



# **Rights Still Under Siege!**

***National Association for  
Rights Protection and Advocacy  
September 26-29, 2018  
Baltimore, Maryland***

***Program for the Annual Rights Conference***

The Annual Rights Conference of the  
National Association for Rights Protection and Advocacy  
Wednesday, September 26 to Saturday, September 29, 2018  
Baltimore Inner Harbor Holiday Inn

## **NARPA Mission Statement**

NARPA's mission is to promote policies and pursue strategies that result in individuals with psychiatric diagnoses making their own choices regarding treatment. We educate and mentor those individuals to enable them to exercise their legal and human rights with a goal of abolition of all forced treatment.

### **NARPA Board of Directors**

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**Web Site: <https://www.narpa.org>**

**Kim Moody, 2018 Conference Committee Chairperson**  
**Ann Marshall, NARPA Administrator**  
**Bill Stewart, Spiritual Advisor**

# ***NARPA 2018 Conference – Schedule Overview***

## **Wednesday, September 26**

**5-7 PM**                                      **Conference Registration**  
*Chesapeake I Foyer*

**6 – 8 PM**                                      **Reception**  
*Chesapeake II*                                      **Welcoming Remarks**  
Ann Rider, NARPA President  
Kim Moody, Conference Chairperson

## **Thursday, September 27**

**7:30 AM – 4:30 PM**                                      **Registration Desk Open**  
*Chesapeake I Foyer*

**7 – 8:30 AM**                                      **Continental Breakfast**  
*Chesapeake*

**8:30 – 9:45 AM**                                      **Keynote Presentation**  
*Chesapeake*

**9:45 – 10 AM**                                      **Break**

**10 – 11:30 AM**                                      **Workshops**

**11:30 AM – 1:00 PM**                                      **Luncheon - Keynote Presentation**  
*Chesapeake*

**1 - 2:30 PM**                                      **Workshops**

**2:30 – 2:45 PM**                                      **Break**

**2:45 – 4:15 PM**                                      **Workshops**

**5:15 – 7 PM**                                      **NARPA Board Meeting**  
*Harbor II*

**Dinner on Your Own**

## **Friday, September 28**

**7:30 – 4:30 PM**                                      **Registration Desk Open**  
*Chesapeake I Foyer*

<b>7 – 8:30 AM</b> <i>Chesapeake</i>	<b>Continental Breakfast</b>
<b>8:30 – 9:45 AM</b> <i>Chesapeake</i>	<b>Keynote Presentation</b>
<b>9:45 – 10 AM</b>	<b>Break</b>
<b>10 – 11:30 AM</b>	<b>Workshops</b>
<b>11:30 AM – 1 PM</b> <i>Chesapeake</i>	<b>Luncheon - Keynote Presentation</b>
<b>1 - 2:30 PM</b>	<b>Workshops</b>
<b>2:30 – 2:45 PM</b>	<b>Break</b>
<b>2:45 – 4:15 PM</b>	<b>Workshops</b>
<b>4:15 – 5:30 PM</b> <i>Chesapeake</i>	<b>Plenary - Significant Developments in Mental Health Law</b>
<b>Dinner on Your Own</b>	
<b>7 – 8 PM</b> <i>Harbor I A</i>	<b>Treatment Over Objection Working Group</b>
<b>8 – 10 PM</b> <i>Chesapeake</i>	<b>Showing of Movie <i>55 Steps</i> with Discussion</b>

**Saturday, September 29**

<b>7:30 AM – Noon</b> <i>Chesapeake</i>	<b>Registration Desk Open</b>
<b>7 – 8:30 AM</b> <i>Chesapeake</i>	<b>Continental Breakfast</b>
<b>8:30 – 10 AM</b>	<b>Workshops</b>
<b>10 - 10:15 AM</b>	<b>Break</b>
<b>10:15 - 11:30 AM</b> <i>Chesapeake</i>	<b>Keynote</b>
<b>11:30 AM – Noon</b> <i>Chesapeake</i>	<b>Closing Remarks</b>

## **IMPORTANT CONFERENCE INFORMATION**

### **Continuing Legal Education Credits (CLEs)**

Please check in at Registration Desk regarding certificates for CLE-eligible workshops.

### **Evaluation Forms**

Please leave completed forms in the box at the Registration Desk.

### **Name Badges**

If you wish to recycle your badge, leave it in box at the Registration Desk.

**If provided by speakers, workshop handouts  
will be placed on the NARPA website after the conference.**

◇ [CLICK HERE](#) ◇

For Internet access, check with NARPA's Registration Desk.

## DAILY WORKSHOP SCHEDULE AND DESCRIPTIONS

Biographical information about presenters, workshop descriptions, and handouts (if provided) are listed in the Full Schedule on NARPA's website at [www.narpa.org](http://www.narpa.org).

### Wednesday, September 26, 2018

**5 – 7 PM**

*Chesapeake I Foyer*

**Registration Desk Open**

**6 - 8 PM**

*Chesapeake II*

**Reception**

**Welcoming Remarks**

Ann Rider, NARPA President

Kim Moody, Conference Chairperson

### Thursday, September 27, 2018

**7:30 AM – 4:30 PM**

*Chesapeake I Foyer*

**Registration Desk Open**

**7 – 8:30 AM**

*Chesapeake*

**Continental Breakfast**

**8:30 – 9:45 AM**

**Opening Remarks**

**Keynote Address**

Jan Costello, J.D., Professor, Loyola Law School

**Transgender Children and Adolescents:**

**Legal, Ethical, and Therapeutic Issues**

In this keynote, the presenter will provide a background legal discussion of parent-child consent issues. The presenter will give an overview of issues regarding parent-child consent specific to a child's possible transgender or gender-fluid identity. A discussion will follow of the unique issues regarding the above topics, for example consent to initiation of medication regimen to block or delay puberty. There will also be a discussion of accommodation issues in schools, camps, and generic children's activities.

**9:45 – 10 AM**

*Harbor Terrace*

**Break**

**10 - 11:30 AM**

*Harbor I A*

**Workshops**

Eva Dech and Darby Penney, M.L.S.

**Intentional Peer Support:**

**An Alternative Approach**

Come explore Intentional Peer Support, a model for thinking about and intentionally inviting powerfully transformative relationships. This workshop is highly interactive and invites conversations throughout. We will describe how Intentional Peer Support (IPS) can provide non-coercive and healing communities and introduce participants to the framework of IPS. Since IPS

## DAILY WORKSHOP SCHEDULE AND DESCRIPTIONS

does not assume any one path, we will focus particularly close on how relationships can provide opportunities for developing trust, new perspectives, and taking risks to grow. By learning about and practicing the three principles and four tasks, participants will walk away participants will walk away with skills to further explore and develop in their work environments.

### *Harbor I B*

Maura M. Klugman, J.D.

#### **Campus Mental Health: Frequently Encountered Issues and How the Law Protects You**

This workshop will address common issues facing college students with psychiatric disabilities, including getting reasonable accommodations, taking voluntary leaves of absence, being forced to take involuntary leaves of absence, and being disciplined for conduct related to the student's disability. We'll discuss the legal framework that protects college and university students in these areas -- and that should guide college and university administrators in creating policies -- as well as options for students who believe their colleges or universities have not complied with their legal obligations.

### *Harbor II A*

Michael Pinard, J.D., Renuka Rege, J.D., and Megan Berger, J.D.

#### **The Maryland Suspension Representation Project: Using Legal Action to Address Inappropriate Use of School Discipline for Students with Disabilities**

The Maryland Suspension Representation Project (MSRP) is a partnership between Disability Rights Maryland, Office of the Public Defender, the Public Justice Center and the Youth Education and Justice Clinic at the University of Maryland Francis King Carey School of Law that provides legal representation for students facing suspension, expulsion, and other disciplinary exclusions from school. It is the first partnership in Maryland to provide free legal representation in school discipline cases to low-income students statewide. MSRP also aims to recruit and train interested attorneys to provide pro bono representation to students at all stages of school discipline proceedings. MSRP grew out of the long-time work and advocacy on school discipline issues by members of the Maryland Coalition to Reform School Discipline. This presentation will discuss the problem of school disciplinary removal and push-out, how MSRP functions as a partnership, the successes it has achieved, and how it has leveraged its direct representation work to advocate for systemic change.

### *Harbor II B*

Bill Stewart, MA, Clinical Psychology,  
Ann Rider, M.S.W., and Tom Behrendt, J.D.

#### **NARPA 101**

Welcome to NARPA! Come and learn about NARPA's history and traditions, how NARPA is run, the kinds of activities we do, and how you can become part of NARPA's future. There is sometimes a gap between long-time conference attendees and people who are attending their first NARPA conference. We tend to reference "Olmstead," "Rae," "Judi's book," and "Mad in America" (not to mention NDRN, SAMHSA, NCD, CMHS, NCIL, etc.) without explaining what we are talking about. This workshop is intended to provide an orientation to NARPA: our mission, our rich history, our achievements, our structure, (and yes) our weaknesses. First-time

## DAILY WORKSHOP SCHEDULE AND DESCRIPTIONS

conference attendees are encouraged to attend to gain perspective and to meet NARPA leaders. NARPA depends on your activism and input.

**11:30 AM – 1 PM**

*Chesapeake*

**Luncheon**

**Presentation of the President's Award**

**Keynote Address**

Nyamuon Nguany Machar, Youth MOVE Maine,  
and Victoria Bernard, Advocacy Unlimited

**Trauma Translated:**

**The Mental Health and Foster Care Systems**

The mental health system we see today was developed and geared towards a western demographic. As alternative, renewed and revived engagement methods and practices are investigated, we run the danger of perpetuating practices that are damaging or not all encompassing when we fail to have representation at meeting tables. Trauma informed practices have become the staple way many organizations attempt to become more aware of hurtful, neglectful, and sometimes discriminating ways they may be engaging in with communities and people one on one. Though needed and encouraged, one missing component in the deliverance, training, conversation and execution of trauma informed practices is the understanding that Trauma Translates in different cultures, economies and environments. Therefore, being trauma informed is not a mastered practice; it is being in a state of constant learning with a humble curiosity driven by genuine empathy and intention to learn as we teach. The Foster Care System also has an impact on children's lives. Having lived experience in the system, we talk about how trauma from foster care manifests and translates itself in tendencies and characteristics often misunderstood and misjudged by other people. To translate and speak to that experience, we need peer representation. Our journeys in these systems gave us the opportunity to speak about truths we found while navigating our way through childhood into adulthood.

**1 – 2:30 PM**

*Harbor I A*

**Workshops**

Aaryce Hayes, L.C.S.W.

**Please Note This Is A Two Part Presentation**

**Part 1 - Investigations into Serious Incidents**

In the first session, the focus is on understanding how to review and evaluate investigations often performed by regulatory entities. Those investigations may involve questionable use of restraint and/or seclusion. Issues pertaining to restraint and seclusion will be used as a platform to inform participants about how to review an investigation. This workshop is appropriate for anyone who may perform or review investigations, investigate inappropriate use of restraints, or is interested in techniques to reduce the use of restraints/seclusion. At the conclusion of this workshop, participants will be able to differentiate between primary and secondary reviews of investigations; identify the basic elements of evidence collection and analysis; and identify alternatives to the use of restraint and seclusion.



## DAILY WORKSHOP SCHEDULE AND DESCRIPTIONS

### *Harbor I B*

Mark Joyce, J.D.

#### **Reasonable Accommodations:**

#### **A Legal Right Not Special Treatment**

Individuals with psychiatric labels are often covered under various state and federal laws that allow for the request of reasonable accommodations in such areas as employment, housing, government services and public accommodations. These requests are often viewed by those receiving them as a request for “special treatment” instead of an individual exercising a legal right. This workshop will examine the legal strategies used in actual cases where accommodations were requested. This workshop will also examine responsive strategies when there was a denial of accommodations.

### *Harbor II A*

Katherine Nemens, J.D.

#### **Parenting with a Psychiatric Disability:**

#### **Parental Rights, Legal Barriers, Strategies, and Solutions**

Parents with mental health challenges and/or psychiatric disabilities are at high risk of losing custody of, or contact with, their children as a result of child welfare and court intervention. Stigma, fear, and outright discrimination are real obstacles which must be confronted with facts, advocacy, and support. We will discuss legal barriers in the courts; legal standards defined and applied in both family court and child welfare; and when courts can make custody and parenting decisions based on a mental health diagnosis. We will discuss strategies to overcome barriers: use of the ADA; advocacy for parenting services and resources to support their family; educating judges and attorneys on recovery and alternatives to the medical model, to look beyond diagnosis, and to consider holistic, individualized, and creative solutions for parents with mental health challenges; training advocates to look for real-life solutions and help clients redefine “success.” We will identify supports and resources for parents with these challenges: Recovery Learning Centers, Clubhouses, and other Peer Supports, and accommodations under the ADA.

### *Harbor II B*

Paula Caplan, Ph.D., Amy Smith, Steve Stone, M.A.,  
Lauren Tenney, Ph.D.

#### **Modern Myths of “Mental Illness”**

The courageous and hard work of those involved in Rights Protection and Advocacy is made more difficult by a number of pervasive and powerful myths, resulting in massive harm to those who seek help within the mental health system. Each year, the NARPA conference includes wise, experienced speakers who address some of the myths. Our proposal is aimed at both people new to NARPA events and people with vast experience, because it is important to look within a short period of time (90-minute workshop) at how many such myths there are and how many of them interact with and reinforce each other. Until we see the full force of what P&A work is up against, each of us will continue to work on one piece of the problem with probably less success than if we can see how to work on more than one piece – or many pieces – at once. Each presenter has decades of experience working in numerous parts of the system in various roles.

**2:30 – 2:45 PM**

**Break**

**DAILY WORKSHOP SCHEDULE AND DESCRIPTIONS**

**2:45 – 4:15 PM**

*Harbor I A*

**Workshops**

Aaryce Hayes, L.C.S.W.

**Part 2- Investigations of Serious Incidents**

The second session of this workshop is intended to further illuminate the information provided in the previous session. The concepts taught will be applied to an actual case that the participants will walk through. This is intended to be an interactive session. While it is not necessary to participate in the first session, it would be more informative if that were to occur.

*Harbor I B*

Lauren Young, J.D., Thomas Hicks, and Luciene Parsley, J.D.

**Discriminatory Policing:**

**Harm Reduction Means Hands Off**

This workshop will explore why people in mental health crisis or presumed to have disabilities are subjected to excessive and discriminatory mistreatment by police. The documented illegal patterns and practices of the Baltimore City Police Department and resulting federal consent decree will serve as the focus for illuminating the injustices and rights violations needing reform. Alternatives to police intervention, required by the Americans with Disabilities Act and needed in our community, will be discussed. The response of the Baltimore City Police Department will be addressed, including its actions to increase interventions through police diversion activities. Workshop presenters share their vision where reform results in less police intervention and more reliance on peer supports and community systems of support. The role of various community members in seeking reforms are also examined.

*Harbor II A*

Kathy Flaherty, J.D.

**Enforcing the Promise: Utilizing the State Patients’**

**Bill of Rights to Create Capacity for Care**

**In the Community Rather than Institutions**

Earlier this year, Connecticut Legal Rights Project brought a class-action lawsuit against the State of Connecticut and the state-operated psychiatric inpatient facilities alleging violations of the state Patients’ Bill of Rights. Civil commitment orders under existing Connecticut law are of indeterminate length; individuals subject to such orders receive a clinical review after one year, and a full due process review by a probate court after two years, despite a ruling from the Connecticut Supreme Court in 1977 that this procedure violates the substantive constitutional right to liberty as soon as the person does not meet commitment standards. In addition, the state’s failure to measure the need and create capacity for residential supports and services in the community so a person shall be discharged to the most integrated setting appropriate for their needs within a reasonable time of not meeting standards for civil commitment means the individual whose condition improved such that they no longer meet civil commitment standards remains unconstitutionally segregated and institutionalized, thus violating their civil rights.

## DAILY WORKSHOP SCHEDULE AND DESCRIPTIONS

*Harbor II B*

Noel Hunter, Ph.D., Steve Stone, M.A.,  
and Bill Stewart, M.A., Clinical Psychology

### **Mental Health Professionals: Do These People Do Anything Good?**

People who have tried to be helpful in the social services system have sometimes realized that their work has tremendous potential for harm (coercion, labeling, involuntary commitment, etc.). NARPA's founders included individuals who were the "mental health professionals" who realized the mental health system was participating in demeaning, negative outcomes. This workshop is a frank discussion of personal experiences, positive and negative; a (quick) review of professional ethics; and a summary of activities focused on modifying that harmful paradigm. The goal of this workshop is to develop a set of modified proposals for changing ethical standards, and making other mental health professionals aware of those concerns.

**5:15 – 7 PM**

**NARPA Board Meeting**

*Harbor II*

### **Friday, September 28, 2018**

**7:30 AM – 4:30 PM**

**Registration Desk Open**

*Chesapeake I Foyer*

**7 – 8:30 AM**

**Continental Breakfast**

*Chesapeake*

**8:30 – 9:45 AM**

**Keynote Address**

*Chesapeake*

Julie Zito, Professor of Pharmacy and Psychiatry,  
University of Maryland

### **Five Knowledge Gaps in the Medication Treatment of our Children and Advocacy to Fill the Gaps**

This talk will feature research perspectives in five areas that lack sufficient knowledge on the pediatric treatment of mental health conditions in youth. Antipsychotic and antidepressant medications will be featured. First, gaps in our understanding of the effectiveness of these medications in community populations; Second, gaps in our knowledge of the safety will be addressed; Third, the need for new data sources and methodology to assure FDA labeled indications for pediatric use; Fourth, the lack of interest/will to study 'real world' (community) populations; and Fifth, the weak funding and infrastructure to address family-oriented consent and monitoring of medications. At the conclusion, there will be a dialog with the audience to engage in suggestions for advocacy to fill the gaps.

**9:45 – 10 AM**

**Break**

*Harbor Terrace*

## DAILY WORKSHOP SCHEDULE AND DESCRIPTIONS

**10 – 11:30 AM**

*Harbor I A*

### **Workshops**

Ann Rider, M.S.W., and Jim Wright

#### **Preparing for Disaster: Peer-Run Programs as Shelter**

In the wake of recent major disasters throughout the southern U.S. and territories, it's become clear that shelter accommodations may be more traumatic to individuals with mental health challenges than the disaster itself. While state and federal organizing may help alleviate some of these challenges, peer-run programs on the local level may choose to plan for disasters with the goal of becoming a temporary shelter for participants in those programs. Such programs, in which participants are known to each other and to staff, are likely to feel much safer to participants than a crowded, noisy shelter full of strangers. Two peer-run programs in Washington State are currently making these plans with their participants, and the presenters share that planning process here to be replicated and amended in other areas. The goal of this presentation is for attendees to share a planning strategy that can be adapted to their own areas.

*Harbor I B*

Miriam Ruttenberg, J.D., and Kate Nemens, J.D.

#### **Reasonable Modifications in Court for Persons with Psychiatric Disabilities**

Courts generally know how to provide reasonable accommodations or modifications for persons with mobility challenges, or for persons who have visual or auditory impairments. However, it is much more difficult for litigants, witnesses, jurors, and attorneys with psychiatric or intellectual challenges to request and receive reasonable accommodations to allow them equal access to the court proceedings. This session will survey state efforts to address this issue, explore what some of these accommodations should be, and discuss how to advocate successfully for systemic improvement in the courts. Participants will be able to identify strategies to advocate successfully for systemic improvement in access to court accommodation.

*Harbor II A*

Debra Gardner, J.D., Anthony May, J.D., and  
Luciene Parsley, J.D.

#### **Forced Medication Litigation in Maryland: From Allmond II and Beyond**

Maryland law around forced medication continues to evolve. We will discuss the history of forced medication litigation in Maryland, including the Court of Special Appeals' most recent decision in *Allmond v. DHMH*, incorporating Courts' interpretation how Maryland's forced medication statute should be read in conjunction with the U.S. Supreme Court's decisions on forced medication. Finally, we will discuss some recent developments in Maryland with regard to state efforts to forcibly medicate individuals to render them competent to stand trial in criminal cases. Participants will be able to describe the history and current status of forced treatment litigation in Maryland. They will be able to identify how Maryland Courts' interpretation of the state statute permitting forced medication, read in conjunction with U.S. Supreme Court decisions requiring certain constitutional protections, may impact on state efforts to medicate for reasons other than dangerousness in a facility.

## DAILY WORKSHOP SCHEDULE AND DESCRIPTIONS

*Harbor II B*

Paula Caplan, Ph.D.

### **The First Cause of Everything Bad in the Mental Health System: Psychiatric Diagnosis Action Think Tank**

The first cause of everything that happens in the traditional mental health system – and by extension – in mental health courts, use of various approaches and rejection of others, and much more is psychiatric diagnosis. If no professional diagnoses a person who seeks help, in principle they are not supposed to recommend any “treatment,” but once they have assigned any psychiatric diagnosis, virtually anything can be recommended in the name of treatment. The standard of care in the traditional mental health system is often at best not helpful and at worst harmful, even leading to death. Sorely needed are ways to educate the public and thereby empower them to know what to question and challenge; bring pressure on professionals to inform those who seek their help about the facts about psychiatric diagnosis and ways the professionals will do their best to protect them from diagnosis-caused harm and to use better approaches, presenting a huge array of alternative, nonpathologizing approaches; and expose the crucial role of psychiatric diagnosis, as well as the three major myths about it, i.e., (1) that it is scientific, (2) that it helps reduce human suffering, and (3) that it does not lead to any harm.

**11:30 AM – 1 PM**

*Chesapeake*

### **Luncheon**

#### **Presentation of the Rae Unzicker Award**

#### **Keynote Address**

Peter Stastny, M.D.

#### **Critical Elements of Rights-Based Supports for Individuals Experiencing Significant Emotional Distress: A Call to Action**

With nearly one hundred years of community mental health in the rear view mirror this presentation aims to extract and delineate a set of elements that have proven to be critical in providing effective and rights-oriented support to individuals at risk for potentially life-disrupting experiences. Distilling such elements from approaches that provide alternatives to traditional community mental health programs, we will make a case that a wide variety of subjective engagements and methodologies have been ignored in favor of instrumental, and often institutional, practices that do not advance inclusion, and put people at risk of disempowerment, stigma, and medicalized coercion. Situating these elements at the core of any reconceptualization of crisis supports can be considered a foundation for a radical redesign of community supports.

**1 – 2:30 PM**

*Harbor I A*

### **Workshops**

William Brooks, J.D.

#### **The Failed Promise of Civil Commitment Reform Litigation and Steps to Combat the Psychiatric Profession’s Refusal to Adhere to Legal Norms**

This workshop will first explore the failed promise of psychiatric reform litigation of the late 1970s and 1980s. During this period, numerous courts provided in theory, numerous substantive and procedural protections that were going to provide far more protections to people facing civil commitment. The protections were more apparent than real. This workshop will explore why.

## DAILY WORKSHOP SCHEDULE AND DESCRIPTIONS

One reason is that the psychiatric profession viewed these decisions with great hostility, an infringement on their professional prerogative. In numerous ways, legal advocates failed individuals whom they were supposed to represent. Courts systems abdicated their role as a protector of rights. The workshop will offer strategies for lawyers to begin to hold psychiatrists accountable for their decisions to commit. It will explore ways to cross-examine psychiatrists in civil commitment proceedings and also explore other strategies to hold accountable those psychiatrists who wrongly commit individuals.

### *Harbor I B*

Darby Penney, M.L.S., and Peter Stastny, M.D.

#### **Ethical Guidelines: Hiring and Working with Peer Specialists**

This presentation will explore the ethical issues raised by the use of peer specialists and similar positions within traditional mental health agencies over the past 20+ years. Presenters will discuss how this development has affected the field's understanding of genuine peer support rooted in mutuality. The presenters, who were instrumental in developing these positions in New York, will discuss ethical concerns raised by the way these positions have often been co-opted. They will offer recommendations for new guidelines to address these concerns and talk about how to minimize co-optation and maximize genuine peer support. Participants will be able to: understand the philosophical and practical distinctions between free-standing peer support that is rooted in mutuality and the role of peer staff in traditional programs; describe three ethical concerns raised by hiring peer staff to work in traditional mental health programs; and describe three approaches to address ethical concerns raised by using peer staff in traditional programs.

### *Harbor II A*

Sera Davidow and Caroline Mazel-Carlton

#### **Alternatives to Suicide: New Way to Understand and Support People Through Their Darkest Times**

This workshop will examine some of the most prominent myths about suicide that permeate our culture including the assumption of 'mental illness,' the purported efficacy of assessment and hospitalization as a response, and the true 'stigma' of suicide. From there, the presenters will go on to turn the concept of 'suicide prevention' on its head, and offer an alternative framework that focuses on meaning making, choice, and creating space to talk openly about thoughts of killing one's self as the best pathway to staying alive for so many people. Participants in this workshop will be able to: identify at least two myths about suicide that are common in today's suicide; identify at least two components of the Alternatives to Suicide approach; and describe at least two problems with the current model of suicide prevention.

### *Harbor II B*

Michael Recco, J.D., Dennis Feld, J.D., and Arthur Baer, J.D.

#### **The Mythology Behind "Assisted Outpatient Treatment"**

Perhaps the most widely accepted myth behind Assisted Outpatient Treatment (AOT), which insulates state laws authorizing mandatory outpatient commitment from uniform criticism on due process and equal protection grounds, is that AOT "does not involve confinement and the attendant loss of liberty." Ironically, the absence of involuntary confinement at the heart of all AOT laws can result in individuals living in the community having fewer due process protections than those confined in State hospitals. Courts justify this paradox under the convenient fiction



## DAILY WORKSHOP SCHEDULE AND DESCRIPTIONS

that a mentally ill person allowed to live in the community is a more dangerous by virtue of his/her emancipation than the inpatient who is now confined in a locked, inpatient unit away from society. This eviscerates the *parens patriae* rationale for AOT, allowing the state greater leeway to act on the basis of its police powers in ways that are more punitive than benign attempts at treatment intervention.

**2:30 – 2:45 PM**

*Harbor Terrace*

**Break**

**2:45 – 4:15 PM**

*Harbor I A*

**Workshops**

Betsy Sterling, J.D., and Joshua Rosenthal, J.D.

**Legal Rights of Youth Diagnosed with Mental Illness**

**Living in Residential Facilities**

Under Disability Rights New York's (DRNY), federal authority, DRNY monitors children's residential treatment centers and residential treatment facilities and investigates allegations of abuse and neglect. Their monitoring work includes speaking with staff and youth, physically touring facilities, and reviewing policies and procedures. This workshop will provide a discussion of the legal rights of youth diagnosed with mental illness living in residential facilities that is the focus of this work. It will address issues of concern, including restraint and seclusion, overmedication, inadequate special education services, and other types of abuse and neglect. Participants will understand the legal rights of youth diagnosed with mental illness living in residential facilities and learn how to identify legal issues and access tools and resources to effectively advocate for this population.

*Harbor I B*

Ian Watlington

**Hate Crimes and Why Report Them**

A long-standing stereotype is that people with behavioral health conditions are the perpetrators of crimes and should be feared. It also has been a long-standing fact that people with mental health diagnoses are much more likely to be victims of crime(s). The National Leadership Conference on Civil and Human Rights is now taking data on incident(s) of hate involving people with disabilities (broadly defined). The National Disability Rights Network (NDRN) has entered into an agreement with the Leadership Conference to aid them in collecting this consequential data. NDRN hopes to gain more insight on people's experiences with incidents of hate and to guide him/her to tools and formats in order to document these events. NDRN believes and wishes to demonstrate people with lived experience are indeed targeted and, in many respects, are a vulnerable population. Participants will learn what constitutes a "hate incidence" and "hate crime" and realize the importance of reporting the event(s) and the impact of the statistics.

## DAILY WORKSHOP SCHEDULE AND DESCRIPTIONS

*Harbor II A*

Arthur Baer, J.D., and Dennis Feld, J.D.

### **The New Prisons: The Use of Psychiatric Confinement and Outpatient Commitment Orders as Punishment**

Persons found incapacitated to stand trial, not guilty because of mental disease or defect, or those who have been convicted and are subject to post conviction orders of commitment face indeterminate forms of commitment or supervision that may be as or more onerous than criminal forms of commitment or supervision and, therefore, affect a form of punishment. Presenters will be exploring what can be done to prevent or challenge the use of civil orders for what in substance may be punishment, and the enlistment of treatment teams as part of the prosecution. Much has been written about the use of Prisons as the New Asylum. Little has been written about the use of asylums and outpatient commitment orders as the new prisons and the new parole, used for indeterminate surveillance, social control, and effectively imposing a form of punishment without conviction. The elision of civil orders of commitment (both inpatient and outpatient) with criminal orders of commitment and supervision has eroded the line separating civil from criminal proceedings.

*Harbor II B*

Jennifer Mathis, J.D., and Bethany Lilly, J.D.

### **Washington Update – What’s Going On?**

A review of current goings-on at the federal level of mental health policy by presenters from the Bazelon Center for Mental Health Law.

**4:15 - 5:30 PM**

*Chesapeake*

### **Plenary**

Robert Dinerstein, J.D.

Professor of Law, Director of the Disability Rights Clinic and Associate Dean for Experiential Education at American University’s Washington College of Law

### **Significant Developments in Mental Health Law – 2018**

This presentation, always a popular one at NARPA, will review and analyze leading mental health law and ADA cases of the last year. The discussion will center on potentially successful areas of litigation in the coming year, important legal issues that remain to be resolved, and the kinds of arguments that are likely to be persuasive with courts at this time.

**7 – 8 PM**

*Harbor I A*

### **Treatment Over Objection Working Group**

Discussion led by Arthur Baer, J.D.

The forced administration of drugs, electroconvulsive therapy, and other medical procedures, over a patient’s objection, implicates the fundamental rights of persons who are involuntarily committed in psychiatric hospital or under involuntary outpatient commitment orders. Such treatment typically involves medication over objection but can also involve the administration of electro-convulsive therapy and even highly personal and intrusive medical treatment such as amputations. Treatment over objection affects, or has affected, numerous individuals who are, or have been, involuntarily committed, and can have severe short and long term adverse consequences on them. It is a regular subject at NARPA conferences. Given the extraordinary liberty interests involved; the thought is it is time that NARPA consider taking proactive steps to



## DAILY WORKSHOP SCHEDULE AND DESCRIPTIONS

prevent involuntary medication, ECT and medical procedures, and forced treatment which is predicated on psychiatric grounds, e.g, lack of capacity. The goal of this session is to discuss whether to establish a treatment over objection working group and, if so, the nature of such working group and how it would be structured and implemented.

**8 – 10 PM**  
*Chesapeake*

### *55 Steps*

#### **Exclusive Pre-Screening**

Discussion led by Attorney Colette Hughes,  
screenwriter Mark Bruce Rosin, and  
Peter Nelson, Sr. VP of Production at Sony Pictures

In *55 Steps*, during 1985 when patients' rights lawyer Colette Hughes (Hilary Swank) goes to meet her new client Eleanor Riese (Helena Bonham Carter), a patient in the psychiatric unit of St. Mary's Hospital in San Francisco, she has no idea that besides taking on Eleanor's uphill legal battle to establish the right of people with psychiatric diagnoses in hospitals to have a choice about whether they will be given psychiatric drugs, Eleanor will make it her mission to transform Colette's life.

### **Saturday, September 29, 2018**

**8 AM – Noon**  
*Chesapeake I Foyer*

#### **Registration Desk Open**

**7 – 8:30 AM**  
*Chesapeake*

#### **Continental Breakfast**

**8:30 – 10 AM**  
*Harbor I A*

#### **Workshops**

Jennifer Mathis, J.D.

#### **Voting Rights of People with Psychiatric Disabilities: What You Need to Know for the Upcoming Election**

This workshop will discuss the ways in which many people with psychiatric disabilities have been disenfranchised and legal strategies that can be used to try to prevent this disenfranchisement and/or restore people's right to vote. People with psychiatric disabilities may lose the opportunity to exercise their right to vote as a result of state voter qualification standards or of the actions of election officials and/or service providers. In addition to knowing their rights under federal and state laws, people with psychiatric disabilities and advocates can take some practical steps to try to protect their right to vote.

*Harbor I B*

Darby Penney, M.L.S., and Peter Stastny, M.D.

#### ***The Lives They Left Behind:***

#### ***Suitcases from a State Hospital Attic***

When Willard Psychiatric Center closed in 1995, staff discovered 400 patients' suitcases in an abandoned attic. A selection of these suitcases, and the lives of the people who owned them, were the subject of a 5-year study by Darby Penney and Peter Stastny resulting in a major exhibit

## DAILY WORKSHOP SCHEDULE AND DESCRIPTIONS

at the New York State Museum. The project also produced a traveling exhibit - now housed at the Museum of Disability History in Buffalo, NY, a web site, and a book, *The Lives They Left Behind: Suitcases from a State Hospital Attic*. This presentation uses photos of suitcase contents, the suitcase owners, and material from hospital records to challenge common stereotypes of mental patients by depicting the lives of these people in all their complexity and individuality. The presentation depicts the history of the public mental health system in New York State through the lives of people who experienced it, and concludes with a discussion about how the system has changed- or failed to change- regarding specific public policy topics since the late 19th-early 20th century, when the suitcase owners were committed to Willard.

*Harbor II A*

Sara Knutson

### **Human Rights Competencies for Service Providers**

Medical model illness discourse has dominated conventional mental health understandings for decades. The cultural permeation is now so complete that many people assume that ethical mental health practice and human rights standards are synonymous. Not only healthcare providers, but also those who provide disability-related services – like housing, benefits, and advocacy – are affected. This workshop will explore the following issues through a combination of infographics, applied examples, short exercises and group discussion: What is human rights competency? Where do these standards come from and why are they important? Are the attitudes and ethics of conventional healthcare practices consistent with human rights? What differences exist and what are the implications? What might be the impact, if any, of increased attention to human rights competency on service outcomes and public safety?

**10 – 10:15 AM**

**Break**

**10:15 – 11:30 AM**

*Chesapeake*

**Keynote Address**

Susan Stefan, J.D.

**Not A Siege But A March:**

**Hope And Priorities In 2018**

This keynote by internationally known disability rights attorney and professor Susan Stefan will consider how to be an advocate during these difficult times and during all times, providing both a framework of hope and concrete priorities for the future.

**11:30 AM - Noon**

*Chesapeake*

**Closing Remarks**

**Ann Rider, NARPA President**

**Conference Adjourns**

2018 NARPA AWARDS

**CONGRATULATIONS**  
**TO THE**  
**2018 NARPA AWARD RECIPIENTS**

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*Jennifer Mathis*  
**The President's Award**

*Darby Penney*  
**The Rae Unzicker Award**

