Forensic Evaluations in Homicides and Crimes of Violence: What Every Attorney Should Know

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WHO are Court-Appointed Mental Health Evaluators?

- Doctoral level Psychologists and Psychiatrists who have gone through the Arizona Supreme Court training and been certified.

WHO does the Evaluator serve?

- Most often the trier-of-fact, but other times the trier-of-fact. And when all else fails, the trier-of-fact.

WHAT kind of assessments do the Mental Health Evaluators conduct?

- Past, Present and Future (*State-of-Mind*, *Current Competency*, and *Future Risk*)

I. THE PAST

The Defendant's State-of-Mind at the time of the instant event[1]

Typically this is a second step taken by the Defense counsel. First the defendant must be found competent to stand trial, and then the defendant/defense raises the affirmative defense of legal insanity in Arizona ("*A mental disease or defect constituting legal insanity is an affirmative defense*."[2]). This means that a defendant claiming the affirmative defense of insanity carries the burden of proving his or her legal insanity.[3] Placing the burden on a defendant claiming incapacity does not violate due process.[4] Before a defendant may enter an insanity defense, the defendant must be deemed competent to stand trial. Therefore, an evaluator may need to complete a competency determination in order to get to an evaluation of the defendant's mental state at the time of the crime. See Appendix A for A.R.S.§13-502.

Arizona's Insanity Definition

By statute, Arizona permits a finding of "*guilty except insane*."[5] A defendant will be determined to be guilty except insane "*if at the time of the commission of the criminal act the person was afflicted with a mental disease or defect of such severity that the person did not know the criminal act was wrong.*" A.R.S.§13-502 appears in the "*criminal responsibility*" chapter of Arizona's Criminal Code. Arizona courts acknowledge the historical understanding and "*policy of this state*" that an insane defendant may not be responsible for his or her conduct because that person is incapable of conforming his or her behavior to societal norms.

[1] Acknowledgements to Judge Nanette Warner.
[2] A.R.S. .§13-502(A).
[3] A.R.S.§13-502(C).
[4] *Clark*, 126 S.Ct. 2709.
[5] A.R.S.§13-502(A).

Insanity: Burden of Proof

The defendant must demonstrate legal insanity by clear and convincing evidence.[6] "Clear and convincing" means "highly probable' and is lower than the "beyond a reasonable doubt" standard required to find a criminal defendant guilty.[7] The "clear and convincing standard", however, constitutes a higher standard than the civil burden of proof by a "preponderance of the evidence" that requires only proof that something is more likely true than not true.

Exceptions to "Mental Disease or Defect:" Certain Disorders and Conditions

Personality disorders generally are not included within the umbrella of "mental disease or defect" that constitutes legal insanity. The category of "mental illness or defect" does not include results of acute voluntary intoxication, drug or alcohol withdrawal, character defect, psychosexual disorders or impulse control disorders.[8] Additionally, "mental disease or defect" does not include the following "conditions:" momentary, temporary conditions arising from pressure of the circumstances, moral decadence, depravity or passion growing out of anger, jealousy, revenge, hatred or other motives in a person who does not suffer from a mental disease or defect or an abnormality that is manifested only by criminal conduct.[9]

What are some of the resources a forensic psychologist uses to determine state-of-mind?

Interview with the Defendant, prior mental health service records, prior school records, police reports for the instant event, collateral interviews with family members/roommates, psychological testing, observations by the defense attorney, disability determination by SSI, prior and current jail records, incident reports, video visits, phone records, medical requests written by the defendant, jail status, ConMed records, use of the jail's law library, and commissary requests.

Can a defendant be mentally ill at the time of the instant event and still <u>not</u> qualify as GEI?

Yes. Remember that the statue reads, "*the person was afflicted with a mental disease or defect of such severity that the person did not know the criminal act was wrong.*"[10] The challenge for the Mental Health Evaluator is to determine whether the mental disease was so severe that it precluded the defendant from understanding the wrongfulness of the act.

[6] A.R.S.§13-502(C).
[7] *St. v. Roque*, 213 Ariz. 193, 214, 141 P.3d 368, 389 (2006) (enbanc).
[8] A.R.S.§13-502(A).
[9] *Id*.
[10] A.R.S.§13-502(A).

II. THE PRESENT – COMPETENCY EVALUATIONS (RULE 11s)

HOW does the Evaluator Conduct the Assessment?

- Mental Health Court calls the evaluator's office and sets time of evaluation.
- In custody or out of custody?
- Tools of the Trade
    - Psychosocial questionnaire
    - Mental Status Exam
    - Competency questionnaires (see Appendix B)
        - AZ State Hospital Modified Competency Assessment Instrument
        - Evaluation of Competency to Stand Trial – Revised (ECST-R)
        - Juvenile Adjudicative Competency Interview (JACI).
- Writing the report and getting it in
- Going to court

WHAT Qualifies Someone As Incompetent?

Arizona Dusky Language: *"as a result of a mental illness, defect or disability a defendant is unable to understand the nature and object of the proceedings or to assist in the defendant's defense. . . In the case of a person under the age of eighteen years of age when the issue of competency is raised, incompetent to stand trial also means a person who does not have sufficient present ability to consult with the person's lawyer with a reasonable degree of rational understanding or who does not have a rational and factual understanding of the proceedings against the person."*

Arizona does not "articulate" the meaning of "*unable to understand the . . . proceedings . . . or to assist in . . . (their) defense*". A defendant is not competent if s/he has a mental illness, defect or disability (not cultural issues), that prevents the defendant from having:

- capacity to understand the nature & object of the proceedings against him/her AND/OR
- the ability to consult with counsel and assist in his/her defense

Minimal standards include;

1) Understanding the nature of charge(s) and appreciate their seriousness.
2) Understand defenses available.
3) Understand consequences and differences between a guilty and not guilty plea.
4) Aware of legal rights.
5) Aware of possible outcomes and consequences.

Ability to Assist Counsel includes;

1) Ability to recall and relate facts regarding his/her actions.
2) Ability to assist in identifying and locating witnesses.
3) Ability to maintain consistent defenses.
4) Ability to listen to testimony and inform counsel of misstatements.
5) Ability to make decisions among alternatives.
6) Capacity to testify.
7) The extent to which s/he is apt to deteriorate under stress of the trial/hearing.
8) Whether any aural hallucinations would interfere with ability to attend to testimony.
9) Ability to convey correct information to attorney.

Defendant can be competent despite:

1) Failing to make wise choices (e.g. rejecting a favorable plea agreement).
2) Making choices that objectively do not serve his/her best interests.
3) Failure or inability to master technical legal knowledge – they only need to have an understanding of the factual basis of proceedings.
4) Suffering from hallucinations, organic brain syndrome, mental retardation, amnesia, or delusions; so long as the condition does not significantly interfere with ability to focus and understand proceedings and assist counsel. A.R.S. §13-4501(2)

Accounting for Malingering

WHAT are the Conclusions of the Evaluation?

- The defendant is competent
- The defendant is incompetent, but is restorable
- The defendant is incompetent, and <u>not</u> restorable

WHAT is Restoration to Competency (RTC)?

A) The Court can order inpatient or outpatient RTC

- Initial treatment order is valid for 180 days. Periodic reports must be submitted to the court no later than 120 days after admission to inpatient and 60 days after admission to outpatient (usually ordered more frequently).
- The 21 month period for restoration services runs from the date the defendant is determined to be not competent and may not be extended.
- After 15 months in restoration, the court may extend competency restoration treatment if the court determines the defendant is making progress towards the treatment goals.
- Restoration treatment order terminates if the maximum sentence for the charged offense had expired, if the defendant is in custody.

B) Subsequent Hearings

- The court is required to hold regular review hearings to review the defendant's progress towards restoration and to determine if the level of treatment provided is appropriate (least restrictive).
- After receipt of the final report from the restoration provider, the court must hold a competency hearing to determine if competency was or was not restored.
- Before a post-restoration competency hearing, the court may order additional evaluations as it deems necessary to determine competency.

III. THE FUTURE – EVALUATING RISK

Post-conviction, the judge or probation can request an evaluation for future risk of physical or sexual violence. In addition to the clinical interview, there are specific tools that help the Evaluator in making this determination. Please refer to Appendix B for risk-assessment tools.

Elements that increase risk for future physical violence include:

- History of violence
- Young age at first violent incident
- Relationship instability
- Employment problems
- Substance abuse
- Major mental illness
- Personality disorders
- Psychopathy
- Early maladjustment
- Prior supervision failure
- Lack of insight
- Impulsivity
- Unresponsive to treatment
- Lack of personal support
- Failed remediation
- Stress

Elements that increase risk for future sexual violence include:

- Sexual deviancy
- Childhood sexual abuse
- Psychopathy
- Major mental illness
- Substance abuse
- Suicidal / homicidal ideation
- Lack of stable / continuous relationships
- Unstable employment history
- Violent (non-sexual) history
- Other offenses (non-violent).
- Past supervision failures
- "High density" sex offenses
- Multiple forms of sex offenses
- Physical harm to the victims
- Use of weapons or threats in sex offenses
- Escalation in sex crimes
- Extreme minimizing/denial of sex offenses
- Attitudes that support pedophilia
- Lack of realistic plans for the future
- Negative attitude towards intervention

APPENDIX A

A.R.S.§13-502. Insanity test; burden of proof; guilty except insane verdict

A. A person may be found guilty except insane if at the time of the commission of the criminal act the person was afflicted with a mental disease or defect of such severity that the person did not know the criminal act was wrong. A mental disease or defect constituting legal insanity is an affirmative defense. Mental disease or defect does not include disorders that result from acute voluntary intoxication or withdrawal from alcohol or drugs, character defects, psychosexual disorders or impulse control disorders. Conditions that do not constitute legal insanity included but are not limited to momentary, temporary conditions arising from the pressure of the circumstances, moral decadence, depravity or passion growing out of anger, jealousy, revenge, hatred or other motives in a person who does not suffer from a mental disease or defect or an abnormality that is manifested only by criminal conduct.

B. In a case involving the death or serious injury of or the threat of death or serious physical injury to another person, if a plea of insanity is made and the court determines that a reasonable basis exists to support the plea, the court may commit the defendant to a secure state mental health facility under the department of health services, a secure County mental health evaluation and treatment facility or another secure licensed mental health facility for up to 30 days for mental health evaluation and treatment. Experts at the mental health facility who are licensed pursuant to title 32, who are familiar with the states insanity statutes, who are specialists in mental health diseases and defects and who are knowledgeable concerning insanity shall observe and evaluate the defendant. The expert or experts who examined the defendant shall submit a written report of evaluation to the court, the defendant's attorney and the prosecutor. The court shall order the defendant to pay the cost of the mental health facility to the clerk of the court. The clerk of the court shall transmit the reimbursements to the mental health facility for all of its costs. If the court finds the defendant is indigent or otherwise is unable to pay all or any of the cost, the court shall order the county to reimburse the mental health facility for the remainder of the costs. Notwithstanding A.R.S.§13-502, the mental health facility may maintain the reimbursements. If the court does not commit the defendant to a secure state mental health facility, a secure county mental health evaluation and treatment facility or another secure licensed mental health facility, the court shall appoint an independent expert is licensed pursuant to title 32, who is familiar with the states insanity statutes, who is a specialist in mental diseases and defects and who is knowledgeable concerning insanity to observe and evaluate the defendant. The expert who examined the defendant shall submit a written report of the evaluation to the court, the defendant's attorney and the prosecutor. The court shall order the defendant to pay the costs of the services of the independent expert to the clerk of the court. The clerk of the court shall transmit the reimbursements to the expert. If the court finds the defendant is indigent or otherwise unable to pay all or any of the cost, the court shall order the county to reimburse the expert for the remainder of the costs. This subsection does not prohibit the defendant or this state from obtaining additional psychiatric examinations by other mental health experts are licensed pursuant to title 32, who are familiar with the states insanity statutes, who are specialists in mental diseases and defects and who are knowledgeable concerning insanity.

C. The defendant shall prove the defendant's legal insanity by clear and convincing evidence.

D. If the finder of fact finds the defendant guilty except insane, the court shall determine the sentence the defendant should have received pursuant to §13-703, subsection A or §13-707 or the presumptive sentence the defendant could have received pursuant to §13-604, §13-604.01, §13-701, subsection C, §13-710 or §13-1406 if the defendant had not been 10 insane, and the judge shall sentence the defendant to a term of incarceration in the state Department of Corrections and shall order the defendant to be placed under the jurisdiction of the psychiatric security review board and committed to a state mental health facility under the department of health services pursuant to §13-3994 for that term. In making this determination the court shall not consider the sentence enhancements for prior convictions under §13-604. The court shall expressly identify each act that the defendant committed and separately find whether each act involved the death or physical injury of or a substantial threat of death or physical injury to another person.

E. A guilty except insane verdict is not a criminal conviction for sentencing enhancement purposes under §13-604.

APPENDIX B

Testing and Guided Interviews Used by Forensic Psychologists

GENERAL PSYCHOLOGICAL TESTS

The ***Minnesota Multiphasic Personality Inventory – 2 (MMPI-2)*** is the world's most commonly used objective measure of psychiatric clinical syndromes and personality. It is most often used as an initial screening device. Its questions cover a wide range of content areas including health, psychosomatic symptoms, neurological disorders, motor disturbances, psychotic behavior manifestations, and sexual, religious, political, and social attitudes.

There are three validity scales used to determine if the client answered questions in a truthful fashion. There are a total of 10 clinical scales (hypochondriasis, depression, hysteria, psychopathic deviate, masculinity/femininity, paranoia, psychasthenia, schizophrenia, hypomania, and social introversion). There are also a number of "subscales" which are used to determine additional information about the test taker. The test consists of 567 "true-false" questions and takes approximately 75 to 90 minutes to complete. It requires a minimum 8th grade reading level and can be taken by clients 18 and older.

The ***Millon Clinical Multiaxial Inventory – III (MCMI-III or "Millon")*** is a personality assessment designed to measure 22 personality disorders and clinical syndromes. The Millon was specifically designed to coordinate with DSM-IV categories of personality disorders and clinical syndromes. The 22 clinical scales and three correction scales are divided into five categories to more accurately reflect the distinction between relatively enduring personality features and acute symptoms. The test also includes three Validity Indexes that are sensitive to careless, confused, or random responding.

COMPETENCY ASSESSMENT TOOLS

Evaluation of Competency to Stand Trial – Revised (ECST-R)

The ECST-R is a semistructured interview designed to assess psycholegal domains relevant to the legal standard for competency to stand trial as propounded in Dusky v. United States (1960). In addition, the ECST-R provides a systematic screening for feigned incompetency to stand trial. There are four scales – 1) Factual Understanding of the Courtroom Proceedings (FAC), 2) Rational Understanding of the Courtroom Proceedings (RAC), Consult with Counsel (CWC), and Overall Rational Ability (Rational). Benefits of the ECST-R include congruence with the Dusky standard, established construct validity, admissibility under the Daubert standard, and systematic screening for feigned incompetency.

Juvenile Adjudicative Competency Interview (JACI).

Developed by Thomas Grisso, this is a structured interview designed to evaluate competency-to-stand-trial in children and adolescents.

FURTURE RISK TOOLS

HCR-20: Assessing Risk for Violence

The HCR-20 was developed from the empirical literature concerning factors that relate to violence. The HCR-20 takes its name from three scales — ***H****istorical*, ***C****linical* (present), ***R****isk Management* (future) - and from the number of items (20) that it measures. Each risk item has a three-level rating structure with specific rating guidelines (*Low*, *Moderate*, or *High*). The HCR-20 is not designed to be a formal test or scale; there are no assigned numerical values nor are there any specified cutoff scores. Based on the structured professional judgment (SPJ) model, the HCR-20 helps structure an assessment so that important factors will not be missed and, thus, will be emphasized when formulating a final professional judgment about a defendant's level of risk to commit future acts of violence.

Rapid Risk Assessment of Sexual Offense Recidivism (RRASOR)

This is an actuarial scale for sexual re-offense which can provide a prediction of sexual recidivism with moderate accuracy. In constructing this scale, the four best predictor variables for sexual re-offense were statistically identified. These include 1) number of prior offenses, 2) age at release, 3) victim gender, and 4) offender's relationship to the victims. Validity of the scale was tested on eight different population samples and the scale showed similar predictive accuracy across different settings. An individual's score can range from 0 to 6 on the scale with a higher score indicating an increased risk of sexual recidivism.

Sexual Violence Risk – 20 (SVR-20)
The SVR-20 is a 20-item checklist of risk factors for sexual violence that were identified by a review of the literature on sex offenders. The checklist was developed to improve the accuracy of assessments for the risk of future sexual violence. Sexual violence is defined broadly as "*actual, attempted, or threatened sexual contact with a person who is nonconsenting or unable to give consent*."

The SVR-20 specifies which risk factors should be assessed and how the risk assessment should be conducted. The list of risk factors is: (a) empirically related to future sexual violence; (b) useful in making decisions about the management of sex offenders; (c) nondiscriminatory; and (d) reasonably comprehensive without being redundant. The 20 factors essential in a comprehensive sexual violence risk assessment fall into three main categories: Psychosocial Adjustment, History of Sexual Offenses, and Future Plans. The actual risk for sexual violence depends on the combination (not just the number) of risk factors present in a specific case. Coding of the SVR-20 involves determining the presence/absence of each factor and whether there has been any recent change in the status of the factor. This item-level information is integrated into a summary judgment of the level of risk (Low, Moderate, or High), which can easily be translated into an action plan. Developed primarily for use in criminal and civil forensic contexts, the SVR-20 is appropriate for use in cases where an individual has committed, or is alleged to have committed, an act of sexual violence.

STATIC-99
The STATIC-99 is an instrument designed to assist in the prediction of sexual and violent recidivism for sexual offenders. This risk assessment instrument was developed by Hanson and Thornton (1999) based on follow-up studies from Canada and the United Kingdom with a total sample size of 1,301 sexual offenders. The STATIC-99 consists of 10 items and produces estimates of future risk based upon the number of risk factors present in any one individual. The risk factors included in the risk assessment instrument are the presence of prior sexual offenses, having committed a current non-sexual violent offense, having a history of non-sexual violence, the number of previous sentencing dates, age less than 25 years old, having male victims, having never lived with a lover for two continuous years, having a history of non-contact sex offenses, having unrelated victims, and having stranger victims. The test can be used with some who has simply been charged with a sex crime, but never convicted, or used with convictions as well.

Structured Assessment of Violence Risk in Youth (SAVRY)
The SAVRY is a risk assessment tool composed of 24 items in three risk domains (Historical Risk Factors, Social/Contextual Risk Factors, and Individual/Clinical Factors), drawn from existing research and the professional literature on adolescent development as well as on violence and aggression in youth. Each risk item has a three-level rating structure with specific rating guidelines (*Low*, *Moderate*, or *High*). In addition to the 24 risk factors, the SAVRY also includes six Protective Factor items that are rated as either *Present* or *Absent*.

The SAVRY is not designed to be a formal test or scale; there are no assigned numerical values nor are there any specified cutoff scores. Based on the structured professional judgment (SPJ) model, the SAVRY helps assist in structuring an assessment so that the important factors will not be missed and, thus, will be emphasized when formulating a final professional judgment about a youth's level of risk

TESTS FOR MALINGERING

Miller Forensic Assessment of Symptoms Test (M-FAST)
The M-FAST is a brief 25-item screening interview for individuals ages 18 years and older that provides preliminary information regarding the probability that an individual is feigning psychiatric illness. Most malingering and symptom validity instruments assess malingered cognitive and/or neuropsychological deficits. The M-FAST focuses exclusively on malingered psychiatric illness.

Structured Interview of Reported Symptoms-Version 2 (SIRS-2)
The SIRS-2 is a controlled interview designed to detect malingering and other forms of feigning of psychiatric symptoms. The content covers a wide range of psychopathology, as well as symptoms that are unlikely to be true. The SIRS-2 is designed to detect eight response styles commonly associated with feigning. Each of these response styles are described by one of four classifications: 1) honest, 2) indeterminate, 3) probable feigning, or 4) definite feigning

Structured Inventory of Malingered Symptomatology (SIMS)
The SIMS is a 75-item, true/false screening instrument that assesses for both malingered psychopathology and neuropsychological symptoms. It is used on defendants 18 and older and takes approximately 15 minutes to administer. The instrument reduces clinician burden and increases assessment efficiency by serving as a screen for malingering and by reducing hands-on administration time. In addition to serving as a screening measure, the SIMS can be used as part of a battery of tests providing convergent evidence of malingering, rather than relying on a single instrument for diagnosis. The SIMS also is recommended as part of a comprehensive approach to the evaluation in which alternative hypotheses for response patterns are to be considered.

Test of Memory Malingering (TOMM)
The TOMM instrument is designed to provide a reliable, economical first step as part of a full psychological battery to help assess whether an individual is falsifying symptoms of memory impairment. It is given to defendants 16 and older. It takes approximately 15 to 25 minutes to administer.

Validity Indicator Profile (VIP)
The Validity Indicator Profile (VIP) is a general assessment of response style designed to identify valid and invalid responding. The VIP can be used as a validity indicator for concurrently administered tests. It is given to subjects 18-69 years of age. It takes approximately 1 hour to administer.

When the VIP indicates that the test-taker's approach to the assessment was valid, the clinician can generally have confidence that the individual intended to perform well on the test and made a concerted effort to do so. In some cases, a finding of invalidity on the VIP indicates insufficient effort to respond correctly or suboptimal attention and concentration during testing. In other instances, invalidity indicates a lack of cooperation, reflecting a deliberate attempt to perform poorly.

"What Tests Are Acceptable for Use in Forensic Evaluations? A Survey of Experts"
Stephen Lally. Professional Psychology: Research & Practice, October, 2003, vol. 34, #5, pages 491-498.

Surveyed diplomates in forensic psychology "*regarding both the frequency with which they use and their opinions about the acceptability of a variety of psychological tests in 6 areas of forensic practice. The 6 areas were mental state at the offense, risk for violence, risk for sexual violence, competency to stand trial, competency to waive Miranda rights, and malingering*." In regard to the forensic assessment of malingering, the majority of the respondents rated as acceptable the Structured Interview of Reported Symptoms (SIRS), Test of Memory Malingering, Validity Indicator Profile, Rey Fifteen Item Visual Memory Test, MMPI-2, PAI, WAIS-III, and Halstead-Reitan. The SIRS and the MMPI-2 were recommended by the majority. The psychologists were divided between acceptable and unacceptable about using either version of the MCMI (II or III). They were also divided, although between acceptable and no opinion, for the WASI, KBIT, Luria-Nebraska, and Stanford-Binet-Revised. The diplomates viewed as unacceptable for evaluating malingering the Rorschach, 16PF, projective drawings, sentence completion, and TAT. The majority gave no opinion on the acceptability of the Malingering Probability Scale, M-Test, Victoria Symptom Validity Test, and Portland Digit Recognition Test.

Appendix C: Dr. Simpson's Experience

- Provides forensic psychology services to the Arizona Superior Court for state-of-mind (GEI), Rule 11s (competency), violence risk assessment, psychosexual evaluations and general assessment.
- Provided training on *Malingering – Identifying and Impact on Competency* (basic and advanced tracks) for the Arizona Supreme Court's certification program on Training Mental Health Experts in Legal Competency and Restoration. (Feb. 11-13, 2009). Phoenix, AZ.
- Provided trainings to the Pima County Public Defender's Office and Pima County Attorney's Office on the topics of *Malingering* and *Understanding the DSM-IV-TR.*
- Since 2003 has provided over 250 one-day trainings in 48 states for counseling professionals and probation officers on assessing and treating sexual compulsions.
- Extensive background in working with victims and perpetrators of sex crimes in outpatient and inpatient settings. This has included individual and family counseling, group counseling, and court-ordered psychosexual evaluations (including the plethysmograph).
- Past officer with the *Providers' Association for Treatment of Sexual Abusers* (PATSA).
- Former case manager with *Child Protective Services*.
- Author of *Second Thoughts*, a book that was instrumental in helping expose the false claims and dangers of 'recovered memory therapy.' Throughout the 1990's Dr. Simpson was a leading national educator on *False Memory Syndrome* and trained thousands of counseling professionals on standards of practice. He also served as an expert consultant to the *Arizona Board of Psychologist Examiners.*
- Dr. Simpson has been a guest on *The Joan Rivers Show*, the *Leeza Gibbons Show*, *Parent Talk Radio*, *Focus on the Family*, *Frontline*, and *Fox News*. He has been a professional consultant to a number of national media, including *20/20*, *60 minutes*, *NBC News*, *Nightline*, *The Oprah Winfrey Show*, the *Chicago Tribune*, *Dateline*, *The Today Show*, *Focus on the Family*, and *Vanity Fair magazine*.

Forensic Training

- *Advanced Forensic Psychology Practice*
- *Training Mental Health Experts in Legal Competency and Restoration*. State of Arizona Supreme Court. (Sept. 23-25, 2003, May 3-4, 2007, Feb. 11-12, 2009).
- *Children's Memory: Interviewing Children to Preserve Accurate Testimony*.
- *Risk Assessment and Management in Probation and Parole Contexts*.
- *Clinical Neuropsychology for the Forensic Psychologist*.
- "*Guilty Except Insane*" Training. State of Arizona Supreme Court.
- *Certification in the Hare Psychopathy Checklist*.
- *Forensic Psychology in Arizona Courtrooms*.
- *Comprehensive Assessment of Malingering in Forensic Settings*.
- *Personal Injury Evaluations*.
- *Sexual Offender Evaluations: Risk Assessment and Management*.
- *Critical Issues in Child Sexual Abuse Allegations*.
- *Psychopathy in Youth: Research, Assessment, and Forensic Issues*.
- *Expert Witness Training*.

Don't tell anyone, but all of the above boring stuff is really a clever disguise to hide Dr. Simpson's true identity – a mandolin-picking, bluegrass jamin' nutcase. As president of the *Desert Bluegrass Association* (www.desertbluegrass.org) he wastes all kinds of time and money on a tremendously un-cool obsession – much to the embarrassment of his two children. If you want to embarrass your children as well, come and sit in on a free Bluegrass Workshop he leads every Monday night on the eastside of Tucson.

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