

Judicial Education in Mental Health

Checklist

Axis 1: Clinical Topics

The first area relates to basic knowledge in areas of psychology (arguably a tailored mental health 101) which will address topics such as: the DSM-V and elements of diagnosis; neuroscience of the brain (if we understand how the brain works at a rudimentary level, we may better understand the behavior); various testing and reports (the difference between a psychological and psychiatric evaluation or between a Connors Inventory and Becks inventory, who performs it and how are conclusions reached? Are the conclusions objective or subjective, etc.); basics of psychopharmacology (what are the differences between mood stabilizers, antidepressants and anti-psychotics); and difference between treatment (DBT, CBT, ACT, MRT, EMDR etc.), how co-occurring disorders and/or trauma impact treatment; as well as when some protocols may be more appropriate or effective.

What a judge needs to know about:

- the DSM-V
- Personality Disorders (Narcissism/Borderline, etc.)
- Antisocial Personality Disorder (and Conduct Disorder)
- Trauma
- PTSD
- Depression
- Bi-Polar
- ADHD
- Schizophrenia and Schizoaffective Disorders
- Anxiety Disorders
- Fetal Alcohol Spectrum Disorders
- Autism/ Asperger Spectrum
- Mental Health 101 for judges
- Neuroscience for judicial officers
- How does a judge read a psychiatric evaluation
- What are valid screening instruments and how are they used (Connors, Becks, GFI, LSI, ASUDS, etc.)
- Differences between MRT, SSC, R&R and other CBT treatments
- Differences in therapeutic approaches (CBT, DBT, ACT, psychoanalysis, etc.)
- Family systems and its role in court
- Co-Occurring Disorders
- Pharmacology 101
- Insurance, Medicaid and Medicare
- What to look for in an inpatient program
- How to assess propensity of violence in mentally ill parties
- Child and Adolescent Brain Development
- Traumatic Brain Injury

- Dementia and other Age-Related Mental Health Issues
- Developmental Disabilities and what that means in the court process
- Intellectual Disabilities and what that means in the court process
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Axis 2: Skills training

The second area will focus on skills judges can employ to be effective in engaging with people who present with various mental health conditions. When is motivational interviewing effective or counter-productive? If and how can a judge assess whether or not a party presents a risk of suicide? If someone has a history of trauma, what might exacerbate engagement. If someone is clinically depressed, is their lack of compliance defiance or a symptom of an illness that can be more effectively addressed? How can you determine whether presenting symptoms reflect chemical addiction or chemical imbalance? What modes of engagement from the bench might elevate conflict? What elements of engagement might elevate conflict with a delusional party; what modes of communication could diffuse and engage an agitated party?

How can you interact effectively with:

- A delusional party
- A depressed party
- A manic party
- A traumatized party
- An autistic party
- A party with TBI, etc.
- Motivational Interviewing (When to use it/when not to)
- QPR (suicide prevention training)
- Cross-cultural sensitivity on addressing mental health issues
- Family inclusion in mental health
- How do developmental disorders impact your presentation on the bench
- What to consider when the defendant is unable to complete probation at least in part because of a mental health issue. (What should you expect of probation? What might be an appropriate alternate sanction?)
- Language of 12 step and other support groups
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Axis 3: Ethical Judicial Advocacy

The second area will focus on skills judges can employ to be effective in engaging with people who present with various mental health conditions. When is motivational interviewing effective or counter-productive? If and how can a judge assess whether or not a party presents a risk of suicide? If someone has a history of trauma, what might exacerbate engagement. If someone is clinically depressed, is their lack of compliance defiance or a symptom of an illness that can be more effectively addressed? How can you determine whether presenting symptoms reflect chemical addiction or chemical imbalance? What modes of engagement from the bench might elevate conflict? What elements of engagement might elevate conflict with a delusional party; what modes of communication could diffuse and engage an

agitated party?

- Sequential Intercept Model
- Judicial Role in Competency Proceedings
- Effective Bond Conditions and monitoring
- Using Bridges effectively
- How to engage with Community Mental Health
- How to identify treatment resources in your community
- How to encourage and develop new programs and resources from the bench
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Axis 4: Legal Procedures

The fourth area addresses the legal and procedural mechanics that control court processes in areas of mental health

Civil:

- Probate: Guardianship and Conservatorship
- DR: Mental Health Impairments and allocation of DM/PT
- Civil Commitment: 72 hour holds, short term and long term certifications
- Imposition of Legal Disability
- Appointment of GAL: CRCP 17(c)
- Dependency Commitments

Criminal:

- Competency Evaluation and Restoration
- NGRI
- Creative Bond Conditions
- Confidentiality and HIPPA for MH cases in the Court System
- Mental Health Legislative Update
- Mental Health Case Law Update
- If your system is not working for you or your court, what reasonable expectations should you have and where do you turn so they problems can be addressed
- OBH Tier priorities for inpatient and restoration services