured Risk Assessments and Treatment Interventions," Trends in Juvenile Violence Conference, Hamilton County Juvenile Court, Cincinnati, Ohio, April 2008
144. "Juvenile Violence: Special Populations: Stalkers, Sex Offenders, Murderers, and School Shooters," Trends in Juvenile Violence Conference, Hamilton County Juvenile Court, Cincinnati, Ohio, April 2008
145. "Juvenile Violence: Current Trends and Clinical Risk Assessments," Trends in Juvenile Violence Conference, Hamilton County Juvenile Court, Cincinnati, Ohio, April 2008
146. "Psychic Harm and Workers Compensation," American Academy of Psychiatry and the Law, Seattle, Washington, October 2008
147. "Death Penalty," American Academy of Psychiatry and the Law, Seattle, Washington, October 2008

148. "Correctional Psychiatry," American Academy of Psychiatry and the Law, Seattle, Washington, October 2008
149. "Child Abuse/Child Witness," American Academy of Psychiatry and the Law, Seattle, Washington, October 2008
150. "Psychiatric Disability," American Academy of Psychiatry and the Law, Seattle, Washington, October 2008
151. "Child Custody," American Academy of Psychiatry and the Law, Seattle, Washington, October 2008
152. "Juvenile Court and Minor's Rights," American Academy of Psychiatry and the Law, Seattle, Washington, October 2008
153. "Right to Treatment," American Academy of Psychiatry and the Law, Seattle, Washington, October 2008
154. "Sexual Offenders and the Law," American Academy of Psychiatry and the Law, Seattle, Washington, October 2008
155. "Sexual Harassment," American Academy of Psychiatry and the Law, Seattle, Washington, October 2008
156. "Landmark Case Updates: What's New in the Law and Mental Health," American Academy of Psychiatry and the Law, Seattle, Washington, October 2008
157. "The Use of the COVR in a Forensic Inpatient Setting," American Academy of Psychiatry and the Law, Seattle, Washington, October 2008
158. "Ethics Training in Forensic Psychiatry," American Academy of Psychiatry and the Law, Seattle, Washington, October 2008
159. "Forensic Psychiatry and the Internet: Untangling the Web," American Academy of Psychiatry and the Law, Seattle, Washington, October 2008
160. "Antecedents to Assaults Motivated by Psychosis," American Academy of Psychiatry and the Law, Seattle, Washington, October 2008
161. "Restoration of Trial Competency: A Performance Improvement Project," American Academy of Psychiatry and the Law, Seattle, Washington, October 2008
162. "Chemical and Surgical Castration: Ethics and Efficiency," American Academy of Psychiatry and the Law, Seattle, Washington, October 2008

163. "Mandated Treatment of Dual Diagnosis in Native American Youth," American Academy of Psychiatry and the Law, Seattle, Washington, October 2008
164. "Dangerousness: From Cradle to Grave," Forensic Mental Health Update, Idaho Psychiatric Association 2009 Annual Meeting, Boise, Idaho, April 2009
165. "Evaluating Psychic Harm and Disability: Mentally Ill or Malingering?," Forensic Mental Health Update, Idaho Psychiatric Association 2009 Annual Meeting, Boise, Idaho, April 2009
166. "Sexual Harassment: 'What's Love Got to Do With It?'," Forensic Mental Health Update, Idaho Psychiatric Association 2009 Annual Meeting, Boise, Idaho, April 2009
167. "Assessing Psychiatric Competencies Competently," Forensic Mental Health Update, Idaho Psychiatric Association 2009 Annual Meeting, Boise, Idaho, April 2009
168. "Psychiatric Malpractice and Courtroom Testimony: The Survival Guide," Forensic Mental Health Update, Idaho Psychiatric Association 2009 Annual Meeting, Boise, Idaho, April 2009
169. "Forensic Psychiatry and the Internet," American Psychiatric Association, San Francisco, California, May 2009
170. "The Law and Sex Offenders," Forensic Trends: Psychiatric & Behavioral Issues, Las Vegas, Nevada, May 2009
171. "Aggression Reduction Training: The ART of Assessing and Managing Inpatient Violence," Forensic Trends: Psychiatric & Behavioral Issues, Las Vegas, Nevada, May 2009
172. "Assessing Allegations of Child Sexual Abuse," Santa Clara County Mental Health Department Psychiatry Grand Rounds, San Jose, California, September 2009
173. "Psychic Harm and Workers Compensation," American Academy of Psychiatry and the Law, Baltimore, Maryland, October 2009
174. "Death Penalty," American Academy of Psychiatry and the Law, Baltimore, Maryland, October 2009
175. "Correctional Psychiatry," American Academy of Psychiatry and the Law, Baltimore, Maryland, October 2009
176. "Child Abuse/Child Witness," American Academy of Psychiatry and the Law, Baltimore, Maryland, October 2009

177. "Psychiatric Disability," American Academy of Psychiatry and the Law, Baltimore, Maryland, October 2009
178. "Child Custody," American Academy of Psychiatry and the Law, Baltimore, Maryland, October 2009
179. "Juvenile Rights and Juvenile Court," American Academy of Psychiatry and the Law, Baltimore, Maryland, October 2009
180. "Right to Treatment," American Academy of Psychiatry and the Law, Baltimore, Maryland, October 2009
181. "Sex Offenders and the Law," American Academy of Psychiatry and the Law, Baltimore, Maryland, October 2009
182. "Dissociative Identity Disorder and the Law: Disease or Drama?," American Academy of Psychiatry and the Law, Baltimore, Maryland, October 2009
183. "Technological Innovations in Forensic Education," American Academy of Psychiatry and the Law, Baltimore, Maryland, October 2009
184. "Triaging the IST Patient: A Brief Screen to Reduce LOS," American Academy of Psychiatry and the Law, Baltimore, Maryland, October 2009
185. "Treating Disruptive Behavior Disorders in Correctional Settings: To Treat or Not to Treat?" American Academy of Forensic Sciences 62nd Annual Meeting, Seattle, WA, February 2010
186. "Meet the Editors: Principles and Practice of Child and Adolescent Forensic Mental Health, American Psychiatric Associations 163rd Annual Meeting, New Orleans, LA, May 2010
187. "Forensic Assessment of Discrete Memory Loss: Blackout or Malingering?" The Royal Australian and New Zealand College of Psychiatrists Section of Forensic Psychiatry Conference, Prato, Tuscany, Italy, October 2010
188. "The F.A.I.R. Assessment Methodology: Evaluating Uncooperative Malingering Defendants Found Incompetent to Stand Trial," The Royal Australian and New Zealand College of Psychiatrists Section of Forensic Psychiatry Conference, Prato, Tuscany, Italy, October 2010
189. "Psychic Harm and Workers Compensation," American Academy of Psychiatry and the Law, Tucson, Arizona, October 2010

190. "Death Penalty," American Academy of Psychiatry and the Law, Tucson, Arizona, October 2010
191. "Correctional Psychiatry," American Academy of Psychiatry and the Law, Tucson, Arizona, October 2010
192. "Child Abuse/Child Witness," American Academy of Psychiatry and the Law, Tucson, Arizona, October 2010
193. "Psychiatric Disability," American Academy of Psychiatry and the Law, Tucson, Arizona, October 2010
194. "Child Custody," American Academy of Psychiatry and the Law, Tucson, Arizona, October 2010
195. "Juvenile Rights and Juvenile Court," American Academy of Psychiatry and the Law, Tucson, Arizona, October 2010
196. "Right to Treatment," American Academy of Psychiatry and the Law, Tucson, Arizona, October 2010
197. "Sex Offenders and the Law," American Academy of Psychiatry and the Law, Tucson, Arizona, October 2010
198. "Criminal Behavior and Blackouts: Madness, Malingering, or Memory Loss?" American Academy of Psychiatry and the Law, Tucson, Arizona, October 2010
199. "Juvenile Malingering: How Do We Assess Children and Adolescents Who Falsify Information?" American Academy of Psychiatry and the Law, Tucson, Arizona, October 2010
200. "PTSD Gone Wild: Nightmare Cases in Court," American Academy of Psychiatry and the Law, Tucson, Arizona, October 2010
201. "Substance-Induced Psychoses: Intoxication, Insanity and Interventions," American Academy of Psychiatry and the Law, Tucson, Arizona, October 2010
202. "Helping Mothers Who Need Help," American Academy of Psychiatry and the Law, Tucson, Arizona, October 2010
203. "The Art of Assessing and Managing Violence: Aggression Reduction Training," Fall Mental Health Conference, Independence Mental Health Institute, Independence, Iowa, November 2010

204. "The Art of Assessing & Managing Anger: Aggression Reduction Training," Fall Mental Health Conference, Mahaska Health Partnership, Oskaloosa, Iowa, June 2011
205. "Sexual Tourism," American Psychiatric Association, Honolulu, Hawaii, May 2011
206. "PTSD Gone Wild: Nightmare Cases in Court," American Psychiatric Association, Honolulu, Hawaii, May 2011
207. "Psychic Harm and Worker's Comp," American Academy of Psychiatry and the Law, Boston, Massachusetts, October 2011
208. "Death Penalty," American Academy of Psychiatry and the Law, Boston, Massachusetts, October 2011
209. "Correctional Psychiatry," American Academy of Psychiatry and the Law, Boston, Massachusetts, October 2011
210. "Child Abuse/Child Witness," American Academy of Psychiatry and the Law, Boston, Massachusetts, October 2011
211. "Psychiatric Disability," American Academy of Psychiatry and the Law, Boston, Massachusetts, October 2011
212. "Child Custody," American Academy of Psychiatry and the Law, Boston, Massachusetts, October 2011
213. "Juvenile Court and Minor's Rights," American Academy of Psychiatry and the Law, Boston, Massachusetts, October 2011
214. "Right to Treatment," American Academy of Psychiatry and the Law, Boston, Massachusetts, October 2011
215. "Sexual Offenders and the Law," American Academy of Psychiatry and the Law, Boston, Massachusetts, October 2011
216. "Sexual Offenders: Identification, Risk Assessment, Treatment and Legal Issues," American Academy of Psychiatry and the Law, Boston, Massachusetts, October 2011
217. "Ethics: Children's Issues," 17th Annual Psychopharmacology Conference, Nevada Psychiatric Association, Las Vegas, Nevada, February 2012
218. "Forensic Fundamentals: First and Foremost," The Forensic Mental Health Association of California Conference, Monterey, California, March 2012

219. "Competency, Sanity and Trial Testimony Training," South Dakota Human Services Center, Yankton, South Dakota, April 2012
220. "Evaluating Amnesia Claims: Forensic Focus on "Forgetting," and "Recovered Memories and Malpractice: When 'Try to Remember' Becomes 'Trial to Remember'", The Royal Australian & New Zealand College of Psychiatrists 2012 Conference, Hong Kong, China, September 2012
221. "Believing Doesn't Make It So: Forensic Education and the Search for Truth," American Academy of Psychiatry and the Law, Montreal, Canada, October 2012
222. "Evaluation and Treatment of Adolescent Sex Offenders," American Academy of Psychiatry and the Law, Montreal, Canada, October 2012
223. "Safety and Security Across the Continuum of Care in Psychiatry," American Academy of Psychiatry and the Law, Montreal, Canada, October 2012
224. "Psychiatric Prescribing: Medicine, Malpractice, and Mayhem," American Academy of Psychiatry and the Law, Montreal, Canada, October 2012
225. "Death Penalty," American Academy of Psychiatry and the Law, Montreal, Canada, October 2012
226. "Correctional Psychiatry," American Academy of Psychiatry and the Law, Montreal, Canada, October 2012
227. "Child Abuse/Child Witness," American Academy of Psychiatry and the Law, Montreal, Canada, October 2012
228. "Psychiatric Disability," American Academy of Psychiatry and the Law, Montreal, Canada, October 2012
229. "Psychic Harm and Workers Compensation," American Academy of Psychiatry and the Law, Montreal, Canada, October 2012
230. "Child Custody," American Academy of Psychiatry and the Law, Montreal, Canada, October 2012
231. "Juvenile Court and Minor's Rights," American Academy of Psychiatry and the Law, Montreal, Canada, October 2012
232. "Right to Psychiatric Treatment," American Academy of Psychiatry and the Law, Montreal, Canada, October 2012

- 233. "Sexual Offenders and the Law," American Academy of Psychiatry and the Law, Montreal, Canada, October 2012
- 234. "The Unconscious Offender: Sleep, Parasomnias, and Amnesia," American Academy of Psychiatry and the Law, Montreal, Canada, October 2012
- 235. "Involuntary Treatment: How Did We Get Here and Where Do We Go Now?," Saint Elizabeths Hospital Annual Forensic Conference, Washington, DC, March 2013
- 236. "Psychiatric Prescribing: Medicine, Malpractice, and Mayhem," American Psychiatric Association, San Francisco, May 2013
- 237. "Treatment for Antisocial Personality Disorder and Psychopathy: Hopeful or Hopeless?," Keynote Speaker, Royal Australian and New Zealand College of Psychiatrists' 2013 Congress, Sydney, Australia, May 2013
- 238. "Death Penalty," American Academy of Psychiatry and the Law, San Diego, California, October 2013
- 239. "Correctional Psychiatry," American Academy of Psychiatry and the Law, San Diego, California, October 2013
- 240. "Child Abuse/Child Witness," American Academy of Psychiatry and the Law, San Diego, California, October 2013
- 241. "Psychiatric Disability," American Academy of Psychiatry and the Law, San Diego, California, October 2013
- 242. "Psychic Harm and Workers Compensation," American Academy of Psychiatry and the Law, San Diego, California, October 2013
- 243. "Child Custody," American Academy of Psychiatry and the Law, San Diego, California, October 2013
- 244. "Juvenile Court and Minor's Rights," American Academy of Psychiatry and the Law, San Diego, California, October 2013
- 245. "Right to Psychiatric Treatment," American Academy of Psychiatry and the Law, San Diego, California, October 2013
- 246. "Sexual Offenders and the Law," American Academy of Psychiatry and the Law, San Diego, California, October 2013
- 247. "10 Reasons Why Psychiatrists Should DO Their Own Psychometric Testing," San Diego, California, October 2013

- 248. "Psychological Testing of Feigned Psychosis: Test or Testing," San Diego, California, October 2013
- 249. "Landmark Case Updates: The Supremes' Recent Rulings," San Diego, California, October 2013
- 250. "Psychological Testing of Claimed Amnesia: A Guide to Remember," San Diego, California, October 2013
- 251. "Treatment of ASPD and Psychopathy: Hope or Hopeless?," American Psychiatric Association Annual Conference, New York City, New York, May 2014
- 252. "Evaluating Amnesia: A Guide to Remember," American Psychiatric Association Annual Conference, New York City, New York, May 2014
- 253. "Psychiatry and the Death Penalty," American Academy of Psychiatry and the Law, Chicago, Illinois, October 2014
- 254. "Correctional Psychiatry," American Academy of Psychiatry and the Law, Chicago, Illinois, October 2014
- 255. "Child Abuse/Child Witness," American Academy of Psychiatry and the Law, Chicago, Illinois, October 2014
- 256. "Psychiatric Disability," American Academy of Psychiatry and the Law, Chicago, Illinois, October 2014
- 257. "Psychic Harm and Workers Compensation," American Academy of Psychiatry and the Law, Chicago, Illinois, October 2014
- 258. "Child Custody," American Academy of Psychiatry and the Law, Chicago, Illinois, October 2014
- 259. "Juvenile Court and Minor's Rights," American Academy of Psychiatry and the Law, Chicago, Illinois, October 2014
- 260. "Right to Psychiatric Treatment," American Academy of Psychiatry and the Law, Chicago, Illinois, October 2014
- 261. "Sexual Offenders and the Law," American Academy of Psychiatry and the Law, Chicago, Illinois, October 2014
- 262. "DSM-5 and Forensic Evaluations: Changes and Challenges," American Academy of Psychiatry and the Law, Chicago, Illinois, October 2014

263. "A Clockwork Orange: Hospitalizing Psychopaths", American Academy of Psychiatry and the Law, Chicago, Illinois, October 2014
264. "APA Council on Psychiatry and the Law: Update", American Academy of Psychiatry and the Law, Chicago, Illinois, October 2014
265. "Analysis of Eyewitness Testimony: Do You See What I See?", American Academy of Psychiatry and the Law, Chicago, Illinois, October 2014
266. "Evaluation of Malingered Psychosis: Testing and Testifying," American Academy of Psychiatry and the Law, Chicago, Illinois, October 2014
267. "Special Victim's Counsel Course," United States Army Judge Advocate General's Legal Center and School, Charlottesville, Virginia, February 2015
268. "Addressing and Responding to Violence Risk in Juveniles," University Hospitals Case Medical Center Department of Psychiatry Grand Rounds, Case Western Reserve University, Cleveland, Ohio, March 2015
269. "DSM-5 and the Law: Changes and Challenges," St. Joseph's Healthcare – Forensic Services, Hamilton, Ontario, Canada, March 2015
270. "Evaluating Amnesia: A Guide to Remember," St. Joseph's Healthcare – Forensic Services, Hamilton, Ontario, Canada, March 2015
271. "Psychic Harm and Worker's Compensation," American Academy of Psychiatry and the Law, Ft. Lauderdale, FL, October 2015
272. "Psychiatric Disability", American Academy of Psychiatry and the Law, Ft. Lauderdale, FL, October 2015
273. "Correctional Psychiatry," American Academy of Psychiatry and the Law, Ft. Lauderdale, FL, October 2015
274. "Right to Psychiatric Treatment," American Academy of Psychiatry and the Law, Ft. Lauderdale, FL, October 2015
275. "Child Abuse/Child Witness," American Academy of Psychiatry and the Law, Ft. Lauderdale, FL, October 2015
276. "Psychiatry and the Death Penalty," American Academy of Psychiatry and the Law, Ft. Lauderdale, FL, October 2015

- 277. "Child Custody," American Academy of Psychiatry and the Law, Ft. Lauderdale, FL, October 2015
- 278. "Juvenile Court and Minor's Rights," American Academy of Psychiatry and the Law, Ft. Lauderdale, FL, October 2015
- 279. "Sexual Offenders and the Law," American Academy of Psychiatry and the Law, Ft. Lauderdale, FL, October 2015
- 280. "The Psychiatrist in Peril: Current Topics in Malpractice," American Academy of Psychiatry and the Law, Ft. Lauderdale, FL, October 2015
- 281. "Psychological Testing of Claimed Amnesia: A Guide to Remember," American Academy of Psychiatry and the Law, Ft. Lauderdale, FL, October 2015
- 282. "Forensic Psychiatry and the Death Penalty," American Academy of Psychiatry and the Law, Ft. Lauderdale, FL, October 2015
- 283. "An Overview of Correctional Psychiatry: Doctors Behind Bars," 21st Annual Psychopharmacology Conference, Nevada Psychiatric Association, Las Vegas, Nevada, February 2016
- 284. "Assessment of Malingering" 21st Annual Psychopharmacology Conference, Nevada Psychiatric Association, Las Vegas, Nevada, February 2016
- 285. "Malpractice Risk Reduction" 21st Annual Psychopharmacology Conference, Nevada Psychiatric Association, Las Vegas, Nevada, February 2016
- 286. "The General Psychiatrist in Court," 21st Annual Psychopharmacology Conference, Nevada Psychiatric Association, Las Vegas, Nevada, February 2016
- 287. "Persons With Mental Illness at Work: Are They More Violent?" American Psychiatric Association Annual Conference, Atlanta, Georgia, May 2016
- 288. "Juvenile Offenders – Mental Health Issues and Amenability to Treatment," Royal Australian and New Zealand College of Psychiatrists Faculty of Forensic Psychiatry 2016 Conference, Fremantle, Australia, September 2016
- 289. "Emerging Populations in Forensic Mental Health," Royal Australian and New Zealand College of Psychiatrists Faculty of Forensic Psychiatry 2016 Conference, Fremantle, Australia, September 2016
- 290. "Psychic Harm and Worker's Compensation," The American Academy of Psychiatry and the Law, Portland, OR, October 2016

291. "Psychiatric Disability," The American Academy of Psychiatry and the Law, Portland, OR, October 2016
292. "Correctional Psychiatry," The American Academy of Psychiatry and the Law, Portland, OR, October 2016
293. "The Right to Have & Refuse Treatment," The American Academy of Psychiatry and the Law, Portland, OR, October 2016
294. "Child Abuse/Child Witness," The American Academy of Psychiatry and the Law, Portland, OR, October 2016
295. "Death Penalty," The American Academy of Psychiatry and the Law, Portland, OR, October 2016
296. "Child Custody," The American Academy of Psychiatry and the Law, Portland, OR, October 2016
297. "Juvenile Court & Minors' Rights," The American Academy of Psychiatry and the Law, Portland, OR, October 2016
298. "Sexual Offenders and the Law," The American Academy of Psychiatry and the Law, Portland, OR, October 2016
299. "An Overview of Correctional Mental Healthcare and Malingering Assessments in Corrections," University of California, Los Angeles, December 2016
300. "Malingering Assessments 101: A Clinician's Guide to Objective Malingering Tests," American Psychiatric Association Annual Conference, San Diego, California, May 2017
301. "Juvenile 'Psychopaths': Can Bad Boys Become Good Men?," Grand Rounds, Department of Psychiatry and Behavioral Neuroscience, St. Louis University School of Medicine, St. Louis, Missouri, September 2017
302. "Psychic Harm and Worker's Compensation," The American Academy of Psychiatry and the Law, Denver, CO, October 2017
303. "Psychiatric Disability," The American Academy of Psychiatry and the Law, Denver, CO, October 2017
304. "Correctional Psychiatry," The American Academy of Psychiatry and the Law, Denver, CO, October 2017
305. "Right to Have & Refuse Treatment," The American Academy of Psychiatry and the Law, Denver, CO, October 2017

306. "Child Abuse/Child Witness," The American Academy of Psychiatry and the Law, Denver, CO, October 2017
307. "Death Penalty," The American Academy of Psychiatry and the Law, Denver, CO, October 2017
308. "Child Custody," The American Academy of Psychiatry and the Law, Denver, CO, October 2017
309. "Juvenile Court & Minors' Rights," The American Academy of Psychiatry and the Law, Denver, CO, October 2017
310. "Sexual Offenders and the Law," The American Academy of Psychiatry and the Law, Denver, CO, October 2017
311. "Assessments of Speech: From Trigger Warning to True Threat," The American Academy of Psychiatry and the Law, Denver, CO, October 2017
312. "Assessment and Treatment of Problematic Sexual Interests," The American Academy of Psychiatry and the Law, Denver, CO, October 2017
313. "'Treatment' of ASPD in Corrections: Hopeful or Hopeless?," The American Academy of Psychiatry and the Law, Denver, CO, October 2017
314. "Evaluating Malingered ADHD: Pay Attention!," The American Academy of Psychiatry and the Law, Denver, CO, October 2017
315. "White Collar Crime," The American Academy of Psychiatry and the Law, Denver, CO, October 2017
316. "Homicidal Juveniles: Can Bad Boys Be Good Men?," The American Academy of Psychiatry and the Law, Denver, CO, October 2017
317. "Psychiatric Training Behind Bars: Challenges & Opportunities," The American Academy of Psychiatry and the Law, Denver, CO, October 2017
318. "Taking the Wheel: Psychiatrists' Duties for Patient Driving," The American Academy of Psychiatry and the Law, Denver, CO, October 2017
319. "Assessment and Treatment of Problematic Sexual Interests," The American Academy of Psychiatry and the Law, Denver, CO, October 2017
320. "Treatment of ASPD and Psychopathy: Hopeful or Hopeless?" National Psychopharmacology Update, Las Vegas Psychiatric Association, January 2018

321. "Juvenile Sex Offenders", Kerrville State Hospital Texas State Conference, May 2018
322. "Homicidal and Violent Juveniles," Kerrville State Hospital Texas State Conference, May 2018
323. "Psychic Harm and Worker's Compensation," The American Academy of Psychiatry and the Law, Austin, TX, October 2018
324. "Psychiatric Disability," The American Academy of Psychiatry and the Law, Austin, TX, October 2018
325. "Correctional Psychiatry," The American Academy of Psychiatry and the Law, Austin, TX, October 2018
326. "Right to Have & Refuse Treatment," The American Academy of Psychiatry and the Law, Austin, TX, October 2018
327. "Child Abuse/Child Witness," The American Academy of Psychiatry and the Law, Austin, TX, October 2018
328. "Death Penalty," The American Academy of Psychiatry and the Law, Austin, TX, October 2018
329. "Child Custody," The American Academy of Psychiatry and the Law, Austin, TX, October 2018
330. "Juvenile Court & Minors' Rights," The American Academy of Psychiatry and the Law, Austin, TX, October 2018
331. "Sexual Offenders and the Law," The American Academy of Psychiatry and the Law, Austin, TX, October 2018
332. "The Role of the Forensic Psychiatrist in Gun Violence and Reduction Interventions," The American Academy of Psychiatry and the Law, Austin, TX, October 2018
333. "Threatening the President: When Hate Trumps Love," The American Academy of Psychiatry and the Law, Austin, TX, October 2018
334. "Serial Killers and Psychiatry: From Pursuit to Trial," The American Academy of Psychiatry and the Law, Austin, TX, October 2018
335. "The Forensic Psychiatrist on Trial: The Expert, Exposed," The American Academy of Psychiatry and the Law, Austin, TX, October 2018

- 336. "PTSD Outcomes: Perilous Predictions of Prognosis," The American Academy of Psychiatry and the Law, Austin, TX, October 2018
- 337. "Recent Cases and Why They Matter," The American Academy of Psychiatry and the Law, Austin, TX, October 2018
- 338. "Assessment and Treatment of Psychopathy/ASPD, American Psychiatric Association Annual Meeting, San Francisco, California, May 2019
- 339. "Psychic Harm and Worker's Compensation," The American Academy of Psychiatry and the Law, Baltimore, MD, October 2019
- 340. "Psychiatric Disability," The American Academy of Psychiatry and the Law, Baltimore, MD, October 2019
- 341. "Correctional Psychiatry," The American Academy of Psychiatry and the Law, Baltimore, MD, October 2019
- 342. "Right to Have & Refuse Treatment," The American Academy of Psychiatry and the Law, Baltimore, MD, October 2019
- 343. "Child Abuse/Child Witness," The American Academy of Psychiatry and the Law, Baltimore, MD, October 2019
- 344. "Death Penalty," The American Academy of Psychiatry and the Law, Baltimore, MD, October 2019
- 345. "Child Custody," The American Academy of Psychiatry and the Law, Baltimore, MD, October 2019
- 346. "Juvenile Court & Minors' Rights," The American Academy of Psychiatry and the Law, Baltimore, MD, October 2019
- 347. "Sexual Offenders and the Law," The American Academy of Psychiatry and the Law, Baltimore, MD, October 2019
- 348. "Forensic Psychiatry, Liaison to Policy Makers: New Mental Health Laws," The American Academy of Psychiatry and the Law, Baltimore, MD, October 2019
- 349. "License to Kill and Forget: Amnesia in Police Shooting Incidents," The American Academy of Psychiatry and the Law, Baltimore, MD, October 2019
- 350. "Recent Cases and Why They Matter," The American Academy of Psychiatry and the Law, Baltimore, MD, October 2019

351. “Antisocial Juveniles: Evaluating Their Future,” The American Academy of Psychiatry and the Law, Tri-State Chapter Annual Meeting, New York, NY, January 2020

NATIONAL POSTER PRESENTATIONS

1. Quanbeck C, McDermott BE, Zozaya M, Ferranti JA, Scott CL: “Preventing Psychotic Violence: The Role of Anti-Psychotics,” American Academy of Psychiatry and the Law, Miami, Florida, October 2007
2. Davidson CM, Harlow MC, Chakunta U, Scott CL: “Mandated Treatment of Dual Diagnosis in Native American Youth,” American Academy of Psychiatry and the Law, Seattle, Washington, October 2008

REGIONAL PRESENTATIONS

1. “Eating Disorders in Females,” Department of Occupational Health, Walter Reed Army Medical Center, Washington, DC, March 1989
2. “Psychosis and Tourette’s Disorder in a 14-year-old Male,” Grand Rounds, University of California, San Francisco, September 1989
3. “Suicide Assessment in Children and Adolescents,” Department of Psychiatry, Letterman Army Medical Center, San Francisco, November 1990
4. “Parasomnias in Children and Adolescents,” Grand Rounds, University of California, San Francisco, March 1991
5. “Assessing Children’s Reactions to Desert Storm,” San Francisco School District, April 1991
6. “Crisis Management of the Borderline Personality Disorder Patient,” Department of Psychiatry, 5th General Hospital, Stuttgart, Germany, October 1991
7. “Managing the Difficult Patient-from the Severe Somatic to the Chronic Alcoholic,” Grand Rounds, 5th General Hospital, Stuttgart, Germany, March 1992
8. “How to Obtain the Alcohol and Drug History in Adolescents,” Forum of Alcohol and Substance Abuse Counselors, Wuerzburg, Germany, October 1992
9. “Detecting Alcoholism in the Active Duty Troops,” Department of Psychiatry, 67th Combat Support Hospital, Wuerzburg, Germany, September 1993
10. “Suicide Prevention in Europe,” Community Forum, Wilflecken, Germany, November 1993

11. "Conducting the Mental Status Examination- a Primer for Non Psychiatrists," University of Wuerzburg School of Medicine, Wuerzburg, Germany, December 1993
12. "Interviewing the Psychiatric Patient-Detection of Suicide, Homicide and Alcohol Dependence," Wuerzburg University School of Medicine, Wuerzburg, Germany, February 1994
13. "An Overview of Munchausen's Syndrome by Proxy," Family Advocacy Case Management Team, 67th Combat Support Hospital, Wuerzburg, Germany, February 1994
14. "Tourette's Disorder and Comorbid Psychiatric Conditions," Grand Rounds, 67th Combat Support Hospital, Wuerzburg, Germany, May 1994
15. "Emergency Psychiatry," European Medical Student Conference, Wuerzburg, Germany, May 1994
16. "Suicide Assessment-Diagnosis and Crisis Management," Department of Mental Health, William Beaumont Army Medical Center, November 1994
17. "Assessment of Homicidal Intent," Department of Mental Health, William Beaumont Army Medical Center, December 1994
18. "Detection of Alcohol Abuse and Dependence," Department of Mental Health, William Beaumont Army Medical Center, January 1995
19. "Conducting the Mental Status Examination," Department of Mental Health, William Beaumont Army Medical Center, February 1995
20. "Geriatric Psychiatric Emergencies," Department of Mental Health, William Beaumont Army Medical Center, March 1995
21. "Child and Adolescent Psychiatric Emergencies," Department of Mental Health, William Beaumont Army Medical Center, April 1995
22. "Steroids and Mental Status Side Effects," Court Psychiatric Clinic Conference, Cleveland, Ohio, September 1995
23. "Overview of Child Abuse and Homicide of Children," Court Psychiatric Clinic Conference, Cleveland, Ohio, January 1996
24. "Child Abuse and the Law," Case Western Reserve University School of Law, February 1996
25. "The Right to Die," Case Western Reserve University School of Law, March 1996

26. "The Psychiatric Prediction of Dangerousness," Tulane University Psychiatric Grand Rounds, September 1996
27. "Psychiatric Malpractice-from Suicide to Sex," Tulane University Psychiatric Grand Rounds, September 1996
28. "Mental Illness in Inmates-from Mania to Malingering," Guest Speaker for Elayne Hunt Correctional Center Department of Mental Health, September 1996
29. "An Overview of Correctional Mental Health," American Academy of Psychiatry and the Law, National Board Review Course, Puerto Rico, October 1996
30. "An Overview of Attention Deficit Hyperactivity Disorder," Florida Council of Continuing Medical Education, October, Pensacola, Florida, October 1996
31. "The Juvenile Court System," Tulane University Department of Forensic Psychiatry, November 1996
32. "The Detection of Child Physical and Sexual Abuse," Tulane University Medical School Psychiatry Clerkship, January 1997
33. "Mental Illness in Prisons-a Guide for Security Personnel," Elayne Hunt Correctional Center, January 1997
34. "Attention Deficit Hyperactivity Disorder, from Cradle to Grave," Neuropsychiatry for the Primary Care Provider Conference, New Orleans, Louisiana, February 1997
35. "Conducting Child Custody Evaluations-A Guide for the Child Psychiatrist," Tulane University Department of Child Psychiatry, March 1997
36. "Child Custody-An Overview for Lawyers," Loyola Law School, New Orleans, Louisiana, August 1997
37. "The Assessment of Violent Youth," Tulane University Grand Rounds, September 1997
38. "The Assessment of Juvenile Sex Offenders," Feliciana Forensic Facility, Jackson, Louisiana, April 1998
39. "The Assessment of Juvenile Violence," University of California, San Francisco, November 1998
40. "Risk Assessment of Juvenile Violence," Napa State Hospital Grand Rounds, March 1999

41. "Psychiatry and the Death Penalty," Northern California Psychiatric Society, Sonoma, California, April 1999
42. "The Assessment of Treatment of Sexual Offenders," UC Davis Grand Rounds, Sacramento, California, October 1999
43. "Psychiatry and the American with Disabilities Act," Sutter General Hospital, Sacramento, California, April 2000
44. "Juvenile Court-Past, Present, and Future," Regional Organization for Child and Adolescent Psychiatrists, San Francisco, California, September 2000
45. "Psychiatry and the Death Penalty," University of California, Department of Psychiatry Grand Rounds, September 2000
46. "Sexual Offenders and the Law," University of California, Davis School of Law, September 2000
47. "An Overview of Psychiatric Malpractice," Napa State Hospital, Grand Rounds, May 2001
48. "Psychiatry and the Death Penalty," Folsom State Prison, August 2001
49. "An Overview of Child Abuse and Child Witness Testimony," University of California, Davis, Grand Rounds, September 2001
50. "Sexual Offenders and the Law," University of California, Davis School of Law, September 2001
51. "Legal Issues and Provision of Mental Health Care in Jail," Los Angeles County Jail, December 2001
52. "Forensic Patients-Who Are They and How Did They Get Here?," Distinguished Visiting Scholar Presentation, Napa State Hospital, June 2002
53. "The Management of the Antisocial Personality Disorder," Distinguished Visiting Scholar Presentation, Napa State Hospital, June 2002
54. "Going to Court," Truth or Consequences," Distinguished Visiting Scholar Presentation, Napa State Hospital, June 2002
55. "Juvenile Violence and School Mass Murders," Guest Keynote Speaker, California Psychiatric Association, September 2002
56. "Women Who Kill Their Children, An Insanity Analysis," Guest Keynote Speaker,

Northern California OB/GYN Annual Conference, November 2002

57. "Investigative Analysis-Interviewing the Accused," Guest Speaker, Napa State Hospital Police Department, Napa, California, January 2003
58. "An Analysis of the Andrea Yates Case," Guest Speaker for the UC Davis School of Medicine, Psychiatry Student Interest Group, Sacramento, California, March 2003
59. "An Archival Review of Substance Use in 400 NGRI Acquittees," Forensic Visiting Scholar's Conference, Napa State Hospital, April 2003
60. "An Overview of Juvenile Violence," Sacramento County Child and Adolescent Psychiatry Assessment Clinic, Sacramento, California, June 2003
61. "Trends in Juvenile Violence," Folsom State Prison, Folsom, California, August 2003
62. "Satanic Cults and Their Participants," Folsom State Prison, Folsom, California, March 2004
63. "Child Witness Testimony," Folsom State Prison, Folsom, California, August 2004
64. "Mental Illness and Criminal Behavior," Sacramento County Mental Health Court Planning Committee, July 2005
65. "Child Witness Testimony," Granlibakken MCLE Conference of the Placer County Bar Association, Tahoe City, California, April 2007
66. "Malingering in Civil Cases," Granlibakken MCLE Conference of the Placer County Bar Association, Tahoe City, California, April 2007
67. "Psychotherapy 101 for Forensic Offenders," University of California, Davis and Napa State Hospital Visiting Scholars Program, May 2007
68. "Mental Health Documentation," Vacaville State Prison, California Department of Corrections and Rehabilitation, Vacaville, California, September 2007
69. "Child Custody Evaluations: Sorting Fact from Fiction," Granlibakken MCLE Conference of the Placer County Bar Association, Tahoe City, California, April 2008
70. "Assessment of Dangerousness," Granlibakken MCLE Conference of the Placer County Bar Association, Tahoe City, California, April 2008
71. "Forensic Psychiatry," Cow County Judges Institute/Administrative Office of the Courts, Olympic Valley, California, May 2008

72. "Forensic Aspects of Child Sexual Abuse Allegations," Central California Regional Organization of Child and Adolescent Psychiatry, Sacramento, California, September 2008
73. "Psychiatry and the Death Penalty," Central California Psychiatric Society, Sacramento, California, September 2008
75. "Forensic Psychiatry and the Internet" Sacramento County Jail Psychiatry Services, Sacramento, California, September 2008
76. "Dissociative Identity Disorder & the Law: Disease or Drama?," Sacramento County Jail Psychiatry Services, Sacramento, California, September 2009
77. "Legal Issues and Involuntary Medications," Grand Rounds, Napa State Hospital, Napa, California, February 2010
78. "PTSD Gone Wild: Nightmare Cases in Court," Napa State Hospital, Napa, California, September 2010
79. "Mental Health Issues and Juvenile Court," Juvenile Delinquency Orientations, Judicial Counsel of California, Administrative Office of the Courts, San Francisco, California, January 2011
80. "Forensic Issues in Child Sexual Abuse Allegations," Joint Annual Conference of The Northern California and Central California Regional Organizations of Child and Adolescent Psychiatry, Sonoma, California, January 2011
81. "Mental Health Issues and Juvenile Court," Juvenile Delinquency Orientations, Judicial Counsel of California, Administrative Office of the Courts, San Francisco, California, January 2012
82. "Common Legal Pitfalls in Psychiatry: How to Avoid Them," Kaiser Permanente Continuing Medical Education, Elk Grove, California, March 2012
83. "Forensic Psychiatric Hospital Care: How Did We Get Here and Where Do We Go Now?," University of California, Davis & Napa State Hospital 14th Annual Forensic Visiting Scholars Program, Napa, California, April 2012
84. "Trends and Interventions for Inpatient Aggression in a Forensic Setting", University of California, Davis & Napa State Hospital 14th Annual Forensic Visiting Scholars Program, Napa, California, April 2012

85. "Treatment" of Antisocial Personality Disorder and Psychopaths," Napa State Hospital/Loma Linda University Forensic Psychiatry Lecture Series, Napa, California, June 2013
86. "Overview of forensic mental health care: provider's roles and responsibilities," Napa State Hospital/Loma Linda University Forensic Psychiatry Lecture Series, Napa, California, July 2013
87. "Assessment of Dangerousness-Part I: General principles," Napa State Hospital/Loma Linda University Forensic Psychiatry Lecture Series, Napa, California, August 2013
88. "Assessment of Dangerousness-Part II: Relationship of mental illness symptoms to violence," Napa State Hospital/Loma Linda University Forensic Psychiatry Lecture Series, Napa, California, August 2013
89. "The DSM-V and the Law," Atascadero State Hospital, Atascadero, California, August 2013
90. "Assessment of Dangerousness-Part III: Relationship of substance use to violence," Napa State Hospital/Loma Linda University Forensic Psychiatry Lecture Series, Napa, California, September 2013
91. "Assessment of Dangerousness-Part IV: Structured Clinical Judgment Approach," Napa State Hospital/Loma Linda University Forensic Psychiatry Lecture Series, Napa, California, September 2013
92. "An Overview of Mentally Disordered Offenders (MDO), 'Getting In and Getting Out'," Napa State Hospital/Loma Linda University Forensic Psychiatry Lecture Series, Napa, California, November 2013
93. "Competency to Stand Trial – Part One", Napa State Hospital/Loma Linda University Forensic Psychiatry Lecture Series, Napa, California, November 2013
94. "DSM-5 and the Law: A Forensic Focus," Forensic Mental Health Association of California Annual Conference, Monterey, California, March 2014
95. "Addressing and Responding to Violence Risk in Juveniles," Central California Regional Organization of Child and Adolescent Psychiatry, Sacramento, California, March 2015
96. "Risk Factors for Violence in the Workplace," Mental Health and Violence: Addressing Concerns at Work and School, UC Davis Health System, Sacramento, California, April 2015
97. "Assessments of Student Populations," Mental Health and Violence:

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109. "Substance Use Disorders and the Law: From High to Homicidal," Forensic Mental Health Association of California, Monterey, CA, March 2019
110. "Sexual Offenders and the Law," Forensic Mental Health Association of California, Monterey, CA, March 2019

111. "Assessment of Malingering-An Evidence-Based Approach," Forensic Psychiatric Conference, Kerville, Texas, March 2019
112. "Diversion Overview-A Path Forward," UC Davis-NSH Forensic Forum, Sacramento, California, June 2019
113. "Substance Use Disorders and the Law: From High to Homicidal", Patton State Hospital, Patton, CA November 2019

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IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA
SACRAMENTO DIVISION

RALPH COLEMAN, et al.,

Plaintiffs,

v.

GAVIN NEWSOM, et al.,

Defendants.

2:90-cv-00520 KJM-DB (PC)

**DECLARATION OF STEPHEN M.
STAHL, M.D., PH.D., D. SC (HON.) IN
SUPPORT OF DEFENDANTS'
RESPONSE TO NOVEMBER 19, 2020
ORDER**

I, Stephen M. Stahl, M.D. Ph.D., D. Sc. (Hon.), declare:

1. I am over 18 years of age and am competent to testify. I have personal knowledge of the statements contained in this declaration, and if called to testify, I could do so.

2. I have been asked by the California Department of State Hospitals (DSH) in this matter to offer my professional opinion regarding any potential harm suffered by Patient 38, a

1 CDCR inmate-patient who was awaiting admission to DSH at the time of an evidentiary hearing
2 in this matter which took place on October 23, 2020.

3 3. My opinions in this declaration are based on my medical education, training,
4 research, and over 35 years of experience as a clinician, researcher, and teacher in psychiatry with
5 subspecialty expertise in psychopharmacology, as well as my familiarity with the medical and
6 psychiatric literature. These opinions are also based upon my expertise in
7 neuropsychopharmacology, and my experience as a Medical Director, Psychiatry Chief, and
8 Pharmacology Chief, among other positions. These opinions are my own and do not represent
9 those of the institutions with which I am affiliated.

10 4. I received my undergraduate and medical degrees from Northwestern University in
11 Chicago, as a member of the Honors Program in Medical Education, and my Ph.D. degree in
12 pharmacology and physiology from the University of Chicago. I have trained in three specialties:
13 internal medicine at the University of Chicago; neurology at the University of California in San
14 Francisco; and psychiatry at Stanford University. I am board-certified in psychiatry.

15 5. I have held faculty positions at Stanford University, the University of California at
16 Los Angeles, the Institute of Psychiatry London, the Institute of Neurology London, and,
17 currently at the University of California Riverside, the University of California San Diego, the
18 State University of New York Upstate Medical University at Syracuse and the University of
19 Cambridge (UK). I also direct psychopharmacology services and academic programs for the
20 five- facility, 6,500 patient DSH system where I have a leadership role in addressing violence and
21 decriminalization of the seriously mentally ill. I was formerly Executive Director of Clinical
22 Neurosciences at the Merck Neuroscience Research Center in the UK for several years.

23 6. I currently serve as editor-in-chief of CNS Spectrums. I am a past associate editor of
24 Acta Psychiatrica Scandinavica, former clinical field editor for the International Journal of
25 Neuropsychopharmacology and I am currently on numerous editorial boards of other leading
26 journals including the ACNP's journal Neuropsychopharmacology. I have conducted numerous
27 research projects throughout my career, which were funded by the National Institute of Mental
28 Health (NIMH), by the Department of Veteran Affairs (VA) and by the pharmaceutical industry.

1 I am the author of over 560 articles and chapters with an H index of 62, and more than 2,000
2 scientific presentations and abstracts. I have written over 50 textbooks and has edited more than
3 15 others.

4 7. I serve as a fellow of the ACNP (American College of Neuro-psychopharmacology),
5 of the British Association of Psychopharmacology (BAP) and of the CINP, where I was formerly
6 vice president. I am a Distinguished Life Fellow of the American Psychiatric Association (APA),
7 and a Fellow of the Department of Psychiatry at the University of Cambridge, UK. I have also
8 served on numerous medical and scientific advisory boards for the pharmaceutical industry, for
9 the biotechnology and medical information industry, and for various nonprofit and public service
10 organizations, including appointment by the State of California and past Chair of the Medi-Cal
11 Oversight Board for Medicines (Drug Utilization Review Board).

12 8. I was awarded the International College of Neuropsychopharmacology (CINP)
13 Lundbeck Foundation Award in Education for my contributions to postgraduate education in
14 psychiatry and neurology. My books have won the British Medical Association's Book of the
15 Year Award. In 2016, I received the British Medical Association's First Place Award for a
16 Digital Masterclass in Psychopharmacology, accredited by Cambridge University Health Partners
17 and the Department of Psychiatry at the University of Cambridge, UK. For a complete listing of
18 my professional background, experience, research, responsibilities, and publications, please see
19 my Curriculum Vitae, which is attached to this declaration as Exhibit A.

20 **I. CONSULTATIVE QUESTION TO BE ADDRESSED**

21 9. I was asked to determine if Patient 38 suffered cognizable harm if his transfer from
22 CDCR to inpatient care at DSH was delayed beyond usual Program Guide timelines.

23 **II. REVIEW OF RECORDS**

24 10. To make my determination, I reviewed the following records:

- 25 a. 1,748 pages of clinical records pertaining to Patients 38;
 - 26 b. Declaration of Dr. Pablo Stewart filed November 11, 2020; and
 - 27 c. Transcript of trial testimony from Dr. Pablo Stewart dated October 23, 2020.
- 28

III. SUMMARY OF MY OPINION REGARDING PATIENT 38

11. In my opinion, Patient 38 does not need inpatient care at DSH, as explained in Section IV-VI. Transferring inappropriate patients without any indicia of serious mental illness to inpatient care, during the height of a pandemic, is reckless and can expose patients to unnecessary risks of exposure to COVID-19, which could amount to medical malpractice.

12. My primary findings, explained in greater detail in Sections IV-VI, are:

a. The record does not corroborate that Patient 38 suffered a traumatic brain injury (TBI) in 2006. Patient 38 was involved in an altercation that required hospitalization in 2006, but the available records do not contain any diagnostic signs of TBI. The length of hospitalization and medications were inconsistent with treatment of TBI. Dr. Stewart stated that Patient 38 needs to be transferred to an inpatient hospital for a neurological assessment and diagnostic clarification. There is negligible clinical benefit from an inpatient hospitalization for an asymptomatic individual for undocumented injury that *might* have occurred 14 years ago, particularly during a global pandemic.

b. The totality of the record shows that Patient 38 is not suffering from a serious mental illness. Rather, several competent clinicians have documented Patient 38's propensity for faking and exaggerating his principal symptoms of suicidality, psychosis, and paranoia to escape typical environmental stressors to obtain a transfer to his preferred residential setting. Such behavior is consistent with criminogenic behavior and psychopathy related to Patient 38's diagnosed antisocial personality. The record does not support any urgent mental illness requiring inpatient evaluation or treatment, as recommended by Dr. Stewart.

c. Patient 38 has a history of auditory hallucinations since childhood, which was initially associated with substance abuse. Auditory hallucinations have continued to be asserted by Patient 38 off and on to the present day, but there has never been a diagnosis of a serious mental illness (*e.g.*, schizophrenia or bipolar disorder), which are the illnesses known to cause auditory hallucinations.

1 d. Patient 38 claims suicidal ideation since childhood although the documentation
2 of most claimed suicidal gestures or attempts have not been corroborated. There has
3 never been a diagnosis of a serious mental illness known to cause suicidal ideation.
4 There is also no evidence that medication has been helpful for any of his symptoms.
5 Since incarceration in 2008, Patient 38 has mostly not been medicated for
6 hallucinations or suicidal ideation, which have waxed and waned according to
7 dissatisfaction with housing and do not relate to any documented mental illness.

8 e. Patient 38 has so suffered no harm from any delayed transfer to DSH.

9 **IV. MEDICAL RECORD & HISTORY**

10 13. The record shows that Patient 38 is a 54-year-old male patient who has been referred
11 to DSH for urgent inpatient care for treatment of his claims of suicidal ideation and auditory
12 hallucinations and for evaluation of a claimed traumatic brain injury occurring 14 years ago.

13 14. Since Patient 38 was incarcerated, the following diagnoses have been noted in the
14 medical record:

- 15 a. TBI;
- 16 b. Antisocial personality disorder;
- 17 c. Other specified disruptive, impulse control and conduct disorder;
- 18 d. Trauma and stressor related disorder; and
- 19 e. Attention deficit hyperactivity disorder (ADHD).
- 20 f. Other diagnoses mentioned in the record include:
 - 21 i. Obsessive Compulsive Disorder (OCD);
 - 22 ii. Anxiety disorder; and
 - 23 iii. Mood disorder/mood swings.

24 15. Patient 38 has tried various medications over the year without clear results. These
25 medications have included: Depakote, Zyprexa, Lorazepam, Vistaril, Prozac and Lexapro.

V. EXPERT EVALUATION

A. Insufficient Corroboration of TBI in the Medical Record

16. Patient 38 and his mother asserted that a TBI occurred after a 2006 incident in prison; however, there is otherwise insufficient corroborating information on any alleged head injury in 2006. I reviewed the available medical records, which showed that Patient 38 was at Avenal State Prison from August 6, 2005 to May 27, 2006. On May 27, 2006, Patient 38 was transferred to a hospital in San Jose. He was paroled 6 days later and prescribed Remeron 45 mg and Risperdal 2-5 mg. This short time interval from admission to discharge is not consistent with the diagnosis or management of a TBI of any severity.

B. Inpatient Treatment Is Not Indicated

17. It is possible Patient 38 sustained a mild TBI without loss of consciousness or known neurological sequelae 14 years ago; however, at this point in time, the situation is not urgent and does not require hospitalization. There is negligible clinical benefit from extensive neurological, neuroimaging, and neuropsychological workup of a possibly undocumented TBI that may have occurred 14 years ago, especially during a pandemic.

18. Patient 38's principal disturbing symptoms of psychosis and suicidality are not known to be linked to a TBI.

C. The Record includes Numerous Instances of Fabrication Or Exaggeration of Symptoms

19. The record contains few corroborations of Patient 38's primary psychosis and suicidality. For instance, Patient 38 has reported inconsistent information to prior clinicians, sometimes claiming no past suicide attempts and otherwise claiming six to eight attempts. The record contains numerous instances where clinicians have noted that Patient 38's reported symptoms of suicidality and paranoia may be fake or at least greatly exaggerated to obtain preferred housing. Such instances are quoted *verbatim* below:

- a. "The Pt indicated he lied about being suicidal in order to "get into a smock and so you guys could watch me.'" (p. 000392)

1 b. "He verbalized past manipulation of the treatment team and appeared more
2 focused on both obtaining standard inmate issue and a phone call." (p. 000392)

3 c. "Pt has a history of 3 reported suicide attempts in 2015 (hanging), 2016
4 (intentional car crash) and 2017 (suffocation), however none of these are
5 corroborated by medical or custodial documentation and patient has never had follow
6 up mental health treatment for said attempts. Pt may be an invalid historian. For
7 example, the patient was actually incarcerated when he claimed to have crashed his
8 car." (p. 000392)

9 d. "Patient endorsed SI [suicidal ideation] with plan/intent and AH [auditory
10 hallucination] "I hear the voices...they pretty much shadow my movements...like
11 someone is watching me and reporting back to someone else. . . . But this writer did
12 not observe the pt being internally preoccupied. Thought process was linear and goal
13 oriented." (p. 000071)

14 e. "When writer challenged pt's delusional content, pt stated 'well sometimes I
15 do believe it, I do believe this guy Frank is real.' Writer and treatment team provided
16 patient with psychoeducation on how delusional content is difficult to treat with
17 medication and is better treated with therapy, utilizing self talk and thought stopping.
18 Pt's affect does not match that of a pat [patient] who is experiencing delusions and
19 auditory hallucinations." (p. 000494)

20 f. "Range of psychotic sx's [symptoms] is so widespread (changing delusions,
21 claims of telepathy and telekinesis, paranoid claims, many of which patient readily
22 relinquishes, AHs) as to be suspect in and of itself. In addition, patient does not
23 present with consistent affect/distress. High likelihood of exaggerations and of
24 fabrication of sxs. Patient is willing to engage in some degree of self harm though to
25 ensure retention in higher LOCs. Not clear what sxs might be present if impression
26 management were not active." (p. 001139)

27 g. "[Patient 38 is]...inconsistent with someone who is paranoid [that] people will
28 kill him in crisis bed." (p. 001229)

- 1 h. "Pt inquired about obtaining materials . . . that give him details on psychotic
2 disorders, experiences related to their AH, diagnostic criteria and triggers for these
3 disorders. It was explained to the pt that this is never indicated as an appropriate
4 means for treatment as pt can potentially mimic or feign mental illness and it is not
5 empirically supported as an effective means of treating psychosis." (p. 001416)
- 6 i. "His description of these symptoms [auditory and video hallucinations,
7 depression, and anxiety] did not match with genuine symptoms of psychosis and he
8 did not appear to be responding to internal stimuli nor did not behave in a way that
9 suggested he was paranoid of staff." (p. 001550)
- 10 j. "08/27/2020: While housed in MHCB, patient engaged in self-harm without
11 intent on three occasions. On 07/23/2020 and 07/25/2020 patient cut his wrist
12 resulting in minor wounds and on 07/30/2020 he scratched his old wounds. He has no
13 other documented incidents of self-harm . . . His placement history coupled with a
14 lack of corroborating documentation suggests patient's self-report of his suicide
15 attempts is likely inaccurate. Therefore, his suicide and self-harm grid was changed to
16 reflect a history of no suicide attempts and three incidents of self-harm based on
17 collateral information." (p. 001561)
- 18 k. "His description of his auditory hallucinations and delusions do not appear
19 consistent with genuine psychosis. His self report is inconsistent day to day and he
20 reports his psychosis only started once admitted to crisis bed." (p. 000911)
- 21 l. "Delusions are resolved. Patient does not discuss his suicidal thoughts unless
22 the team talks about eventual discharge to a [y]ard. This conversation prompts
23 patient to state he is suicidal conditional on placement on a yard, but he would not
24 want to kill himself in PIP. At this time, patient does not exhibit symptoms which
25 warrant an acute hospitalization." (p. 000912)
- 26 m. "When he does come out for contact, he reports new symptoms and his self
27 reported symptoms do not appear consistent with his affect. For example, he talks
28 about thinking people are going to kill him but continues to come out for showers and

1 1:1 contacts, inconsistent with someone who is paranoid people will kill him in crisis
2 bed.” (p. 001033)

3 n. “Additionally he told staff he did not come to crisis bed for mental health
4 reasons, and he came due to safety concerns he was having on “E” yard.” (p.
5 001034).

6 **D. Evaluation of Other Diagnoses**

7 20. Below is an assessment of other diagnoses noted in Patient 38’s medical record:

8 a. **Antisocial personality disorder:** Patient 38’s record points to a diagnosis of
9 antisocial personality disorder. Patient 38 is a documented sex offender with a
10 history of poor impulse control and an extensive history of lying and manipulating his
11 claim of psychotic symptoms and suicidal ideation for the purpose of obtaining better
12 housing.

13 b. **Other specified disruptive, impulse control and conduct disorder:** Patient
14 38 claims to have aggressive urges that have no trigger and that these urges cause his
15 depression. Nonetheless, such urges are not a recognized cause of psychotic
16 symptoms nor of suicidal ideation.

17 c. **Trauma and stressor related disorder:** This diagnosis is consistent with much
18 of Patient 38’s behavior while incarcerated. It is possible that Patient 38 is resorting
19 to manipulation of his environment by false or exaggerated claims of hallucinations
20 and suicidal thinking as a primitive form of adaptation to the frightening and
21 dangerous environment of incarceration, particularly as a sex offender.

22 d. **ADHD:** The record has no corroborating information which establishes this
23 diagnosis. Patient 38 does not report specific symptoms associated with this disorder.
24 His alleged symptoms of auditory hallucinations, delusions, and suicidal ideation are
25 not part of the ADHD diagnosis. Furthermore, he is not being treated for ADHD
26 with controlled substances in a prison setting. Past medical and school records would
27 have to be consulted to corroborate this diagnosis properly.
28

1 **VI. ANALYSIS AND CRITIQUE OF DR. STEWART’S ASSESSMENT OF PATIENT 38**

2 21. Dr. Stewart’s opinion is that Patient 38 “suffers from a traumatic brain injury (‘TBI’)

3 and needs to be transferred to an inpatient hospital for a neurological assessment and diagnostic

4 clarification.” (Stewart Decl., ¶ 99.) As discussed in detail above, the TBI is not corroborated in

5 the record. Moreover, no current symptoms support that diagnosis. Any suggestion that an

6 inpatient hospitalization is necessary for evaluation of an asymptomatic condition (such that if it

7 occurred at all, occurred 14 years ago) lacks all mental and public health support, particularly

8 during a global pandemic.

9 22. The record shows that Patient 38 was involved in an altercation that required

10 hospitalization in 2006, but the record does not contain any diagnostic signs of TBI, namely:

- 11 • No documented loss of or decreased consciousness
- 12 • No documented loss of memory for events before or after the event (amnesia)
- 13 • No documentation of any focal neurological deficits such as muscle weakness, loss of vision, or change in speech
- 14 • No signs of alteration in mental state such as disorientation, slow thinking, or difficulty concentrating

15 23. Dr. Stewart stated that “even before the [2006] assault, Patient 38 had a history of

16 ongoing auditory hallucinations,” two psychiatric hospitalizations in his 30s “for a suicide attempt

17 and threat,” and a history of depression and psychotic symptoms. (Stewart Decl., ¶ 101.) He

18 mentioned that Patient 38 cut his wrist twice, had five prior crisis bed admissions for suicide

19 attempts or suicidal ideation, and two PIP admissions. (*Id.* at ¶ 102.) He further noted that

20 Patient 38 had a high chronic risk of suicide and a high acute risk, self-reporting auditory

21 hallucinations and delusions. (*Id.* at ¶¶ 105, 107.) Although Patient 38 probably did hear voices

22 as a child and young adult, those are attributable to drug-induced psychotic symptoms. However,

23 he is not currently abusing drugs, and has never had a serious mental illness diagnosis capable of

24 explaining psychotic symptoms. Moreover, on August 27, 2020, a detailed history of Patient 38’s

25 self-professed suicidal ideation and crisis bed admissions, was performed. (p. 001561). That

26 analysis concluded that the “patient’s self-report of his suicide attempts is likely inaccurate.

27 Therefore, his suicide and self-harm grid was changed to reflect a history of no suicide attempts

28 and three incidents of self-harm based on collateral information.” (p. 001561).

1 24. As discussed above, his claims of psychotic symptoms, paranoia, and alleged suicidal
2 behavior and threats were not considered credible by numerous clinicians. Dr. Stewart appears to
3 have taken Patient 38's self-reported symptoms at face value, which is not supported by the
4 clinical record. Such a reading of the record is clinically irresponsible and grossly
5 misrepresentative.

6 25. Dr. Stewart stated that it was "concerning" that Patient 38 was "passively allowed . . .
7 to go off his medications and return to CCCMS level of care." (Stewart Decl., ¶ 103.) Dr.
8 Stewart baselessly implies an error was made when clinicians ceased medication treatment for
9 Patient 38; however, the record shows that numerous trials of medications did not have any effect
10 on Patient 38's symptoms of psychosis and suicidality. Psychotropic medications should be
11 discontinued because Patient 38's symptoms do not derive from a serious mental illness, and are
12 likely feigned or exaggerated.

13 26. Dr. Stewart stated that during a few-day span in July 2020, Patient 38 requested a
14 referral to the Medication Assisted Therapy ("MAT") program. (Stewart Decl., ¶ 104.) Patient
15 38's wife sought a separation, he expressed suicidal ideation, and he planned to overdose on
16 drugs. (Stewart Decl., ¶ 104.) In my opinion, this is an example of Patient 38's long-established
17 pattern of responding to psychosocial stressors and environmental threats by escalating claims of
18 imminent suicide and self-harm. Reassurance, rather than referral to inpatient psychiatric
19 services or hospitalization or medication, is indicated.

20 27. Finally, Dr. Stewart concluded that "Patient 38 has a very severe mental health
21 condition that required transfer to an inpatient program when he was first referred to one in early
22 August, if not sooner." (Stewart Decl., ¶ 104.) Dr. Stewart stated it was "cruel and clinically
23 inappropriate to keep this patient in an MHCB, especially to discharge him to the EOP, while he
24 is still struggling with his suicidality and psychotic symptoms." (*Id.*) However, Dr. Stewart did
25 not even name this "very severe mental condition." Dr. Stewart's conclusion that Patient 38 is
26 currently suffering from a serious mental condition that would be mitigated from a transfer to
27 DSH is misguided and irresponsible. I could not find any support for Dr. Stewart's conclusion in
28 Patient 38's records.

28. The total record shows that Patient 38 is not suffering from a serious mental illness. Rather, multiple clinicians have documented Patient 38's propensity for faking and exaggerating symptoms to escape typical environmental threats and stressors and seek residential transfer to a preferred setting. This is consistent with criminogenic behavior and psychopathy related to Patient 38's diagnosed antisocial personality. The record does not support any urgent mental illness requiring inpatient evaluation or treatment.

29. A transfer to DSH is not medically indicated for Patient 38, and he has suffered no harm from a delayed transfer. Transferring such patients—who do not exhibit any indicia of serious mental illness and do not require inpatient care— subjects them to unnecessary risk of exposure to COVID-19. Continuing such unnecessary transfers during a global pandemic is unethical. A mandate requiring clinically inappropriate and life-threatening transfers to inpatients care could even make clinicians and organizations involved in such transfers liable for medical malpractice.

30. It is my strong medical opinion that Dr. Stewart's analysis that Patient 38 has been harmed by a delayed transfer to DSH relies on a gross misrepresentation of the clinical record. Dr. Stewart's opinions are not supported by norms followed in the psychiatric profession. I am deeply concerned that the Court may be basing life-and-death decisions, which could have a catastrophic impact on the mental health infrastructure of DSH and the physical and mental well-being of extremely vulnerable populations, on Dr. Stewart's unsupported and egregiously misleading analysis. Indeed, unnecessary inpatient transfers may jeopardize and destabilize the provision of critical healthcare resources throughout the entire state.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed in Encinitas, California on December 6, 2020.

/s/ Stephen M. Stahl
Stephen M. Stahl, M.D., Ph.D., D. Sc. (Hon.)

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Exhibit A

JANUARY 2020

CURRICULUM VITAE

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EDUCATION AND DEGREES

1973	B.S.	Pre-Medical, Six Year Honors Program in Medical Education, Northwestern University, Evanston, Illinois
1974	M.D.	Northwestern University Medical School, Chicago, Illinois
1976	Ph.D.	Neuropharmacology Department of Pharmacological and Physiological Sciences University of Chicago, Chicago, Illinois
2018	D.Sc.(Hon.)	Üsküdar University Istanbul, Turkey

CLINICAL TRAINING

1976 - 1977	RESIDENT IN INTERNAL MEDICINE University of Chicago, Billings Hospital Chicago, Illinois
1977 - 1979	RESIDENT IN NEUROLOGY University of California, San Francisco Medical Center San Francisco, California
1979 - 1981	RESIDENT IN PSYCHIATRY Stanford University Medical Center Stanford, California

RESEARCH AND TRAINING POSITIONS

1971 - Summer	GRADUATE STUDENT (Sterling Morton Traveling Fellowship) Biochemistry Research, Universität Konstanz, Germany
1971 - 1976	M.D.- Ph.D. PROGRAM Medical Scientist Fellow, National Institute of General Medical Sciences, Northwestern University (M.D.) and University of Chicago, (Ph.D. dissertation)

RESEARCH AND TRAINING POSITIONS (Cont'd)

1979 - 1981	BARBRA STREISAND SCHOLAR FOR DYSTONIA RESEARCH Fellow in Neuropsychopharmacology Stanford University
1981 - 1985	ASSISTANT DIRECTOR Stanford Mental Health Clinical Research Center, Stanford University Medical Center, Stanford, California
1983 - 1985	GUEST RESEARCH PHYSICIAN Donner Laboratory - Positron Emission Tomography Unit, Lawrence Berkeley Laboratories, University of California, Berkeley, California
1991 –2001	MEDICAL DIRECTOR Institute for Psychopharmacology Research (IPR), San Diego and Carlsbad, California

EDUCATION POSITIONS

1997 – present	CHAIRMAN Neuroscience Education Institute Carlsbad, California
2001 – present	CHAIRMAN The Arbor Scientia Group Carlsbad, CA

ACADEMIC POSITIONS

1981 - 1985	ASSISTANT PROFESSOR OF PSYCHIATRY AND BEHAVIORAL SCIENCES Stanford University, Stanford, California
1985 - 1988	ADJUNCT ASSOCIATE PROFESSOR OF PSYCHIATRY AND BEHAVIORAL SCIENCES AND OF PHARMACOLOGY, University of California, Los Angeles, California
1985 - 1988	HONORARY SENIOR LECTURER Institute of Psychiatry, London
1987 - 1988	HONORARY SENIOR LECTURER Institute of Neurology and the National Hospital for Nervous Diseases, Queen Square, London
1988 - 1994	PROFESSOR OF PSYCHIATRY University of California, San Diego

ACADEMIC POSITIONS (Cont'd)

1994 – present	ADJUNCT PROFESSOR OF PSYCHIATRY University of California, San Diego
2009 - present	HONORARY VISITING SENIOR FELLOW Department of Psychiatry, University of Cambridge
2020 – present	CLINICAL PROFESSOR OF PSYCHIATRY AND NEUROSCIENCE, University of California, Riverside, School of Medicine

HOSPITAL POSITIONS

1981 - 1985	DIRECTOR Movement Disorders & Psychopharmacology Research Clinic, Veterans Affairs Medical Center, Palo Alto, California
1981 - 1985	MEDICAL DIRECTOR Schizophrenia Biological Research Center Veterans Affairs Medical Center, Palo Alto, California
1981 - 1985	WARD CHIEF AND STAFF PHYSICIAN Psychiatry Service Veterans Affairs Medical Center, Palo Alto, California
1982 - 1985	DIRECTOR Laboratory of Neuropsychopharmacology Veterans Affairs Medical Center, Palo Alto, California
1985 - 1988	HONORARY CONSULTANT The Royal Bethlem-Maudsley Hospital, London
1988 - 1989	CHIEF, PSYCHIATRY SERVICE Veterans Affairs Medical Center, San Diego, California
1989 - 1994	CHIEF, PSYCHOPHARMACOLOGY Veterans Affairs Medical Center, San Diego, California
1992 - 1994	CHIEF, MENTAL HEALTH OUTPATIENT CLINICS Veterans Affairs Medical Center, San Diego, California
1988 - 1997	DIRECTOR, LABORATORY OF CLINICAL NEUROSCIENCE Veterans Affairs Medical Center, San Diego, California
2011 – 2012	FORENSIC PSYCHOPHARMACOLOGY CONSULTANT Patton State Hospital, Patton, California

2012 – present DIRECTOR OF PSYCHOPHARMACOLOGY
Statewide Clinical Operations for Department of State
Hospitals, Sacramento, California

PROFESSIONAL EXPERIENCE IN THE PHARMACEUTICAL INDUSTRY

1982 - 1985 DIRECTOR OF CLINICAL SCIENCES, ASSOCIATE MEDICAL
DIRECTOR AND PRINCIPAL SCIENTIST
Alza Corporation
Palo Alto, California

1985 - 1988 EXECUTIVE DIRECTOR OF CLINICAL NEUROSCIENCE
DIRECTOR OF THE LABORATORY OF CLINICAL
NEUROPHARMACOLOGY
Neuroscience Research Center
Merck Sharp and Dohme Research Laboratories
Harlow, Essex (United Kingdom)

CONSULTING EXPERIENCE AND ADVISORY BOARDS WITH THE
PHARMACEUTICAL INDUSTRY

Abbott Laboratories	Mede Corp.
Acadia	Meiji
Adamas	Merck
Alkermes	Merrell Dow
Allergan	Mylon
Amylin	Neos
Angelini	Neurocrine Biosciences
Arena	Neuromolecular
Arbor	Neuronetics
Asahi Chemical	NovaDel
Assure RX	Novartis
Astra Zeneca	Noveida
Avanir	Orexigen
Avera	Organon
Axovant	Otsuka
Axsome	PamLabs
Bayer AG	Parke Davis
Biogen	Perrigo
Biopharma	Pfizer/Roerig
BioMarin	Pfizer
Biolaunch Canada	Pharmacia and Upjohn
Biovail	Pharmasquire
Boehringer Ingelheim	Pierre Fabre
Braeburn	Prexa Pharmaceuticals
Bristol Myers Squibb	Procter and Gamble
Burroughs Wellcome	Propagate Pharma
Cenerex	Quintiles
Cephalon	Rexahn

CONSULTING EXPERIENCE AND ADVISORY BOARDS WITH THE
PHARMACEUTICAL INDUSTRY (Cont'd)

Celgene	Propagate Pharma
Ciba Geigy	Quintiles Pacific Inc.
Clearview	Riviva
Concert	Roche
Covance	Royalty Pharma
CSC Pharmaceuticals	Sanofi
Cyberonics	Schering Plough
Cypress Bioscience	Servier
DepoMed	Shire
Dianippon	SK Corporation
Dey	Smith Kline Beecham
Forest	Soffinova
Eisai	Solvay
Eli Lilly	Sprout
EDM Sirona	Sumitomo
EnVivo	Sunovion
Epix	Takeda
Fabre Kramer	Taliaz
Fanapt	Taisho
Ferring	Tetragenix
Forest	Teva
Forum	Tikvah
G.D. Searle	TMS Neurohealth Centers
Genentech	Tonix
Genomind	Trius
Glaxo Willcome	UCB Pharma
Hoechst-Roussel	Vanda
Intra-Cellular Therapies	Valeant
Innovative Science Solutions	Vertex
Janssen	Viforpharma
Jay Mac	Vivus
Jazz	Watson
LaboPharm	Wyeth
Lorex	Yamanouchi
Lundbeck	
Marinus	
Mead Johnson	

CONSULTING EXPERIENCE WITH MANAGED CARE

BLUE CROSS OF CALIFORNIA

Blue Cross California Care Occupational Health Network -
Psychiatric illnesses

HEALTH PAYMENT REVIEW, BOSTON, MASSACHUSETTS

CONSULTING EXPERIENCE WITH MANAGED CARE (Cont'd)

Psychiatry Payment Review Board -
Matching ICD-9 Diagnostic Codes with CPT Service Codes

KAISER PERMANENTE, HONOLULU, HAWAII
Depression Treatment Guidelines

VALUE OPTIONS, PHOENIX, ARIZONA
Fiscal Pharmacology of the Atypical Antipsychotics

CONSULTING EXPERIENCE WITH GENOMICS/DIAGNOSTICS

BRAZILIAN INSTITUTE OF PSYCHOPHARMACOLOGY AND PHARMACOGENETICS

GENOMIND

MINDX SCIENCE, INC.

TALIAZ HEALTH, LTD.

TEACHING EXPERIENCE

1981 - 1985	STANFORD UNIVERSITY Department of Human Biology -Lecturer for "Psychobiology: The Biological Basis of Psychiatric Disorders" -Lecturer for "Neurochemistry of Severe Behavioral Disturbances of Childhood" Department of Anthropology and Psychology -Graduate Seminar in Clinical Process Department of Psychiatry and Behavioral Sciences -Psychopharmacology (psychiatry residents) Pediatric Psychopharmacology (child psychiatry fellows) -Basic Psychiatry Clerkship (medical students) -Advanced Psychiatry Clerkship (medical students)
1982 – 1985	PALO ALTO VETERANS AFFAIRS MEDICAL CENTER Division of Psychology, Clinical Psychology Intern Training Program -"Psychopharmacology for Clinical Psychologists"
1985 - 1988	UNIVERSITY OF CALIFORNIA, LOS ANGELES Medical School -Lecturer for basic pharmacology course
1985 - 1988	INSTITUTE OF PSYCHIATRY Maudsley Hospital, London -Lecturer for Psychopharmacology Course

-Research Advisor for Research Registrars in
Neurology and Psychiatry

1987 - 1988	INSTITUTE OF NEUROLOGY National Hospital for Nervous Disease Queen Square, London -Lecturer in Neuropharmacology
1988 - present	UNIVERSITY OF CALIFORNIA, SAN DIEGO Department of Psychiatry, School of Medicine -Lecturer in Psychopharmacology for medical students, graduate neuroscience and pharmacology students, psychiatry and medicine residents and psychiatry research fellows -Faculty Mentor Program for Undergraduate Independent Studies -Howard Hughes Mentor Program for Minority Students -Ph.D. dissertation committee, Department of Pharmacology Graduate Students -Chairman of the Steering Committee, Postdoctoral Fellowship in Psychobiology and Psychopharmacology -Advanced Psychopharmacology Course (CME) -Geriatric Psychopharmacology Course (CME)
1988 – 2008	UNIVERSITY OF CALIFORNIA, SAN DIEGO Department of Psychiatry, School of Medicine -"Psychopharmacology Images," a home study CME course approved by UCSD for 35 hours of Category I credit
2009 – present	UNIVERSITY OF CAMBRIDGE, CAMBRIDGE, UK Department of Psychiatry and Psychiatry and Behavioral Clinical Neuroscience Institute -lectures in psychiatry and psychopharmacology
2020 – present	UNIVERSITY OF CALIFORNIA RIVERSIDE Department of Psychiatry and Neuroscience, School of Medicine - lectures in psychiatry, psychopharmacology and neuroscience

COMMITTEES AND REVIEW BOARDS

1981 - 1985	HUMAN SUBJECTS RESEARCH COMMITTEE (IRB) Palo Alto Veterans Administration Medical Center
1983 - 1985	MEDICAL STUDENT EDUCATION COMMITTEE Department of Psychiatry and Behavioral Sciences Stanford University
1988 - 1992	RESEARCH AND DEVELOPMENT COMMITTEE San Diego Veterans Affairs Medical Center

COMMITTEES AND REVIEW BOARDS (Cont'd)

1988 - 1992	CLINICAL PRACTICE COMMITTEE UCSD School of Medicine
1996 – 2016	CONTINUING MEDICAL EDUCATION COMMITTEE UCSD School of Medicine
1997 – 2012	EXPERT MEDICAL REVIEWER Medical Board of California
1997 - 2014	MEDI-CAL (Medicaid) DRUG USE REVIEW (DUR) BOARD State of California Medicaid Program
1997 – 2014	-Member
2005- 2007	-Vice Chair
2007 – 2013	-Chair
2008 – 2018	UCSD Geisel Library, University Librarian's Advisory Board

LICENSES AND CERTIFICATION

1975	Diplomate of the Federal Licensure Examination
1977	Diplomate of the National Board of Medical Examiners
1983	Diplomate, American Board of Psychiatry and Neurology
1985 - 1988	Visiting Overseas Doctor Registration, General Medical council, UK
1975 – present	Medical Licensure, State of Indiana, #01026376,
1975 – present	Medical Licensure, State of Ohio, #35-03-8911,
1977 – present	Medical Licensure, State of California, #G34507,
1993 - 1997	Qualified Medical Evaluator, State of California, #908730,

HONORS

1971, 1973, 1977	Illinois Psychiatric Society Award
1972	Roche Award in Neuropsychiatry
1973	Neuropsychiatric Research Foundation Award
1974	Saul R. Korey Award in Basic Research
1974	A.E. Bennett Award in Basic Research
1974	Alpha Omega Alpha Basic Research Award
1974	G.D. Searle Award
1975	G. Milton Shy Award
1983	Merrell-Dow Visiting Professor of Psychiatry and Pharmacology, Chicago, Illinois
1984	French Ministry Visiting Professor of Psychiatry and Neurology, Lyon, France
1997	Honorable Mention, Association of American Publishers' Award for Best Medical Textbook published in the U.S. for <u>Essential Psychopharmacology</u>
2000	Communicator Award, Educational Videotape Series Communicator Award, Written and Illustrated Antipsychotic

HONORS (Cont'd)

	workbook
2001	Honorary Adjunct Professor of Psychiatry New York College of Osteopathic Medicine New York Institute of Technology Old Westbury, New York
2002	Lundbeck International Neuroscience Foundation Prize
2004	San Diego Psychiatric Society/American Psychiatric Association Education Award
2008	UCSD Residency Teaching Award
2009	The British Medical Association Medical Book Competition Award, <u>Stahl's Essential Psychopharmacology 3rd Edition</u>
2009	Honorary Visiting Senior Fellow, Department of Psychiatry, University of Cambridge, Cambridge, UK
2010	The British Medical Association Book of the Year Award for <u>The Prescribers Guide 3rd Edition</u>
2011	The British Medical Association Medical Book Competition Award, <u>Stahls Illustrated Antipsychotics</u>
2012	The Feldman Lecture, Edmonton, Canada
2013	Distinguished Psychiatrist Lecturer and Award, American Psychiatric Association
2016	The Stephen M. Stahl Young Psychiatrist Award, named in honor of Stephen Stahl and awarded to the Northwestern University medical student who has the best performance in psychiatry, given annually by the Department of Psychiatry at Northwestern University Medical School, Chicago, Illinois
2016	David A. Mrazek Lecture and Award for Pharmacogenomics in Psychiatry, American Psychiatric Association
2016	The British Medical Association Medical Book Competition Award for Best Digital Book, <u>Stahl Masterclass</u> , Cambridge University
2017	Honorary President, Italian Brain Research Foundation
2018	Honorary Doctorate, Üsküdar University, Istanbul Turkey
2018	Honorary Citizen, City of Lucca, Italy for contributions to psychiatry
2018	Honorary Member, Italian Medical Society, for contributions to mental health

EDITORIAL BOARDS

1988 - 1989	<u>Psychological Medicine</u>
1988 – present	<u>International Review of Psychiatry</u>
1991 - 1992	<u>Stress Management Advisor</u>
1996 - present	<u>Journal of Psychiatry in Clinical Practice</u>
1996 – 1997	Editor, "Psychopharm Psnapshots," <u>Psychiatric Annals</u>
1997 - 2011	Editor, "Brainstorms," <u>Journal of Clinical Psychiatry</u>
1997 – 2008	Clinical Field Editor, <u>International Journal of Neuropsychopharmacology</u>
1999 – 2009	<u>CNS News</u>
1999 - 2007	<u>Journal of Depression and Anxiety/African Journal of Psychiatry</u>

2000 – present	<u>Neuropsychopharmacology</u>
2003 – present	<u>CNS Spectrums</u>
2012 – present	-Editor-in-Chief, CNS Spectrums
2004 – present	<u>Journal of Psychotic Disorders</u>
2005 – present	<u>Clinical Neuropsychiatry</u>
2005 – present	<u>Psychiatry/Innovations in Clinical Neuroscience</u>
2005 – present	<u>Expert Opinion on Pharmacotherapy</u>
2005 – present	<u>Acta Psychiatrica Scandinavica</u>
2005 – present	-Editorial Board
2007 – 2016	-Associate Editor
2010 – 2018	<u>Neurotherapeutics</u>
2010 – present	<u>Therapeutic Advances in Psychopharmacology</u>
2010 – present	<u>Neuropsychiatry</u>
2010 – present	<u>Frontiers in Psychopharmacology</u>

SCIENTIFIC ADVISORY BOARDS

1990 – 2000	National Anxiety Foundation
1993 – 2000	San Diego Phobia Foundation
1996 – 2012	Obsessive-Compulsive Foundation (National)
1996 – 2012	California Obsessive-Compulsive Foundation
2001 – 2004	EthicAd
2001 – 2004	Acurian
2001 – 2004	BioExpertise
2001 – 2015	Healthcare Technology Systems (HTS)
2001 – 2012	Decision Resources
2002	Academy of Judges, International Health and Medical Media Awards (Freddie Awards)
2010 – present	Genomind
2010 – present	Mind X Sciences

PROFESSIONAL SOCIETIES

American Academy of Neurology
 American Academy of Psychiatry and the Law
 American College of Neuropsychopharmacology
 Ad Hoc Awards Committee, 1984
 Task Force on Drug Safety, 1985 - 1988
 Liaison committee with government agencies
 and the pharmaceutical industry 1986 - 1989
 Fellow, 1989 - present
 Education Committee – 1998 - 2002
 American Psychiatric Association
 Member 1981-2000
 Fellow, 2000 – 2003
 Distinguished Fellow – 2003 – 2014
 Distinguished Life Fellow 2014 - present
 American Society for Neurochemistry
 American Society of Clinical Psychopharmacology

PROFESSIONAL SOCIETIES (Con't)

British Association of Psychopharmacology, 1985 – 1988
Council, 1987 - 1988
British Pharmacology Society, 1985 - 1989
Collegium Internationale Neuro-psychopharmacologium
Chairman, Education Committee, 1997 –2004
Fellow, 1986 – present
Counsellor, 2000 – 2004
Scientific Program Committee, 2000-2002
Scientific Program Committee, 2002-2004
Scientific Program Committee, 2004-2006
Vice President, 2004-2008
International Society of Neurochemistry, 1976 - 1993
Royal Society of Medicine
Society for Neurosciences
Society of Biological Psychiatry
Membership Committee, 1982 - 1988
West Coast College of Biological Psychiatry
Membership Committee, 1990 - 1999

REVIEW OF SCIENTIFIC MANUSCRIPTS

Acta Psychiatrica Scandinavica	Journal of Clinical Investigation
American Journal of Psychiatry	Journal of Clinical Psychiatry
Annals of Neurology	Journal of Neural Transmission
Archives of General Psychiatry	Journal of Neurochemistry
Biochemical Pharmacology	Journal of Psychiatry in Clinical Practice
Biological Psychiatry	Journal of Studies on Alcohol
Brain	Life Sciences
Brain Research	Int'l J Clin Psychopharmacology
Clinical Therapeutics	Neurology
Clinical Neuropsychiatry	Neuropsychopharmacology
CNS Spectrums	Psychiatry Research
Depression	Psychiatric Services
Epilepsia	Psychological Medicine
Expert Opinion on Pharmacotherapy	Psychopharmacology
Internat'l Journal of Neuropsychopharmacology	Psychosomatic Medicine Sleep
Journal of Affective Disorders	Trends in Pharmacological Sciences
Journal of the American Medical Assoc.	
Science	

REVIEW OF THE SCIENTIFIC MERIT OF GRANT APPLICATIONS

Preclinical Psychopharmacology (National Institute of Mental Health)
Clinical Psychopharmacology (National Institute of Mental Health) Neurology B (National Institute of Neurological and Communicative Diseases and Stroke)

REVIEW OF THE SCIENTIFIC MERIT OF GRANT APPLICATIONS (Cont;d)

Scottish Rite Foundation for Schizophrenia
Dystonia Medical Research Foundation
Mental Health Clinical Research Centers Branch (National Institute of Mental Health)
Research Advisory Group, Veterans Administration Central Office
March of Dimes
Ontario Mental Health Foundation
Tourette Syndrome Association
Mental Health Foundation (UK)
Medical Research Council (UK)
Medical Research Council (Canada)
Veterans Affairs Merit Review Board (Neurobiology) ad hoc reviewer
Brain Disorders and Clinical Neurosciences Study Section (NIMH),ad hoc reviewer
Catalan Agency for Health Technology (Spain)

MANAGEMENT COURSES

- 1986 Management skills course, MAST, Management and Skills Training, Cambridge, United Kingdom.
- 1986 Counseling for performance improvement course, MAST, Management and Skills Training, Cambridge, United Kingdom.
- 1987 Financial Planning and Forecasting, Templeton College, The Oxford Centre for Management Studies, Oxford, United Kingdom.
- 1987 Oxford Executive Programme for Senior Management: Managing for Competitive Advantage and Profitability, Templeton College, The Oxford Centre for Management Studies, Oxford, United Kingdom.
- 1987 Performance Appraisals, MAST, Management and Skills Training, Cambridge, United Kingdom.

RESEARCH IN COLLABORATION WITH
THE PHARMACEUTICAL INDUSTRY

RESEARCH AT STANFORD UNIVERSITY (1979 - 1985)

- 1. Gamma-vinyl-GABA (Merrell-Dow) in tardive dyskinesia, Tourette syndrome and other movement disorders.
- 2. RO22-1319 (piquindone) (Roche) in schizophrenia.
- 3. RO22-1319 (piquindone) (Roche) in Tourette syndrome.
- 4. Fenfluramine (Robins) in schizophrenia.
- 5. Albuterol (Glaxo) in depression.
- 6. Alprazolam (Upjohn) in depression.
- 7. Lisuride (Schering AG) in dystonia.
- 8. Bromocriptine (Sandoz) in dystonia.
- 9. Clonidine (Boehringer-Ingelheim) in movement disorders.

10. Lecithin and choline chloride in movement disorders (tardive dyskinesia, Huntington's disease, Tourette syndrome).
11. Physostigmine (O'Neal) in movement disorders (tardive dyskinesia, Huntington's disease, Tourette syndrome).
12. Fenfluramine (Robins) in the malignant carcinoid syndrome.
13. Levodopa (Lakeside, Nutritional Biochem) in Parkinson's disease and dementia .
14. Diazepam (Roche) in the Stiff-Man syndrome.

RESEARCH AT ALZA CORPORATION (1982 - 1985)

1. Transdermal fentanyl in postoperative pain and in chronic cancer pain.
2. Transdermal testosterone in male hypogonadism.
3. OROS verapamil, OROS propranolol and OROS hydrochlorothiazide in hypertension.
4. Transdermal estradiol in female menopause.
5. Topical safety, transdermal naloxone.

RESEARCH AT MERCK (1985 - 1988)

1. First administration of new chemical entities to man: alpha-2 antagonist, glutamate antagonist, oral sustained release dopamine agonist, transdermal dopamine agonist.
2. Entering new chemical entities into Phase IIA clinical development: glutamate antagonist, oral sustained release dopamine agonist, transdermal dopamine agonist, skeletal muscle relaxant, cholecystokinin-A antagonist, alpha-2 antagonist.
3. Entering new chemical entities into Phase IIB/III clinical development: oral sustained release dopamine agonist.
4. New drug application (NDA) filing: oral sustained release antiparkinsonian (Sinemet CR).
5. Clinical research: fluorinated analogues of glutamate antagonists for positron emission tomography; neuropharmacology of cognition and memory in human volunteers.
6. Preclinical research: neuroprotective glutamate antagonist lead compounds; cholinomimetic Alzheimer lead compound, beta adrenergic and serotonin receptor regulation by antidepressants/anxiolytics.
7. Licensing-in agreements for CNS compounds.

RESEARCH AT INSTITUTE FOR PSYCHOPHARMACOLOGY RESEARCH, SAN DIEGO/CARLSBAD (1988 - 2004)

1. Gepirone (Bristol-Myers) in major depressive disorder
2. Xanax sustained release (Upjohn) in panic disorder
3. Sertraline (Pfizer) vs. amitriptyline, quality of life study in depression
4. Sertraline (Pfizer) crossover from fluoxetine in depression
5. Sertraline (Pfizer) vs. clomipramine in obsessive compulsive disorder
6. Ipsapirone (Miles) in depression
7. Nefazodone (Bristol-Myers Squibb) in depression
8. Adinazolam (Upjohn) vs. nortriptyline, effects on serotonin receptors in major depressive disorder

9. CGS-18102A (Ciba-Geigy) in generalized anxiety disorder
10. Bupropion sustained-release (Burroughs Wellcome) in major depressive disorder
11. Xanax (Upjohn) in long-term treatment of panic disorder
12. Buspirone (Bristol-Myers Squibb) in mixed anxiety depression
15. Sertraline (Pfizer) vs. fluoxetine, quality of life study in depression
14. Sertraline (Pfizer) vs. desipramine in comorbid obsessive compulsive disorder plus major depressive disorder
15. Fluvoxamine (Upjohn-Solvay) in panic disorder
16. Paroxetine (SmithKline Beecham) in depression
17. DN-2327 (Takeda Abbott Pharmaceuticals) in generalized anxiety disorder
18. Nefazodone (Bristol-Myers Squibb) crossover from fluoxetine, in depression
19. Nefazodone (Bristol-Myers Squibb) crossover from sertraline, in depression
20. Tandoospirone (Pfizer) in depression
21. Klonopin (Roche) in obsessive compulsive disorder
22. Klonopin (Roche) in panic disorder
23. Mentane (Hoechst) in Alzheimer's disease
24. Nefazodone (Bristol-Myers Squibb) in inpatients with depression
25. Olanzapine (Lilly) in inpatients with schizophrenia
26. Pharmacokinetic study of ziprasidone in inpatients with schizophrenia
27. Bupropion sustained-release (Burroughs Wellcome) in depression
28. BMS-181,101 (Bristol-Myers Squibb) open label treatment in depression
29. CP-93,393 (Pfizer) in generalized anxiety disorder
30. Sertindole (Abbott) in schizophrenia
31. Sabeluzole (Janssen) in Alzheimer's disease
32. Sertraline (Pfizer) in relapse of symptoms in obsessive compulsive disorder
33. BMS-181,101 (Bristol-Myers Squibb) double-blind treatment in depression
34. Venlafaxine (Wyeth-Ayerst) in depression
35. Bupropion sustained-release (Burroughs Wellcome) vs. sertraline in depression
36. Sertraline (Pfizer) in treatment refractory obsessive compulsive disorder
37. ORG 4428 (Organon) in depression
38. Flesinoxan (Solvay) vs. buspirone in generalized anxiety disorder
39. CP-93,393 (Pfizer) in depression
40. Hippurate LY 228729 (Lilly) in treatment refractory depression
41. Ipsapirone (Miles/Bayer) sustained release in major depressive disorder
42. Fluoxetine (Lilly) in relapse of symptoms of obsessive compulsive disorder
43. Ziprasidone (Pfizer) vs. risperidone in outpatients with schizophrenia
44. Serzone (Bristol-Myers Squibb) in general psychiatric practices
45. CP93,393 (Pfizer) in major depressive disorder
46. CP93,393 (Pfizer) in generalized anxiety disorder
47. Fluoxetine Plus Pindolol (Lilly) in depression
48. Citalopram (Forest) in depression
49. Fluoxetine (Lilly) in relapse of symptoms of bulimia
50. Remeron (mirtazapine) (Organon) in major depressive episode
51. Iloperidone (Titan) in schizophrenia.
52. Compass (Bristol-Myers Squibb) in all disorders
53. Flibanserin (Boehinger Ingelheim) in major depressive disorder
54. SR58611A (Sanofi) in major depression
55. Olanzapine (Lilly) in resistant major depressive disorder without psychotic features.
56. Risperidone (Janssen) in Treatment Resistant Major Depressive Disorder.

57. Estrogen as an adjunct to Zoloft (Pfizer) for Panic Disorder in Peri/Post Menopausal Women.
58. SR142801 (Sanofi) in major depression.
59. Neurokinin - CP122-721 (Pfizer) in major depression.
60. Reboxetine (Pharmacia Upjohn) in Major Depressive Disorder.
61. St. John's Wort (Pfizer) in major depression.
62. Nefazodone (Bristol Myers Squibb) A multicenter, double-blinded placebo controlled, randomized fixed dose study of Nefazodone ER in the treatment of depressed patients.
63. Celexa (Forest Laboratories) Depression study
64. Paxil GAD (SmithKlineBeecham) A Randomized double blind placebo controlled flexible dose trial to evaluate the efficacy and tolerability of paroxetine in patients with generalized anxiety disorder.
65. Olanzapine (Lilly) Randomized double blinded parallel study of patients who have responded to acute (6 to 12) weeks open label olanzapine treatment and are in symptomatic remission of an index manic, mixed, or depressed episode (with or without psychotic features).
66. Citalopram (Forest Laboratories) Panic
67. Citalopram (Forest Laboratories) Depression
68. Effexor XR (Wyeth Ayerst) Social Phobia
69. CP 448, 187 – Pfizer Depression
70. Reboxetine – Pharmacia and Upjohn
71. Duloxetine in Major Depression - Lilly

PROFESSIONAL NEWSLETTER ARTICLES

- (NL-1) Stahl SM. Clinical applications of the neuropharmacology of receptor ligands appear to be promising. The Psychiatric Times VIII (3):40-41, 1991.
- (NL-2) Stahl SM. Treating Adolescents and Children with Antidepressants: Damned If you do, damned if you don't. Part 1 – What we know and what we don't Know. PsychEd Up, Volume 1, Issue 1, p.6-7, 2005.
- (NL-3) Stahl SM. Treating Adolescents and Children with Antidepressants: Damned if you do, damned if you don't. Part 2 – What we should do. PsychEd Up, Volume 1, Issue 2, p. 6-7, 2005.
- (NL-4) Stahl SM. It Takes Two to Entangle: Separating Medical Education from Pharmaceutical promotion. PsychEd Up, Volume 1, Issue 3, p. 6-7, 2005.
- (NL-5) Stahl SM. Detecting and Dealing with Bias in Psychopharmacology, PsychEd Up, Volume 1, Issue 4, p. 6-7, 2005.
- (NL-6) Stahl SM. Finding Better Answers for Sleep Disorders. Shift Happens. PsychEd Up, Volume 1, Issue 5, p.6-7, 2005.
- (NL-7) Coopan R and Stahl SM. Metabolic Issues: A Psychiatrist's Perspective. Clinical Psychiatry News Supplement, Psychopharmacology: Beyond Conventional Wisdom, p 14-16, 2005.

PROFESSIONAL NEWSLETTER ARTICLES (Cont'd).

- (NL-8) Stahl SM. A Rash Proposal for Psychopharmacologists Treating Bipolar Disorder. PsychEd Up, Volume 1, Issue 6, p. 6-7, 2005.
- (NL-9) Stahl SM and Shayegan DK. Assessing the Assessments in Psychopharmacology. PsychEdUp, Volume 1, Issue 7, p 6-7, 2005.
- (NL-10) Stahl SM. Specifying the Unspecified in Bipolar Disorder, PsychEdUp, Volume 1, Issue 8, p. 6-7. 2005.
- (NL-11) Stahl SM. Let Them Eat Generics. PsychEdUp, Volume 1, Issue 9, p. 6-7, 2005.
- (NL-12) Stahl SM. Fixing Pharma and the Feds. PsychEdUp, Volume 1, Issue 10, p.5-6, 2005.
- (NL-13) Stahl SM. Strategies for Innovating New Treatments in Psychiatry. PsychEdUp, Volume 1, Issue 11, p. 6-7, 2005.
- (NL-14) Stahl SM. Prescribing Off-Label in Psychopharmacology. PsychEdUp, Volume 1, Issue 12, p. 5-6, 2005.
- (NL-15) Stahl SM and Grady M. Symptoms and Circuits: Deconstructing Psychiatric Disorders to Achieve Remission. PsychEdUp, Volume 2, Issue 1, p. 6-7, 2006.
- (NL-16) Stahl SM. Will CATIE Change Your Practice? PsychEdUp, Volume 2, Issue 2, p.6-7, 2006.
- (NL-17) Stahl SM. Processes Influencing Wakefulness. PsychEdUp, Volume 2, Issue 3, p. 6-7, 2006.
- (NL-18) Stahl SM. Signal Transduction. PsychEdUp, Volume 2, Issue 4, p. 6-7, 2006.
- (NL-19) Stahl SM. Effects of Sleepiness. PsychEdUp, Volume 2, Issue 5, p. 6-7, 2006.
- (NL-20) Stahl SM. Targeting Executive Dysfunction. PsychEdUp, Volume 2, Issue 6, p. 5-6, 2006.
- (NL-21) Stahl SM. Neuromodulators of Arousal. PsychEdUp, Volume 2, Issue 7, p. 5-6, 2006.
- (NL-22) Stahl SM. Diagnosing Obstructive Sleep Apnea, PsychEdUp, Volume 2, Issue 8, p. 5-7, 2006.
- (NL-23) Stahl SM and Grady MM. ADHD: From Syndrome to Symptoms. Part 1: Inattention. PsychEdUp, Volume 2, Issue 9, 6-7, 2006.

PROFESSIONAL NEWSLETTER ARTICLES (Cont'd).

- (NL-24) Stahl SM and Grady MM. ADHD: From Syndrome to Symptoms. Part 2: Hyperactivity. PsychEdUp, Volume 2, Issue 10, 6-7, 2006.
- (NL-25) Stahl SM and Buckley PF. Diagnostic and Treatment Approaches to the Negative Symptoms of Schizophrenia, Part 1: Diagnosis. PsychEd Up, Volume 2, Issue 11, 6-7, 2006.
- (NL-26) Stahl SM and Buckley PF. Diagnostic and Treatment Approaches to the Negative Symptoms of Schizophrenia, Part 2: Neurobiology. PsychEd Up, Volume 2, Issue 12, 6-7, 2006.
- (NL-27) Stahl SM and Buckley PF. Diagnostic and Treatment Approaches to the Negative Symptoms of Schizophrenia, Part 3: Treatment. PsychEd Up, Volume 3, Issue 1, 6-7, 2007.
- (NL-28) Stahl SM and Roberts E. The Fuzzy Symptoms of Excessive Sleepiness, Part One: Case One, Who is the Patient? WakeUp!, Volume 1, Issue 1, 6, 2007.
- (NL-29) Stahl SM and Roberts E. The Fuzzy Symptoms of Excessive Sleepiness, Part Two: Case One, Results and Action. WakeUp!, Volume 1, Issue 2, 6, 2007.
- (NL-30) Stahl SM. Overview of Trends in Psychopharmacology. PsychEd Up, Volume 3, Issue 5, 6-7, 2007.
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- (EB-8) Pappagallo M, Smith H and Stahl SM. Essential Pain Pharmacology: Prescribers Guide. Cambridge University Press, New York, 2012.
- (EB-9) Stahl SM and Moore BA. (Eds) Anxiety Disorders: A Concise Guide and Casebook for Psychopharmacology and Psychotherapy Integration. Routledge Press, New York, 2013.
- (EB-10) Reis de Oliveira I, Schwartz T and Stahl SM. Integrating Psychotherapy and Psychopharmacology. Routledge Press, New York 2014.
- (EB-11) Zohar J, Stahl S, Moller H-J, Blier P, Kupfer D, Yamawaki S, Uchida H, Spedding M, Goodwin G, Nutt D, Neuroscience Based Nomenclature, Cambridge University Press, Cambridge, UK, 2014
- (EB-12) Silberstein, SD, Marmura MJ, Hsiangkuo Y, Stahl SM, Essential Neuropharmacology, The Prescribers Guide, 2nd Edition, 2016, Cambridge University Press, New York.
- (EB-13) Warburton KD and Stahl SM, Violence in Psychiatry, Cambridge University Press, 2016
- (EB-14) Marazzitti D and Stahl SM, Evil, Terrorism and Psychiatry, Cambridge University Press, 2019

PRESENTATIONS AND ABSTRACTS (2012-PRESENT)

(Total of 1337 presentations plus 231 published abstracts from 1970 through 2012)

PRESENTATIONS AND ABSTRACTS (1)

- 2013 Stahl SM. Emerging Personalized Medicine in Mental Health: Targeting Treatments for Depression. Personalized Medicine World Conference, Mountain View, CA January 28, 2013.
- 2013 Stahl SM. From Symptoms to Circuits in Psychopharmacology: Imaging Brain Circuits and Applying Pharmacogenomics in Modern Clinical Practice. West Coast Geriatric Psychiatry Conference, San Diego, CA Feb. 20-21, 2013.
- 2013 Stahl SM. Depression: Deeper Evaluation of Symptoms and Neurobiology. New York, New York, March 5, 2013
- 2013 Stahl SM. From Symptoms to Circuits in Psychopharmacology: Imaging Brain Circuits and Applying Pharmacogenomics in Modern Clinical Practice. Mt. Sinai School of Medicine, Department of Psychiatry, New York, New York, March 5, 2013.
- 2013 Stahl SM. Depression: Deeper Evaluation of Symptoms and Neurobiology. Chicago, Illinois, March 6, 2013.
- 2013 Stahl SM. Depression: Deeper Evaluation of Symptoms and Neurobiology. Dallas, Texas, March 20, 2013
- 2013 Stahl SM. The Mechanism of Action of Atypical Antipsychotics in Bipolar Mania: Are There Any Meaningful Differences? London, United Kingdom, April 15, 2013.
- 2013 Stahl SM. The Mechanism of Action of Atypical Antipsychotics in Bipolar Mania: Are There Any Meaningful Differences? Birmingham, United Kingdom, April 16, 2013.
- 2013 Stahl SM . Glutamate: The Emerging Frontier of Psychopharmacology for Schizophrenia and Mood Disorders. Birmingham, United Kingdom, April 16, 2013.
- 2013 Stahl SM. Master Class: Latest Advances in Psychopharmacology, Cambridge, United Kingdom, April 18-20, 2013.
- 2013 Stahl SM. Optimizing Care for Patients with Schizophrenia, Zagreb, Croatia, May 7, 2013.
- 2013 Stahl SM. Advancing the Care and Optimizing the Treatment, Dubai, UAE, May 10, 2013.

PRESENTATIONS AND ABSTRACTS (2)

- 2013 Stahl SM. Challenges and Opportunities in Schizophrenia Treatment. American Psychiatric Association Annual Meeting, San Francisco, CA May 19, 2013
- 2013 Stahl SM. Emerging Personalized Medicine in Mental Health: Targeting Treatments for Depression. American Psychiatric Association Annual Meeting, San Francisco, CA May 19, 2013.
- 2013 Stahl SM. Frontiers in Neuroscience, San Francisco, CA May 20, 2013.
- 2013 Stahl SM. What is a 21st Century Neurobiologically Empowered Psychiatrist? Lessons from Crime Scene Investigators. American Psychiatric Association Annual Meeting, San Francisco, CA May 21, 2013.
- 2013 Stahl SM. Mood Disorders: A Lifespan Perspective, honoring the contributions of Lewis L. Judd, M.D. May 23, 2013, San Diego, CA.
- 2013 Stahl SM. Neurobiological mechanisms mediating the treatment effect in bipolar Disorder. 3rd International Congress on Neurobiology and Psychopharmacology. Athens, Greece. Webcast May 31, 2013.
- 2013 Stahl SM. Stahl's Essential Psychopharmacology 4th Edition Master Course, Part 1, Carlsbad, CA June 7-9, 2013.
- 2013 Stahl SM. Master Class in Depression, Rio de Janeiro, Brazil, June 14, 2013.
- 2013 Stahl SM. Psychoses, Bipolar Disorders and Cardiometabolic Risk: Office Systems for Assessment and Treatment. Chicago, Illinois, June 25, 2013.
- 2013 (A-233) Maxwell NM, Nevin RL, Stahl SM, Block J, Shugarts S, Wu A, Dominy S, Alonso M, Blanco S, Kappelman-Culver S, Lee-Messer C and Maldonado J. A 16 Year Old Girl with Acute and Prolonged Psychosis following Chloroquine Toxicity and Polypsychopharmacology: Utility of Personalized Pharmacogenetic Testing. Up Close and personalized Conference, Paris, France, July 25-28, 2013.
- 2013 (A-234) Burton B, Feigenbaum A, Grant M, Hendren R, Singh R, Stahl SM, Zhang C and Prasad S. Neuropsychiatric Outcomes in PKU Patients with ADHD Symptoms Treated with Sapropterin: Results from the Randomized Controlled PKU ASCEND Trial. 12th International Congress of Inborn Errors of Metabolism (ICIEM), September 3-6, 2013, Barcelona, Spain.
- 2013 Stahl SM. Depression: Deeper Evaluation of Symptoms and Neurobiology. Los Angeles, CA , September 17, 2013.
- 2013 Stahl SM. The Psychopharmacology of Violence. Orange County Psychiatric Association, Irvine, California, September 18, 2013.

PRESENTATIONS AND ABSTRACTS (3)

- 2013 Stahl SM. Stahl's Essential Psychopharmacology 4th Edition Master Course, Part 2, Carlsbad, CA Sept. 20-22, 2013.
- 2013 Stahl SM. NEI Psychopharmacology Clinical Update: Antipsychotics and ADHD. Carlsbad, CA September 27, 2013.
- 2013 Stahl SM. Treatment of Anxiety-Depression Continuum: Biological and Pharmacological Basis. ECNP Congress, Barcelona, Spain, October 7, 2013.
- 2013 Stahl SM. The new nomenclature in action: D2 antagonists and D2 partial agonist. ECNP Congress, Barcelona, Spain, October 7, 2013.
- 2013 Stahl SM. Depression – From Symptoms to Circuits – Disease State and Neurobiology. Depression Network Speaker Training, Chicago, Illinois, November 8-9, 2013
- 2013 Stahl SM. Bipolar Depression: Presentation, diagnosis and Treatment in the Outpatient Psychiatry Practice Setting. Chicago, Illinois, November 6, 2013.
- 2013 Stahl SM. It's Personal: Genotyping to Improve Patient Outcomes. NEI Psychopharmacology Congress, Colorado Springs, Colorado, November 14-17, 2013.
- 2013 Stahl SM. Looking to the Horizon: Novel Agents in Development for the Treatment Of Depression. NEI Psychopharmacology Congress, Colorado Springs, Colorado, November 14-17, 2013.
- 2013 Stahl SM. Impulsive and Compulsive Disorders. NEI Psychopharmacology Congress, Colorado Springs, Colorado, November 14-17, 2013.
- 2013 Stahl SM. Improving Outcomes in Schizophrenia: Long-acting Depots and Long-term Treatment. NEI Psychopharmacology Congress, Colorado Springs, Colorado, November 14-17, 2013.
- 2013 Stahl SM. Depression-From Symptoms to Circuits-Disease State and Neurobiology. Depression Network Speaker Training, Dallas, Texas, November 22-23, 2013.
- 2013 Stahl SM. Unveiling a new treatment option for MDD in Adults. Dallas, Texas, December 5, 2013.
- 2014 Stahl SM, Cutler A and Culpepper L. Illuminating Advances in the Treatment of Major Depressive Disorder. Satellite Broadcast, January 30, 2014.
- 2014 Stahl SM. Brintellix: Key Clinical Points. Las Vegas, Nevada, February 25, 2014.

PRESENTATIONS AND ABSTRACTS (4)

- 2014 Stahl SM. Master Class: Latest Advances in Psychopharmacology, Clare College, Cambridge, UK. April 3-5, 2014.
- 2014 Stahl SM. Neurosciences 277: Depression: Antidepressants, UCSD Resident Lecture , April 10, 2014.
- 2014 Stahl SM. Advances in Managing the Side Effects of Psychotropic Medications. American Psychiatric Association Annual Meeting, New York, New York, May 6, 2014.
- 2014 Stahl SM. Depression-From Symptoms to Circuits – Disease State and Neuro-Biology. Chicago, Illinois, June 13, 2014.
- 2014 Stahl SM. Depression – From Symptoms to Circuits – Disease State and Neuro-Biology. Dallas, Texas June 27, 2014.
- 2014 Stahl SM. An Update of Psychopharmacology, October 15, 2014. London, UK.
- 2014 Stahl SM. The New Mission of Forensic Mental Health Systems: Assessment and Treatment of Violence. October 17, 2014, Institute of Psychiatry, London, UK.
- 2014 Stahl SM. Aripiprazole Once Monthly and the paradigm shift in schizophrenia treatment. October 20, 2014, Berlin, Germany.
- 2014 Stahl SM. Pharmacology-based nomenclature: a joint ECNP, CINP, ACNP and AsCNP Task Force. From antipsychotic to D2 antagonists and D2 partial agonists. October 21, 2014, 27th ECNP Congress, Berlin, Germany.
- 2014 Stahl SM. Agomelatine: A Novel Antidepressant Exploiting Synergy between Monoaminergic and Melatonergic Properties, October 28, 2014. Satellite Presentation, Carlsbad, California.
- 2014 Stahl SM. Expert Seminar in Psychopharmacology: Schizophrenia. November 3, 2014, London, UK.
- 2014 Stahl SM. Expert Seminar in Psychopharmacology: Schizophrenia. November 5, 2014, Birmingham, UK.
- 2014 Stahl SM. Expert Seminar in Psychopharmacology: Schizophrenia. November 6, 2014, Leicestershire, UK
- 2014 Stahl SM. Overview of Latuda (lurasidone) and Patient Case Studies. CMHP Satellite Broadcast, November 7, 2014, Leicestershire, UK.
- 2014 Stahl SM. Nature vs. Nurture: Epigenetics and Personalized Medicine. NEI Psychopharmacological Congress, November 13-16, 2014, Colorado Springs, CO.

PRESENTATIONS AND ABSTRACTS (5)

- 2014 Stahl SM. Binge Eating as an Impulsive-Compulsive Disorder: Neurobiological Links to Addiction. NEI Psychopharmacological Congress, November 13-16, 2014, Colorado Springs, CO.
- 2014 Stahl SM. Serotonin Receptors and Serotonergic Drugs. NEI Psychopharmacological Congress, November 13-16, 2014, Colorado Springs, CO.
- 2014 Warburton K and Stahl SM. Addressing agitation and Aggression in Patients with Mental Illness. NEI Psychopharmacological Congress, November 13-16, 2014, Colorado Springs, CO.
- 2014 (A-235) Koenig G, Townsend M, Stoiljkovic M, Leventhal L, Tang C, Hurst R, Piser T, Chen T, Hilt D, Majos M, Stahl S and Flood D. Bridging the gap between alpha-7 receptor priming and cognitive enhancement in the clinic and in pre-clinical animal models. ACNP 53rd Annual Meeting, December, 10, 2014, Phoenix, AZ.
- 2015 Stahl SM. Half Day Workshop on Forensic Violence, January 16, 2015, Worcester, MA.
- 2015 Stahl SM. Tricks of the Trade: Treatment of Resistant Mood, Anxiety or Psychotic Disorders. Psychopharmacology, 2015: A Master Class, April 24-25, 2015, Harvard Psychopharmacology Course, Boston, MA.
- 2015 Stahl SM. Differentiating BRINTELLIX: Clinical Perspectives, May 1, 2015, Chicago, IL.
- 2015 Stahl SM. Nature vs. Nurture: Epigenetics and Personalized Medicine, May 7, 2015, Abu Dhabi.
- 2015 Stahl SM. Expert Seminar in Psychopharmacology: Schizophrenia, May 26, 2015, Birmingham, UK
- 2015 Stahl SM. Expert Seminar in Psychopharmacology: Schizophrenia, May 26, 2015, Leeds, UK
- 2015 Stahl SM. Forensic Violence: Psychopharmacology, Carstairs High Security Hospital, May 28, 2015, Carstairs, Scotland.
- 2015 Stahl SM. Expert Seminar in Psychopharmacology: Schizophrenia, July 26, 2015, Bristol, UK
- 2015 Stahl SM, British Association of Psychopharmacology Satellite Symposium: Optimising care in Schizophrenia: The Challenge of Treating Early Non-Responders, July 27, 2015, Bristol, UK.
- 2015 Stahl SM. Psychopharmacology of Violence, Broadmoor High Security Hospital, July 28, 2015, Crowthorne, Berkshire, UK.

PRESENTATIONS AND ABSTRACTS (6)

- 2015 Stahl SM. Expert Seminar in Psychopharmacology: Schizophrenia, July 29, 2015, London, UK
- 2015 Stahl SM. Expert Seminar in Psychopharmacology: Schizophrenia, July 31, 2015, London, UK
- 2015 Stahl SM. New Developments in Schizophrenia Treatment: Emerging Role of D2 Partial Agonists. ECNP Congress, August 29 – September 1, 2015, Amsterdam, Holland.
- 2015 Stahl SM. Reducing Confusion Naming Antipsychotics: Pharmacology, Non-Clinical Target for Nomenclature. ECNP Congress, September 1, 2015, Amsterdam, Holland.
- 2015 Stahl SM. Department of State Hospitals: CAL – VAT (Violence Treatment) Guidelines, September 16, 2015, Western Psychiatric State Hospital Association, Provo, UT.
- 2015 Stahl SM. Schizophrenia Pharmacotherapy – Current Landscape, September 18, 2015, Dallas, TX.
- 2015 Stahl SM. Osher Lecture, Shell Shock, UCSD, October 15, 2015, San Diego, CA.
- 2015 Stahl SM. Overview of Psychopharmacology: Managing Antidepressants and Antidepressant Side Effects, UCSD, October 26, 2015, San Diego, CA.
- 2015 Stahl SM. Expert Seminar in Psychopharmacology: Schizophrenia. November 4, 2015, Manchester, UK.
- 2015 Stahl SM. Expert Seminar in Psychopharmacology: Schizophrenia. November 6, 2015, Belfast, Ireland.
- 2015 Stahl SM. Basic Neuroscience: From Circuits to Symptoms, NEI Psychopharmacological Congress, November 12-15, 2015, Orlando, FL.
- 2015 Stahl SM. One Neurotransmitter to Rule Them All: The Serotonin Network, NEI Psychopharmacological Congress, November 12-15, 2015, Orlando, FL.
- 2015 Stahl SM. Binge Eating and Other Eating Disorders, NEI Psychopharmacological Congress, November 12-15, 2015, Orlando, FL.
- 2015 Stahl SM. Shell Shock Lecture, NEI Psychopharmacological Congress, November 12-15, 2015, Orlando, FL.
- 2015 Stahl SM. Presentation on Gepirone Mechanism of Action, Gepirone FDA Advisory Committee Meeting, December 1, 2015, Washington, DC.

PRESENTATIONS AND ABSTRACTS (7)

- 2016 Stahl SM. Overview of Psychopharmacology and Managing Antipsychotic and Antidepressant Side Effect, UCSD Department of Psychiatry Grand Rounds, January 5, 2016, San Diego, CA.
- 2016 Stahl SM. Shell Shock Lecture, UCSD Department of Psychiatry Grand Rounds, January 14, 2016, San Diego, CA.
- 2016 Stahl SM. Depression, Its Impact, and the Importance of Recognition and Treatment, February 11, 2016, New York, NY.
- 2016 Stahl SM. Expert Seminar in Psychopharmacology – Schizophrenia, February 20, 2016, Melbourne, Australia.
- 2016 Stahl SM. Stahl's Essentials on the Psychopharmacology of Valdoxan: A prescribers Guide, February 21, 2016, Melbourne, Australia.
- 2016 Stahl SM. Identification & Considerations in Pseudobulbar Affect (PBA), February 24, 2016, Los Angeles, CA.
- 2016 Stahl SM. Identification & Considerations in Pseudobulbar Affect (PBA), March 2, 2016, New York, NY.
- 2016 Stahl SM. Hope on the Horizon: An update to the Early Detection and Treatment of Alzheimer's Disease, March, 5, 2016, Jersey City, NJ.
- 2016 Stahl SM. Dangerous Liaison: Understanding the Connection Between Violence and Mental Illness, March 6, 2016, Jersey City, NJ.
- 2016 Stahl SM. Depression, Its Impact, and the Importance of Recognition and Treatment, March 8, 2016, Los Angeles, CA.
- 2016 Stahl SM. Expert Panel – Mock Board for Pramipexole in Parkinson Disease Psychosis, March 16, 2016, San Diego, CA.
- 2016 Stahl SM. Innovative Treatment of Resistant Psychiatric Disorders, Psychopharmacology, 2016: A Master Class, April 1-2, 2016, Harvard Psychopharmacology Course Boston, MA.
- 2016 Stahl SM. NUEDEXTA Interactive Evening Symposium, April 12, 2016, Phoenix, AZ.
- 2016 Stahl SM. Neuropsychopharmacology Lecture on Antidepressants, UCSD, April 28, 2016, San Diego, CA.
- 2016 Stahl SM. NUEDEXTA Interactive Evening Symposium, May 3, 2016, Dallas, TX.

PRESENTATIONS AND ABSTRACTS (8)

- 2016 Stahl SM. An Effective Treatment Option for Adults with Schizophrenia and Acute Manic or Mixed Episodes Associated with Bipolar I Disorder, May 4, 2016, Dallas, TX.
- 2016 Stahl SM. Beyond Laughter & Tears: A Journey of Hope, APA, May 13, 2016, Atlanta, GA.
- 2016 Stahl SM. The Story Behind Going Global: Whither Medical Affairs, APA, May 13, 2016, Atlanta, GA.
- 2016 Stahl SM. David A. Mrazek Memorial Lecture and Award: Psychiatric Pharmacogenomics, APA, May 16, 2016, Atlanta, GA.
- 2016 Stahl SM. Treating the Hallucinations and Delusions Associated with Parkinson's Disease Psychosis, May 16, 2016, Atlanta, GA.
- 2016 Stahl SM. Using Fiction to Tell the Story of Aktion T4, APA, May 16, 2016, Atlanta, GA.
- 2016 Stahl SM. Using Neuroscience Based Nomenclature to Classify Antipsychotics by Pharmacological Mechanisms, APA, May 17, 2016, Atlanta, GA.
- 2016 Stahl SM. Is it Depression or Something More, May 17, 2016, Atlanta, GA.
- 2016 Stahl SM. Treating the Hallucinations and Delusions Associated with Parkinson's Disease Psychosis, May 17, 2016, Atlanta, GA.
- 2016 Stahl SM. Depression, Its Impact, and the Importance of Recognition and Treatment, May 18, 2016, New York, NY.
- 2016 Stahl SM. Depression, Its Impact, and the Importance of Recognition and Treatment, June 10, 2016, Chicago, IL.
- 2016 Stahl SM. The Neurotransmitter to Rule All: The Serotonin Network, June 25, 2016, Dallas, TX.
- 2016 Stahl SM. Depression, Its Impact, and the Importance of Recognition and Treatment, June 27, 2016, San Francisco, CA.
- 2016 Stahl SM. An Effective Treatment Option for Adults with Schizophrenia and Acute Manic or Mixed Episodes Associated with Bipolar I Disorder, July 14, 2016, Los Angeles, CA.
- 2016 Stahl SM. An Effective Treatment Option for Adults with Schizophrenia and Acute Manic or Mixed Episodes Associated with Bipolar I Disorder, July 18, 2016, Depew, NY.

PRESENTATIONS AND ABSTRACTS (9)

- 2016 Stahl SM. An Effective Treatment Option for Adults with Schizophrenia and Acute Manic or Mixed Episodes Associated with Bipolar I Disorder, July 19, 2016, Amherst, NY.
- 2016 Stahl SM. NUEDEXTA Interactive Evening Symposium, July 19, 2016, Pittsburgh, PA.
- 2016 Stahl SM. Depression, Its Impact, and the Importance of Recognition and Treatment, July 20, 2016, Philadelphia, PA.
- 2016 Stahl SM. An Effective Treatment Option for Adults with Schizophrenia and Acute Manic or Mixed Episodes Associated with Bipolar I Disorder, July 21, 2016, Allentown, PA.
- 2016 Stahl SM. An Effective Treatment Option for Adults with Schizophrenia and Acute Manic or Mixed Episodes Associated with Bipolar I Disorder, July 21, 2016, Philadelphia, PA.
- 2016 Stahl SM. Impulsion & Compulsions: Modern Neurochemistry and Pharmacological Approaches, August, 5, 2016, Sao Paulo, Brazil.
- 2016 Stahl SM. Biomarkers of Psychiatric Illnesses, August 6, 2016, Sao Paulo, Brazil.
- 2016 Stahl SM. Psychopharmacology of Traumatic Brain Injury, Camp Pendleton, Navy Psychiatry Department, August 26, 2016, Camp Pendleton, CA
- 2016 Stahl SM. Depression, Its Impact, and the Importance of Recognition and Treatment, September 6, 2016, Baltimore, MD.
- 2016 Stahl SM. Future of Psychopharmacology: Is New Treatment Innovation Still Alive, Johns Hopkins Grand Rounds, September 6, 2016, Baltimore, MD.
- 2016 Stahl SM. Psychopharmacology of Violence, Northern Virginia Mental Health Institute, September 7, 2016, Falls Church, VA.
- 2016 Stahl SM. An Effective Treatment Option for Adults with Schizophrenia and Acute Manic or Mixed Episodes Associated with Bipolar I Disorder, September 7, 2016, Bethesda, MD.
- 2016 Stahl SM. An Effective Treatment Option for Adults with Schizophrenia and Acute Manic or Mixed Episodes Associated with Bipolar I Disorder, September 8, 2016, Orland Park, IL.
- 2016 Stahl SM. An Effective Treatment Option for Adults with Schizophrenia and Acute Manic or Mixed Episodes Associated with Bipolar I Disorder, September 8, 2016, Oaklawn, IL.

PRESENTATIONS AND ABSTRACTS (10)

- 2016 Stahl SM. Expert Neurology and Psychiatry Perspectives, September 8, 2016, Chicago, IL.
- 2016 Stahl SM. From Clinical to Functional Remission in Depression: How big is the Gap, ECNP, September, 18, 2016, Vienna, Austria.
- 2016 Stahl SM. What is New In Psychosis and How is that Reflected in Neuroscience Based Nomenclature, September 20, 2016, Vienna, Austria.
- 2016 Stahl SM. Expert Neurology and Psychiatry Perspectives: Treating the Hallucinations and Delusions Associated with Parkinson's Disease Psychosis, September 27, 2016, San Francisco, CA.
- 2016 Stahl SM. Expert Neurology and Psychiatry Perspectives, October 6, 2016, New York, NY.
- 2016 Stahl SM. Treat the Mind, Respect the Body, October 21, 2016, Sydney, Australia.
- 2016 Stahl SM. Achieving Efficacy While Maintaining Neurological Side Effects in Patients with Psychiatric Illness, October 23, 2016, Sydney, Australia.
- 2016 Stahl SM. Shared Decision Making and Treating Strategy in Major Depressive Disorder, October 23, 2016, Sydney, Australia.
- 2016 Stahl SM. Treat the Mind, Respect the Body, October 25, 2016, Brisbane, Australia.
- 2016 Stahl SM. Future of Psychopharmacology: Is New Treatment Innovation Still Alive, PsychU Virtual Forum, November 1, 2016, Carlsbad, CA.
- 2016 Stahl SM. An Effective Treatment Option for Adults with Schizophrenia and Acute Manic or Mixed Episodes Associated with Bipolar I Disorder, November 2, 2016, Denver, CO.
- 2016 Stahl SM. Violent Means: When Mental Illness and Aggressive Behavior Collide, November 3, 2016, Colorado Springs, CO.
- 2016 Stahl SM. Opioid Therapy is Associated with Abuse and Misuse: Tips to Manage in Your Practice, November 3, 2016, Colorado Springs, CO.
- 2016 Stahl SM. Mood Disorders: A "Spectrum" Analysis, November 4, 2016, Colorado Springs, CO.
- 2016 Stahl SM. Effective Treatment Option for Adults with Schizophrenia and Acute Manic or Mixed Episodes Associated with Bipolar I Disorder, November 7, 2016, Coral Gables, FL.

PRESENTATIONS AND ABSTRACTS (11)

- 2016 Stahl SM. Effective Treatment Option for Adults with Schizophrenia and Acute Manic or Mixed Episodes Associated with Bipolar I Disorder, November 8, 2016, Miami, FL.
- 2016 Stahl SM. Innovative Treatments for Resistant Psychiatric Disorders, Tricks of the Trade, University of Miami, Grand Rounds, November 9, 2016, Miami, FL.
- 2016 Stahl SM. Expert Seminar in Psychopharmacology: Schizophrenia, November 11, 2016, Stockholm, Sweden.
- 2016 Stahl SM. Expert Seminar in Psychopharmacology: Schizophrenia, November 14, 2016, Lausanne, Switzerland.
- 2016 Stahl SM. Expert Seminar in Psychopharmacology: Schizophrenia, November 16, 2016, Lucerne, Switzerland.
- 2016 Stahl SM. Expert Seminar in Psychopharmacology: Schizophrenia, November 18, 2016, Dundee, Scotland.
- 2016 Stahl SM. Expert Seminar in Psychopharmacology: Schizophrenia, November 21, 2016, London, UK.
- 2016 Stahl SM. Expert Seminar in Psychopharmacology: Schizophrenia, November 23, 2016, Glasgow, Scotland.
- 2017 Stahl SM. Arbor Pharmaceuticals Unbranded ADHD Videos, January 3, 2017, Carlsbad, CA
- 2017 Stahl SM. Valdoxan's Efficacy on Functional Remission: The Point of View of the Pharmacologist, International Webinar, January 18, 2017, Carlsbad, CA
- 2017 Stahl SM. Using Atypical Antipsychotic Receptor Pharmacology Principles to Guide Switching to Pimavanserin, January 20, 2017, San Diego, CA
- 2017 Stahl SM. Treating the Hallucinations and Delusions Associated with Parkinson's Disease Psychosis, January 25, 2017, Los Angeles, CA
- 2017 Stahl SM. An Effective Treatment Option for Adults with Schizophrenia and Acute Manic or Mixed Episodes Associated with Bipolar I Disorder, February 1, 2017, Las Vegas, NV
- 2017 Stahl SM. One Neurotransmitter to Rule Them All: The Serotonin Network, February 18, 2017, Lisbon, Portugal
- 2017 Stahl SM. Combining Serotonergic Antidepressant Mechanisms to Attain Best Outcomes, February 18, 2017, Lisbon, Portugal

PRESENTATIONS AND ABSTRACTS (12)

- 2017 Stahl SM. Pharmacotherapy for PTSD and Its Comorbidities, International Society for the Study of Women's Sexual Health, February 23, 2017, Atlanta, GA
- 2017 Stahl SM. Psychopharmacology of Tardive Dyskinesia, Teva Advisory Board, February 25, 2017, Atlanta GA
- 2017 Stahl SM. Opioid Pharmacology: Mu and Kappa, March 3, 2017, Boston, MA
- 2017 Stahl SM. More Than Just Mood – The Neurobiology of Major Depressive Disorder, Pain, and Antidepressant Action, March 11, 2017, Yokohama, Japan
- 2017 Stahl SM. More Than Just Mood – The Neurobiology of Major Depressive Disorder, Pain, and Antidepressant Action, March 12, 2017, Tokyo, Japan
- 2017 Stahl SM. Depression, Japan Web Lecture and Video, March 13, 2017, Tokyo, Japan
- 2017 Stahl SM. Symptoms, Circuits, Neurotransmitters and the Antipsychotic Armamentarium, Janssen International Webinar, Portugal, March 15, 2017, San Diego, CA
- 2017 Stahl SM. An Effective Treatment Option for Adults with Schizophrenia and Acute Manic or Mixed Episodes Associated with Bipolar I Disorder, March 16, 2017, Chicago, IL
- 2017 Stahl SM. An Effective Treatment Option for Adults with Schizophrenia and Acute Manic or Mixed Episodes Associated with Bipolar I Disorder, March 16, 2017, Rosemont, IL
- 2017 Stahl SM. Treating the Hallucinations and Delusions Associated with Parkinson's Disease Psychosis, March 24, 2017, Santa Barbara, CA
- 2017 Stahl SM. Treating the Hallucinations and Delusions Associated with Parkinson's Disease Psychosis, March 24, 2017, Santa Barbara, CA
- 2017 Stahl SM. Serotonin Receptor Pharmacology, ACADIA Speaker Training, April 1, 2017, Dallas, TX
- 2017 Stahl SM. All day course on psychopharmacology for psychiatric residents, Shepherd Pratt, April 6, 2017, Baltimore, MD
- 2017 Stahl SM. The Future of Psychopharmacology: Is Pharmacogenomics Relevant? Psychopharmacology, 2017: A Master Class, April 7-8, 2017, Harvard Psychopharmacology Course Boston, MA.
- 2017 Stahl SM. Serotonin Receptor Pharmacology, ACADIA Speaker Training, April 8, 2017, Denver, CO

PRESENTATIONS AND ABSTRACTS (13)

- 2017 Stahl SM. Parkinson's Disease Psychosis, New York, NY
- 2017 Stahl SM. Neuronal Networks in ADHD, Shire Scout Expert Meeting, April 15, 2017, Boston, MA
- 2017 Stahl SM. One Neurotransmitter to Rule Them All: The Serotonin Network, UCSD Grand Rounds, April 27, 2017, San Diego, CA
- 2017 Stahl SM. Addressing Aggression in Patients with Mental Illness, UCSD Case Conference, April 27, 2017, San Diego, CA
- 2017 Stahl SM. Depression Network, Takeda Speaker Training, April 29, 2017, Dallas, TX
- 2017 Stahl SM. Eating Disorders, NEI Synapse, May 5, 2017, Washington, DC
- 2017 Stahl SM. So You Think It's Depression? Making a Differential Diagnosis, NEI Synapse, May 6, 2017, Washington, DC
- 2017 Stahl SM. Treatment Strategies for Mixed Depression, NEI Synapse, May 6, 2017, Washington, DC
- 2017 Stahl SM. Dementia, NEI Synapse, May 7, 2017, Washington, DC
- 2017 Stahl SM. Using Neuroscience Based Nomenclature to Classify Drugs for Psychosis by Pharmacological Mechanisms, Presidential Session, APA, May 20, 2017, San Diego, CA
- 2017 Stahl SM. Depression, Its Impact, and the Importance of Recognition and Treatment, APA, May 21, 2017, San Diego, CA
- 2017 Stahl SM. Treatment Advances in Parkinson's Disease Psychosis: Transforming the Standard of Care for Hallucinations and Delusions, APA, May 23, 2017, San Diego, CA
- 2017 Stahl SM. Treatment Lab: To Treat or Not to Treat, APA, May 23, 2017, San Diego, CA
- 2017 Stahl SM. Pharmacology Concepts Underlying the Use of Medications for Psychosis, Indian Psychiatric Association, May 27, 2017, New Delhi, India
- 2017 Stahl SM. How to Use Medications for Psychosis in Clinical Practice Including Combinations and Augmentation Strategies, Indian Psychiatric Association, May 28, 2017, New Delhi, India
- 2017 Stahl SM. ACADIA Video shoot, Parkinson's Psychosis, June 2, 2017, Carlsbad, CA

PRESENTATIONS AND ABSTRACTS (14)

- 2017 Stahl SM. Shell Shock Lecture, Brain Behavior and Emotion Congress, June 14, 2017, Porto Alegre, Brazil
- 2017 Stahl SM. Strategies of the Treatment of Refractory Depression, Brain Behavior and Emotion Congress, June 15, 2017, Porto Alegre, Brazil
- 2017 Stahl SM. Pressing Interfaces Between Neurology and Psychiatry, Brain Behavior and Emotion Congress, June 16, 2017, Porto Alegre, Brazil
- 2017 Stahl SM. Are All Serotonin Norepinephrine Reuptake Inhibitors (SNRIs) the Same? Brain Behavior and Emotion Congress, June 16, 2017, Porto Alegre, Brazil
- 2017 Treatment of Violence: Rational Targeting of Symptoms in Circuits Utilizing High Dosing and Polypharmacy for Treatment Resistance, Department of State Hospitals, June 18, 2017, Sacramento, CA
- 2017 Stahl SM. Expert Seminar in Psychopharmacology: Schizophrenia, June 26, 2017, Bern, Switzerland
- 2017 Stahl SM. Expert Seminar in Psychopharmacology: Schizophrenia, June 28, 2017, Zwolle, Netherlands
- 2017 Stahl SM. Expert Seminar in Psychopharmacology: Schizophrenia, June 30, 2017, Amsterdam, Netherlands
- 2017 Stahl SM. Deuteration for CNS Compounds, Concert Advisory Board, July 11, 2017, Boston, MA
- 2017 Stahl SM. Tardive Dyskinesia, Teva Ad Board, July 14-15, 2017, Houston, TX
- 2017 Stahl SM. Great debates on optimizing treatment for major depressive disorder, Expert Science Exchange, September 3, 2017, ECNP, Paris, France
- 2017 Stahl SM. The Depressed Patient's Perspective in Achieving Remission, Servier Satellite Symposium, September 3, 2017, ECNP, Paris, France
- 2017 Stahl SM. Managing Serotonergic Antidepressant Mechanisms to Attain Best Outcomes, September 15, 2017, Bern, Switzerland
- 2017 Stahl SM. One Neurotransmitter to Rule Them All: The Serotonin Network, September 15, 2017, Bern, Switzerland
- 2017 Stahl SM. Serotonin Network, Grand Rounds, University of Zurich, September 16, 2017, Zurich, Switzerland
- 2017 Stahl SM. Expert Seminar in Psychopharmacology: Schizophrenia, September 26, 2017, Helsinki, Finland

PRESENTATIONS AND ABSTRACTS (15)

- 2017 Stahl SM. Expert Seminar in Psychopharmacology: Schizophrenia, September 28, 2017, Oslo, Norway
- 2017 Stahl SM. Expert Seminar in Psychopharmacology: Schizophrenia, October 2, 2017, Copenhagen, Denmark
- 2017 Stahl SM. Future of Psychopharmacology: Is New Treatment Innovations Dead or Alive? October 3, 2017, Copenhagen, Denmark
- 2017 Stahl SM. The Curious Mystery of Dopamine and Its Receptors, October 10, 2017, Boston, MA
- 2017 Stahl SM. Effective Message Delivery: Using Communication Science to Tell the Medical Education Story, Alkermes, October 11, 2017, Boston, MA
- 2017 Stahl SM. Parkinson's Disease Psychosis, October 12, 2017, Boston, MA
- 2017 Stahl SM. Tardive Dyskinesia and Pharmacology of VMAT 2 Inhibitors, Teva Speaker Training, October 13, 2017, Salt Lake City, Utah
- 2017 Stahl SM. ABILIFY MAINTENA As a Maintenance Monotherapy Treatment Option for Adults with Bipolar Disorder, October 25, 2017, Los Angeles, CA
- 2017 Stahl SM. ABILIFY MAINTENA As a Maintenance Monotherapy Treatment Option for Adults with Bipolar Disorder, October 26, 2017, Phoenix, AZ
- 2017 Stahl SM. The Curious Mystery of Dopamine and Its Receptors, November 1, 2017, Atlanta, GA
- 2017 Stahl SM. Recognition of Inadequate Treatment Response in Major Depressive Disorder (MDD) and a Potential Option for Adjunctive Therapy, November 2, 2017, New York, NY
- 2017 Stahl SM. Role of 5H2A Receptors in the Pharmacology of Alzheimer's Disease Psychosis, Clinical Trials in Alzheimer's Disease Meeting, November 3, 2017, Boston, MA
- 2017 Stahl SM. The Curious Mystery of Dopamine and Its Receptors, November 7, 2017, Dallas, TX
- 2017 Stahl SM. What to Do When Nothing Else Works, NEI Congress, November 9, 2017, Colorado Springs, CO
- 2017 Stahl SM. The Age of Personalized Medicine: The Role of Pharmacogenetics, NEI Congress, November 9, 2017, Colorado Springs, CO

PRESENTATIONS AND ABSTRACTS (16)

- 2017 Stahl SM. Differential Diagnosis of Depressive States, NEI Congress, November 10, 2017, November 10, 2017, Colorado Springs, CO
- 2017 Stahl SM. Successful Aging as the Brain Changes: This is Your Brain on Life, NEI Congress, November 10, 2017, Colorado Springs, CO
- 2017 Stahl SM. Recognition of Inadequate Treatment Response in Major Depressive Disorder (MDD) and a Potential Option for Adjunctive Therapy, November 15, 2017, Los Angeles, CA
- 2017 Stahl SM. Shell Shock, University of Pisa, Italy, November 21-November 27, 2017
- 2017 Stahl SM. The Future of Psychopharmacology: Is Treatment Innovation Dead or Alive? Italian Mental Health Research Foundation, Lucca, Italy, November 27, 2017
- 2017 Stahl SM. Recognition of Inadequate Treatment Response in Major Depressive Disorder (MDD) and a Potential Option for Adjunctive Therapy, November 28, 2017, Philadelphia, PA
- 2017 Stahl SM. ABILIFY MAINTENA As a Maintenance Monotherapy Treatment Option for Adults with Bipolar Disorder, November 29, 2017, New York, NY
- 2017 Stahl SM. Treating the Hallucinations and Delusions Associated with Parkinson's Disease Psychosis, December 5, 2017, Palm Desert, CA
- 2017 Stahl SM. Efficacy of Cariprazine in Patients with Bipolar Depression and Mixed Features: Post Hoc Analysis of a Randomized, Double-blind, Placebo-Controlled Phase II Trial, American College of Neuropsychopharmacology Meeting, December 6, 2017, Palm Desert, CA
- 2018 Stahl SM. Basic Neuroscience of Neurotransmitter Neural Networks: Using the Serotonin Network as an Example of How One Neurotransmitter Can Rule Them All, January 27, 2018, Southern California Psychiatric Association branch of the American Psychiatric Association, Los Angeles, CA
- 2018 Stahl SM. Treating the Hallucinations and Delusions Associated with Parkinson's Disease Psychosis, February 8, 2018, San Diego, CA
- 2018 Stahl SM. Treatment Resistant Psychosis, Napa State Hospital, January 30, 2018, Napa, CA
- 2018 Stahl SM. Role of Serotonin in Psychosis, Virtual Advisory Board, February 2, 2018, San Diego, CA
- 2018 Stahl SM. Parkinson's Disease Psychosis, February 8, 2018, La Jolla, CA

PRESENTATIONS AND ABSTRACTS (17)

- 2018 Stahl SM. Advances in Managing the Side Effects of Antipsychotics, February 19, 2018, Brisbane, Australia
- 2018 Stahl SM. Advances in Managing the Side Effects of Antipsychotics, February 20, 2018, Sydney, Australia
- 2018 Stahl SM. Advances in Managing the Side Effects of Antipsychotics, World Psychiatric Association Meeting, February 22, 2018, Melbourne, Australia
- 2018 Stahl SM. Famine or Feast? The New Generation of Antipsychotic Treatments, World Psychiatric Association Meeting, February 26, 2018, Melbourne, Australia.
- 2018 Stahl SM. Does a “Whiff” Mean Treatment with an Atypical Antipsychotic and Not an Antidepressant? World Psychiatric Association Meeting, February 26, 2018, Melbourne, Australia
- 2018 Stahl SM. Switching Antipsychotics, World Psychiatric Association Meeting, World Psychiatric Association Meeting, February 26, 2018, Melbourne, Australia
- 2018 Stahl SM. The Curious Mystery of Dopamine and Its Receptors, March 8, 2018, Los Angeles, CA
- 2018 Stahl SM. Neuropharmacology of Anxiety Disorders, European Webcast to Brazil, March 8, 2018
- 2018 Stahl SM. Neuropharmacology of Psychosis, March 9, 2018, Denver, CO
- 2018 Stahl SM. Beyond Serotonin: The Serotonin Network Shows How Each Transmitter Rules Them All, Turkish Psychiatry Summit, March 17, 2018, Antalya, Turkey
- 2018 Stahl SM. What Do You Do When Nothing Else Works? Turkish Psychiatry Summit, March 17, 2018, Antalya, Turkey
- 2018 Stahl SM. How to Switch Antipsychotics, Turkish Psychiatry Summit, March 17, 2018, Antalya, Turkey
- 2018 Stahl SM. Comparing the Pharmacology and Clinical Perspective of Antipsychotics: Which One Should You Choose? March 18, 2018, Ismir, Turkey
- 2018 Stahl SM. Comparing the Pharmacology and Clinical Perspective of Antipsychotics: Which One Should You Choose? March 19, 2018, Ankara, Turkey
- 2018 Stahl SM. Comparing the Pharmacology and Clinical Perspective of Antipsychotics: Which One Should You Choose? March 20, 2018, Istanbul, Turkey
- 2018 Stahl SM. Depression, Its Impact, and the Importance of Recognition and Treatment, March 28, 2018, Los Angeles, CA

PRESENTATIONS AND ABSTRACTS (18)

- 2018 Stahl SM. UCSD Grand Rounds, Adult ADHD, April 12, 2018, La Jolla, CA
- 2018 Stahl SM. Neuropharmacology of Dementia, April 13, 2018, Denver, CO
- 2018 2018 Stahl SM. The Curious Mystery of Dopamine and Its Receptors, April 18, 2018, Tampa, FL
- 2018 Stahl SM. Neurobiology for the Practicing Clinician, Psychopharmacology, 2018: A Master Class, Harvard Psychopharmacology Course, April 20, 2018, Boston, MA
- 2018 Stahl SM. Newer “Trick of the Trade”; What to do When Nothing Works for Treatment Resistant Psychiatric Disorders, Psychopharmacology, 2018: A Master Class, Harvard Psychopharmacology Course, April 20, 2018, Boston, MA
- 2018 Stahl SM. Losing a Patient to Suicide: A Panel Discussion, NEI Synapse, April 22, 2018, Las Vegas, NV
- 2018 Stahl SM. OMG-enomics! When Psychopharmacology Gets Personal, NEI Synapse, April 22, 2018, Las Vegas, NV
- 2018 Stahl SM. Efficacy of Cariprazine in Patients With Bipolar Depression and Mixed Features: Post Hoc Analysis of a Randomized, Double-blind, Placebo-Controlled Phase II Trial, CPNP, April 22-25, 2018, Indianapolis, IN.
- 2018 Stahl SM. Mechanism of Action of Dextromethorphan – Bupropion Combination, April 24, 2018, New York, NY
- 2018 Stahl SM. Rationale for Dextromethorphan – Bupropion Combination in Alzheimer’s Agitation and Treatment Resistant Depression, April 28, 2018, Phoenix, AZ
- 2018 Stahl SM. The Curious Mystery of Dopamine and Its Receptors, May 3, 2018, Nashville, TN
- 2018 Stahl SM. The Curious Mystery of Dopamine and Its Receptors, American Psychiatric Association Annual Meeting, May 5, 2018, New York, NY
- 2018 Stahl SM. DAT’s So Cool! Balancing Neuronal NET-works in ADHD, American Psychiatric Association Annual Meeting, May 6, 2018, New York, NY
- 2018 Stahl SM. A Personalized Approach to the Treatment of Depression and Anxiety Based on Symptom Profiles, May 8, 2018, New York, NY
- 2018 Stahl SM. Translating Experience from other Neuropsychiatric Disorders, May 12, 2018, Montreal, Canada
- 2018 Stahl SM. Mood Disorders: A Spectrum Analysis, UCSD Lecture, May 22, 2018, San Diego, CA

PRESENTATIONS AND ABSTRACTS (19)

- 2018 Stahl SM. An Update on the Cognitive Deficits of Depression, WebEx, May 23, 2018, San Diego, CA
- 2018 Stahl SM. An Update on the Cognitive Deficits of Depression, WebEx, May 31, 2018, San Diego, CA
- 2018 Stahl SM. Neuropharmacology of Tardive Dyskinesia, June 1, 2018, Dallas, TX
- 2018 Stahl SM. Neurobiology and Treatment of Resistance, DSH Mental Health Forum, June 7, 2018, Sacramento, CA
- 2018 Stahl SM. More Than Just Mood – The Neurobiology of Major Depressive Disorder, Pain and Antidepressant Action, June 22, 2018, Porto Alegre, Brazil
- 2018 Stahl SM. What Do You Do for Treatment Resistance in Psychiatry: When Nothing Works and Nothing is Tolerated, June 22, 2018, Porto Alegre, Brazil
- 2018 Stahl SM. Pharmacology of Antipsychotics and Introducing Lurasidone, June 22, 2018, Porto Alegre, Brazil
- 2018 Stahl SM. The Curious Case of Dopamine and Its Receptors, June 23, 2018, Porto Alegre, Brazil
- 2018 Stahl SM. Optimizing Care for Patients with Schizophrenia, June 30, 2018, Bucharest, Romania
- 2018 Stahl SM. How to Improve the Chances of a Complete Recovery in Depression: Good Pharmacology and Bad Math, July 1, 2018, Madrid, Spain
- 2018 Stahl SM. Parkinson's Disease Psychosis, July 30, 2018, Solana Beach, CA
- 2018 Stahl SM. Treatment Resistant Depression, DSH Patton, August 21-23, 2018, Patton, CA
- 2018 Stahl SM. The Curious Mystery of Dopamine and Its Receptors, September 5, 2018, Seattle, WA
- 2018 Stahl SM. An Adjunctive Treatment Option for Adult Patients With Major Depressive Disorder (MDD) With an Inadequate Response to Antidepressants, September 6, 2018, Chicago, IL
- 2018 Stahl SM. The Path to Recovery in Major Depressive Disorder; Role of Efficacy Tolerability and How to Switch and Combine Antidepressant Mechanisms, September 17, 2018, Capetown, South Africa
- 2018 Stahl SM. Combining Mechanisms of Action to Target Cognitive Impairment in Major Depressive Disorder, September 22, 2018, Pretoria, South Africa

PRESENTATIONS AND ABSTRACTS (20)

- 2018 Stahl SM. Beyond Serotonin: The Serotonin network Shows How Each Neurotransmitter Rules Them All, September 22, 2018, Pretoria, South Africa
- 2018 Stahl SM. Mood Disorders: A Spectrum Analysis, September 22, 2018, Pretoria, South Africa
- 2018 Stahl SM. New Drugs and New Concepts in the Second Edition of Neuroscience Based Nomenclature, European College of Neuropsychopharmacology, October 7, 2018, Barcelona, Spain
- 2018 Stahl SM. Pathways to Recovery: Matching Symptoms with Brain Circuits for Personalized Treatment of Major Depressive Disorder, European College of Neuropsychopharmacology, October 7, 2018, Barcelona, Spain
- 2018 Stahl SM. Dopamine Antagonists or Partial Antagonists: Which to Favor and the Role of Dopamine Receptor Subtypes, European College of Neuropsychopharmacology, Barcelona, Spain, October 7, 2018
- 2018 Stahl SM. Comparing the Pharmacology and Pharmacokinetics of Antipsychotics: Choosing and Antipsychotic Dosing in Long Acting Injectables, Laza Lazarevic National Congress of Hospital Psychiatry, October 11, 2018, Belgrade, Serbia
- 2018 Stahl SM. An Adjunctive Treatment Option for Adult Patients With Major Depressive Disorder (MDD) With an Inadequate Response to Antidepressants, October 22, 2018, Houston, TX
- 2018 Stahl SM. The Curious Mystery of Dopamine and Its Receptors, October 23, 2018, New Orleans, LA
- 2018 Stahl SM. Emerging Mechanisms and Treatments of Depression, American Psychiatric Nurses Association Annual Meeting, October 24, 2018, Columbus, OH
- 2018 Stahl SM. The Future of Psychopharmacology, Atascadero State Hospital, October 30, 2018, Atascadero, CA
- 2018 Stahl SM. Spotlight on Serotonin: Serotonin Dysfunction in Parkinson's Disease and Psychosis, November 5, 2018, Seattle, WA
- 2018 Stahl SM. Anxiety Disorders in Children, NEI Child and Adolescent Academy, Congress, November 7, 2018, Orlando, FL
- 2018 Stahl SM. Psychosis in Children, NEI Child and Adolescent Academy, NEI Congress, November 7, 2018, Orlando, FL
- 2018 Stahl SM. Alcohol Use Disorder: Treatment in the Context of Mental Illness, NEI Congress, November 8, 2018, Orlando, FL

PRESENTATIONS AND ABSTRACTS (21)

- 2018 Stahl SM. Modifiable Risk Factors and Early Detection: The Sight, Smell, Sound, Taste, and Touch of Dementia, NEI Congress, November 8, 2018, Orlando, FL
- 2018 Stahl SM. Avoiding Nursing Home Placement: Treatment of Secondary Behavioral Symptoms of Dementia, NEI Congress, November 8, 2018, Orlando, FL
- 2018 Stahl SM. Keeping up With the Clinical Advances: Depression, NEI Congress, November 8, 2018, Orlando, FL
- 2018 Stahl SM. From Unipolar to Bipolar to Mixed: Update on Mood Disorders and Their Treatments, November 19, 2018, Lucca, Italy
- 2018 Stahl SM. The Future of Psychiatry: How Precision Medicine Will Personalize the Selection of a Treatment for Each Individual, November 21, 2018, address at the Italian Parliament, Rome, Italy
- 2018 Stahl SM. One Neurotransmitter to Rule Them All: The Serotonin Network, November 22, 2018, Vatican University, Rome, Italy
- 2018 Stahl SM. From Unipolar to Bipolar to Mixed: Update on Mood Disorders and Their Treatments, November 23, 2018, Sicily, Italy
- 2018 Stahl SM. Lurasidone for the Treatment of Major Depressive Disorder with Mixed Features: Results of a 12-Week Open Label Extension Study, Society of Mental Health Research Annual Conference, November 28-30, 2018, Queensland, Australia
- 2018 Stahl SM. Cariprazine Efficacy in Bipolar I Depression with and Without Concurrent Manic Symptoms: Post Hoc Analysis of 3 Randomized, Placebo-Controlled Studies, ACNP, December 2, 2018, Hollywood, FL
- 2019 Stahl SM. The Curious Mystery of Dopamine and Its Receptors: Learning about D3 and D1 receptors as well as D2 receptors and their clinical relevance, Napa State Hospital, January 16, 2019, Napa, CA
- 2019 Stahl SM. Primavanserin Mechanism of Action and Mechanism of Disease, ACADIA Advisory Board, January 21, 2019, San Diego, CA
- 2019 Stahl SM. What to Do When Nothing Works, UCSD Grand Rounds, January 24, 2019, San Diego, CA
- 2019 Stahl SM. The Curious Mystery of Dopamine and Its Receptors: Learning about D3 and D1 receptors as well as D2 receptors and their clinical relevance, Coalinga State Hospital, January 29, 2019, Coalinga, CA

PRESENTATIONS AND ABSTRACTS (22)

- 2019 Stahl SM. The Curious Mystery of Dopamine and Its Receptors: Learning about D3 and D1 receptors as well as D2 receptors and their clinical relevance, Atascadero State Hospital, January 30, 2019, Atascadero, CA
- 2019 Stahl SM. Achieving Recovery in Opioid Use Disorder: A Guide to Prescribing Medication Assisted Treatment, Grand Rounds, California Department of State Hospital, February 6, 2019, Sacramento, CA
- 2019 Stahl SM. PTSD: Pathophysiology and Psychopharmacologic Targets, Otsuka / Lundbeck Advisory Board, February 8, 2019, New York, NY
- 2019 Stahl SM. Pathophysiology of Tardive Dyskinesia, Teva Speaker Training, February 12, Las Vegas, NV
- 2019 Stahl SM. Dopamine, serotonin and glutamate hypotheses for psychosis in Alzheimer's, Parkinson's and Schizophrenia, Patton State Hospital, February 19, 2019, Patton, CA
- 2019 Stahl SM. Dopamine, serotonin and glutamate hypotheses for psychosis in Alzheimer's, Parkinson's and Schizophrenia, Metro State Hospital, February 21, 2019, Los Angeles, CA
- 2019 Stahl SM. Antipsychotics and Their Usage – Schizophrenia, Major Depressive Disorder, and Bipolar Disorder, Neuroscience Education Institute Synapse, February 12, 2019, Las Vegas, NV
- 2019 Stahl SM. EPS and TD from the Psychiatrist's Perspective, Neuroscience Education Institute Synapse, February 12, 2019, Las Vegas, NV
- 2019 Stahl SM. Tardive Dyskinesia in Different Settings of Care, Neuroscience Education Institute Synapse, February 12, 2019, Las Vegas, NV
- 2019 Stahl SM. Dopamine, serotonin and glutamate hypotheses for psychosis in Alzheimer's, Parkinson's and Schizophrenia, Patton State Hospital, February 19, 2019, San Bernardino, CA
- 2019 Stahl SM. Dopamine, serotonin and glutamate hypotheses for psychosis in Alzheimer's, Parkinson's and Schizophrenia, Metropolitan State Hospital, February 20, 2019, Norwalk, CA
- 2019 Stahl SM. The Curious Mystery of Dopamine and Its Receptors, February 28, 2019, Chandler, AZ
- 2019 Stahl SM. Keeping Up with the Clinical Advances I: Treatment of Depression, March 16, 2019, Antalya, Turkey

PRESENTATIONS AND ABSTRACTS (23)

- 2019 Stahl SM. Keeping Up with the Clinical Advances II: Treatment of Schizophrenia, March 16, 2019, Antalya, Turkey
- 2019 Stahl SM. Case Challenges for Chronic Mental Disorders, March 16, 2019, Antalya, Turkey
- 2019 Stahl SM. The Curious Mystery of Dopamine and Its Receptors, March 26, 2019, Louisville, KY
- 2019 Stahl SM. The Curious Mystery of Dopamine and Its Receptors, March 27, 2019, Lansing, MI
- 2019 Stahl SM. Psychopharmacological Treatment of the Difficult to Treat Patients with OCD and Borderline Personality Disorder, Psychopharmacology, 2019: A Master Class, Harvard Psychopharmacology Course, March 29, 2019, Boston, MA
- 2019 Stahl SM. Newest “Tricks of the Trade”: What To Do When Nothing Works For the Treatment of Resistant Psychiatric Disorders, Psychopharmacology, 2019: A Master Class, Harvard Psychopharmacology Course, March 29, 2019, Boston, MA
- 2019 Stahl SM. Where Serotonin Ends: Novel Mechanisms of Antidepressants, NEI Synapse, April 26, 2019, Asheville, NC
- 2019 Stahl SM. Does DSM5 Adequately Capture Depression with Mixed Features, NEI Synapse, April 26, 2019, Asheville, NC
- 2019 Stahl SM. Tardive Dyskinesia, Teva Webcast, May 13 – 15, 2019
- 2019 Stahl SM. When Why and How to Integrate Pharmacogenetics Testing into Clinical Practice, American Psychiatric Association Annual Meeting, Genomind, May 17, 2019, San Francisco, CA
- 2019 Stahl SM. Exploring the Role of Norepinephrine in Modulating Dopamine and Serotonin active in Symptoms of Major Depressive Disorder, Schizophrenia and Bipolar Disorder, American Psychiatric Association Annual Meeting, May 19, 2019, San Francisco, CA
- 2019 Stahl SM. What Does Precision Medicine Promise for Psychiatric Treatment? American Psychiatric Association Annual Meeting, May 20, 2019, San Francisco, CA
- 2019 Stahl SM. Psychopharmacology and Ethnicity, American Psychiatric Association Annual Meeting, May 20, 2019, San Francisco, CA
- 2019 Stahl SM. Cariprazine Efficacy in Patients With Bipolar Depression and Concurrent Manic Symptoms, American Psychiatric Association Annual Meeting, May 21, 2019, San Francisco, CA

PRESENTATIONS AND ABSTRACTS (24)

- 2019 Stahl SM. Parkinson's Disease Psychosis, May 21, 2019, San Francisco, CA
- 2019 Stahl SM: Dopamine, Serotonin and Glutamate - Hypotheses for psychosis in Alzheimer's, Parkinson's and Schizophrenia, Congress on Brain Behavior and Emotions, June 7, 2019, Brasilia, Brazil
- 2019 Stahl SM: Long-acting Injectable Antipsychotics: Shall the Last Be First, Congress on Brain Behavior and Emotions, June 7, 2019, Brasilia, Brazil
- 2019 Stahl SM: New Evidence of desvenlafaxine, Congress on Brain Behavior and Emotions, June 8, 2019, Brasilia, Brazil
- 2019 Stahl SM. Psychopharmacology of Diversion from the Criminal Justice System, DSH Forum, June 11, 2019, San Francisco, CA
- 2019 Stahl SM. The Curious Mystery of Dopamine and Its Receptors, Allergan Faculty Training, June 15, 2019, Miami, FL
- 2019 Stahl SM. Cariprazine in Bipolar Depression, Allergan VRAYLAR Launch Sales Meeting, June 18, 2019, Miami, FL
- 2019 Stahl SM. Cariprazine in Bipolar Depression, Allergan Speaker Training, June 22, 2019, Miami, FL
- 2019 Stahl SM. The Neurobiology, Diagnosis, and Management of Bipolar I Disorder, June 24, 2019, Bethesda, MD
- 2019 Stahl SM. The Neurobiology, Diagnosis, and Management of Bipolar I Disorder, June 25, 2019, Nashville, TN
- 2019 Stahl SM. The Neurobiology, Diagnosis, and Management of Bipolar I Disorder, July 8, 2019, New Orleans, LA
- 2019 Stahl SM. The Neurobiology, Diagnosis, and Management of Bipolar I Disorder, July 9, 2019, Las Vegas, NV
- 2019 Stahl SM. The Neurobiology, Diagnosis, and Management of Bipolar I Disorder, July 11, 2019, San Francisco, CA
- 2019 Stahl SM. The Neurobiology, Diagnosis, and Management of Bipolar I Disorder, July 15, 2019, Boston, MA
- 2019 Stahl SM. The Neurobiology, Diagnosis, and Management of Bipolar I Disorder, July 16, 2019, St. Louis, MO

PRESENTATIONS AND ABSTRACTS (25)

- 2019 Stahl SM. The Neurobiology, Diagnosis, and Management of Bipolar I Disorder, July 18, 2019, Columbus, OH
- 2019 Stahl SM. Engage in a Case Through Problem-Based Learning Full-time Student Struggles Day-to-Day, July 23, 2019, Houston, TX
- 2019 Stahl SM. Engage in a Case Through Problem-Based Learning Full-time Student Struggles Day-to-Day, July 24, 2019, Tampa, FL
- 2019 Stahl SM. Engage in a Case Through Problem-Based Learning Full-time Student Struggles Day-to-Day, July 25, 2019, Boston, MA
- 2019 Stahl SM. NbN Neuroscience Based Nomenclature and Medications for Psychosis, ECNP, September 8, 2019, Copenhagen, Denmark
- 2019 Stahl SM. Meet the Expert, Managing MDD Better, ECNP, September 9, 2019, Copenhagen, Denmark
- 2019 Stahl SM. Targeting Mental Health Disorders to Reduce the Burden of Non-Communicable Diseases, ECNP, September 9, 2019, Copenhagen, Denmark
- 2019 Stahl SM: Transition in Schizophrenia: Symptoms, Treatment and Diagnostis Challenges from Adolescence to Adulthood, ECNP, September 9, 2019, Copenhagen, Denmark
- 2019 Stahl SM. Norepinephrine in Major Depression and Schizophrenia, October 1, Minneapolis, MN
- 2019 Stahl SM. Norepinephrine in Major Depression and Schizophrenia, October 2, Columbus, OH
- 2019 Stahl SM. Understanding Depression Treatment: From Mechanism to Clinical Practice, Asian College of Neuro-Psychopharmacology, October, 11, 2019, Fukuoka, Japan
- 2019 Stahl SM. The Neurobiology, Diagnosis, and Management of Bipolar I Disorder, October 17, 2019, Chicago, IL
- 2019 Stahl SM. Bipolar Spectrum, Diagnosis and Treatment, From Mania to Depression and Mixed Features in Between: Don't Use Antidepressants to Treat Depression? University of California, San Diego, October 24, 2019, San Diego, CA
- 2019 Stahl SM. Two Cases: Treatment Resistant OCD and Treatment Resistant Borderline Personality Disorder: What To Do When Nothing Works, University of California, San Diego, October 24, 2019, San Diego, CA

PRESENTATIONS AND ABSTRACTS (26)

- 2019 Stahl SM. Three Theories of Psychosis in the Modern Era: Not Just Dopamine, But Serotonin and Glutamate, University of California, San Diego, October 24, 2019, San Diego, CA
- 2019 Stahl SM. Psychiatric Pharmacogenomics: Cutting Edge, Ahead of its Time or 21st Century Psychiatric Snake Oil? University of California, San Diego, October 24, 2019, San Diego, CA
- 2019 Stahl SM. The Neurobiology, Diagnosis, and Management of Bipolar I Disorder, November 5, 2019, Denver, CO
- 2019 Stahl SM. Make No Mix-Take: Depression and Mixed Features in Children and Adolescents, Neuroscience Education Institute Annual Meeting, November 6, 2019, Colorado Springs, CO
- 2019 Stahl SM. Goodnight Brain: The Science of Healthy Sleep, Neuroscience Education Institute Annual Meeting, November 7, 2019, Colorado Springs, CO
- 2019 Stahl SM. More Than Meets the Eye: Diagnosing and Treating Bipolar Depression, Neuroscience Education Institute Annual Meeting, November 7, 2019, Colorado Springs, CO
- 2019 Stahl SM. A Premier on Complementary and Alternative Medicine for Peripartum Depression, Neuroscience Education Institute Annual Meeting, November 8, 2019, Colorado Springs, CO
- 2019 Stahl SM. Neuropharmacology of Mental Energy, November 20, 2019, Phoenix, AZ
- 2019 Stahl SM. Brazil Webinar: Differentiating Second Generation Antipsychotics from First Generation Antipsychotics, November 25, 2019
- 2019 Stahl SM. Evil, Terrorism & Psychiatry: The T4 Project, The European University of Rome and the Vatican University, December 9, 2019

PUBLICATIONS

1. 1971 Stahl SM, Zeller EA and Boshes B. On the effect of modulation of cerebral amine metabolism on the learning and memory of goldfish (*Carassius auratus*). Transactions of the American Neurological Association 96:310-312, 1971.
2. 1971 Stahl SM, Narotzky R, Boshes B and Zeller EA. Einfluß des zerebralen Amin-Stoffwechsels auf das Gedächtnis des Goldfisches. (Influences of Cerebral amine metabolism on the memory of goldfish). Die Naturwissenschaften 58:628-629, 1971.
3. 1973 Boshes B, Zeller EA, Arbit J, Blonsky ER, Dolkart M and Stahl SM. Influence of L-DOPA on selected aspects of learning and performance. In: Psycho-Physiological Approach of Behavior. Department of Neurology and Biochemistry, Northwestern University-McGraw-Hill Medical Center, Chicago, IL
4. 1973 Narotzky R, Griffith D, Stahl SM, Bondareff W and Zeller EA. Effect of Long-Term L-DOPA Administration of Brain Biogenic Amines and Behavior in the Rat. Experimental Neurology, Volume 38, No. 2, 218-230.
5. 1974 Meltzer HY and Stahl SM. Platelet monoamine oxidase activity and substrate preferences in schizophrenic patients. Research Communications in Chemical Pathology and Pharmacology 7:419-431, 1974.
6. 1974 Spehlmann R and Stahl SM. Neuronal hyposensitivity to dopamine in the caudate nucleus depleted of biogenic amines by tegmental lesions. Experimental Neurology 42(3):703-706, 1974.
7. 1974 Stahl SM, Narotzky RA, Boshes B and Zeller EA. The effects of cerebral amine metabolism on operationally defined learning and memory processes of goldfish. Biological Psychiatry 9(3):295-323, 1974. (A.E. Bennett Basic Research Award paper).
8. 1975 Stahl SM, Daniels AC, Derda D and Spehlmann R. Injection of 6-hydroxydopamine and hydrogen peroxide into the substantia nigra and lateral ventricle of the cat: specific and non-specific effects on striatal biogenic amines. Journal of Neurochemistry 24:165-172, 1975.
9. 1975 Schmidt RT, Stahl SM and Spehlmann R. A pharmacologic study of the stiff-man syndrome: correlation of clinical symptoms with urinary 3-methoxy-4-hydroxy-phenyl glycol excretion. Neurology 25(7):622-626, 1975.
10. 1975 Drachman DA and Stahl SM. Extrapyrarnidal dementia and levodopa. Lancet I: 809, 1975.
11. 1976 Meltzer HY and Stahl SM. The dopamine hypothesis of schizophrenia: a review. Schizophrenia Bulletin 2(1):19-76, 1976.

PUBLICATIONS (2)

12. 1976 Spehlmann R and Stahl SM. Dopamine-acetylcholine imbalance in Parkinson's disease: possible regenerative overgrowth of cholinergic axon terminals. Lancet I:724-726, 1976.
13. 1976 Stahl SM. The human platelet as a model for the central nervous system amine-containing neuron. Ph.D. dissertation, Department of Pharmacological and Physiological Sciences Neuropharmacology, University of Chicago, 1976.
14. 1977 Stahl SM and Meltzer HY. Serotonin accumulation by skeletal muscle. Experimental Neurology 54:42-53, 1977.
15. 1977 Stahl SM. The human platelet: a diagnostic and research tool for the study of biogenic amines in psychiatric and neurologic disorders. Archives of General Psychiatry 34:509-516, 1977.
16. 1977 Hanley HG, Stahl SM and Freedman DX. Hyperserotonemia and amine metabolites in autistic and retarded children. Archives of General Psychiatry 34:521-531, 1977.
17. 1978 Stahl SM and Meltzer HY. A kinetic and pharmacologic analysis of 5-hydroxytryptamine transport by human platelets and platelet storage granules: comparison with central serotonergic neurons. Journal of Pharmacology and Experimental Therapeutics 205(1):118-132, 1978.
18. 1978 Stahl SM and Meltzer HY. The human platelet as a model for the dopaminergic neuron: kinetic and pharmacologic properties and the role of amine storage granules. Experimental Neurology 59:1-15, 1978.
19. 1979 Stahl SM, Ellinger G and Baringer JR. Progressive myelopathy due extramedullary hematopoiesis: case report and review of the literature. Annals of Neurology (5):485-489, 1979.
20. 1980 Stahl SM, Johnson KP and Malamud N. The clinical and pathological spectrum of brain-stem vascular malformations: long-term course simulates multiple sclerosis. Archives of Neurology 37:25-29, 1980.
21. 1980 Stahl SM, Layzer RB, Aminoff MJ, Townsend JJ and Feldon SF. Continuous cataplexy in a patient with a midbrain tumor: the limp-man syndrome. Neurology 30:1115-1118, 1980.
22. 1980 Stahl SM and Berger PA. Physostigmine in Gilles de la Tourette's syndrome. New England Journal of Medicine 302:298, 1980.
23. 1980 Stahl SM and Berger PA. Cholinergic treatment in the Tourette syndrome. New England Journal of Medicine 302(23):1310-1311, 1980.

PUBLICATIONS (3)

24. 1980 Stahl SM. Tardive Tourette syndrome in an autistic patient after long-term neuroleptic administration. American Journal of Psychiatry 137(10):1267-1269, 1980.
25. 1980 Davis KL, Hollister LE, Stahl SM and Berger PA. Choline chloride in Huntington's disease. Transactions of the American Neurological Association 105:464-467, 1980.
26. 1981 Stahl SM and Berger PA. Physostigmine in Tourette syndrome: evidence for cholinergic underactivity. American Journal of Psychiatry 138 (2): 240-242, 1981.
27. 1981 Zelazowski R, Golden CJ, Graber B, Blose IL, Bloch S, Moses JA, Zatz LM, Stahl SM, Osmon DC and Pfefferbaum A. Relationship of cerebral ventricular size to alcoholics' performance on the Luria- Nebraska Neuropsychological Battery. Journal of Studies on Alcohol 42(9):749-756, 1981.
28. 1981 Stahl SM and Berger PA. Bromocriptine in dystonia. Lancet II:745, 1981.
29. 1982 Stahl SM, Levin B and Freedman DX. Serotonin depletion by Fenfluramine in the carcinoid syndrome. New England Journal of Medicine 306(7):429, 1982.
30. 1982 Stahl SM and Berger PA. Cholinergic and dopaminergic mechanisms in Tourette syndrome. In: Chase TN and Friedhoff AJ (Eds), Gilles de la Tourette Syndrome. Advances in Neurology, Volume 35, Chapter 18, Raven Press, New York, pp. 141-150, 1982.
31. 1982 Stahl SM and Berger PA. Bromocriptine, physostigmine, and neurotransmitter mechanisms in the dystonias. Neurology 32:889-892, 1982.
32. 1982 Stahl SM, Ciaranello RD and Berger PA. Platelet serotonin in schizophrenia and depression. In: Ho BT, Schoolar JC and Usdin E (Eds), Serotonin in Biological Psychiatry, Advances in Biochemical Psychopharmacology, Volume 34, Raven Press, New York, 1982, pp.183-198.
33. 1982 Stahl SM and Berger PA. Neuroleptic effects in Tourette syndrome predict dopamine excess and acetylcholine deficiency. Biological Psychiatry 17(9):1047-1053, 1982.
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