

# The Forensic Early Intervention Service

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# Learning Objectives

- Understand the role of a jail based forensic mental health service within a correctional system
- Identify key components of a prison mental health service using the STAIR model
- Learn how to effectively screen, triage, and assess inmates with serious mental illness

# Overview

- Background
- Forensic Early Intervention Service at the Toronto South Detention Centre and Vanier Centre for Women
- STAIR Model
- Future Directions
- Questions

# Scope of the Problem Internationally

- Almost 11 million people are held in prisons across the world
  - Pre-trial detainees/remand prisoners
  - Convicted and sentenced
- Some regions have no figures available (e.g. Eritrea, Somalia, North Korea)
- Some have incomplete figures available (E.g. China)
- Global prison population rate is @144/100,000
- Rates vary considerably across the world
  - Western Africa 52/100K;
  - Southern Africa 188/100K;
  - Western Europe 84/100K;
  - Eastern Europe 236/100K;
- Canada: 114/100,000, significant interprovincial variation

Walmsley, R (2016). *World Prison Population 11<sup>th</sup> Edition*. London: Institute for Criminal Policy Research

# Size of the problem of SMI in prisons

- Multiple meta-analyses since Fazel and Danesh of 2002
- Largely say the same thing: around 15% have a serious mental illness [psychotic disorder, BPAD, current major depression: male sentenced prisoners]
- More common in women [probably] and remand men [maybe]

But we know:

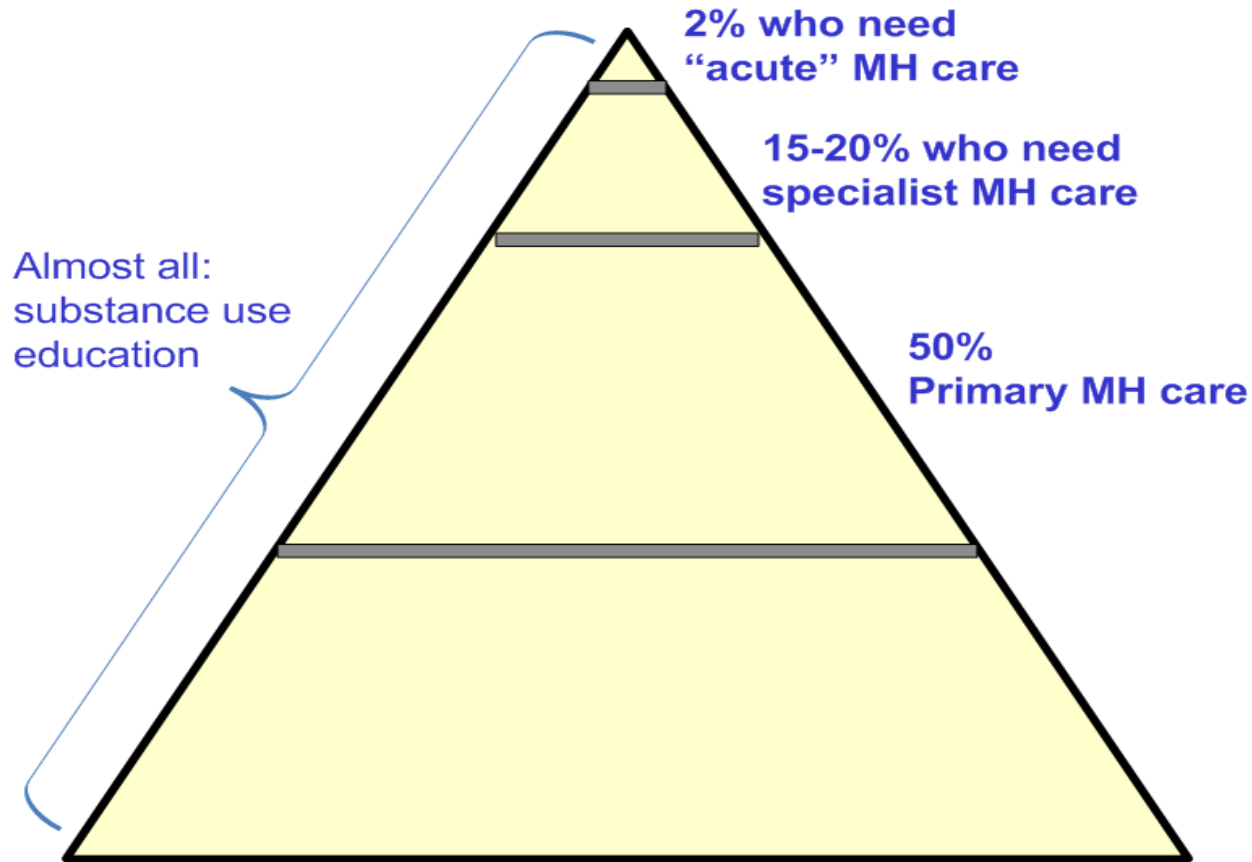
- many inmates get little care, even when services are present (@35% in NZ for people with psychosis or MDD; 25% in UK, with little relationship of access to need: Hassan et al, Hayes et al)
- Generally you bring your mental health problems with you, but some develops or worsens specific to conditions of custody

# Forensic Early Intervention Service (FEIS)

- A collaboration between:
  - Centre for Addiction and Mental Health
  - Ministry of Community Safety and Correctional Services (MCSCS)
  - Ministry of Health & Long-Term Care (MOHLTC)
- Operational at TSDC since January 15, 2015.
- Operational at Vanier since April 2017
- Multidisciplinary team

# Mental Health Need in Jails/Prisons

## A Pyramid of Mental Health Need



% of standing prison population



# Access to Jail/Prison Mental Health Services

- Many who screen positive do not receive further assessment or mental health services (Hayes et al., 2014)
- Only 35% of persons with schizophrenia received any care; similar for major depressive disorder (Simpson et al., 2003).
- Level of intervention does not match symptom severity (Hassan et al., 2012)



# Toronto South Detention Centre (TSDC)



- Located in Toronto, Ontario
- Operational since January 2014
- Replaced the Toronto Jail, Mimico Correctional Centre and Toronto West Detention Centre
- Maximum secure facility
- Capacity to house 1650 adult male inmates

# Vanier Centre for Women



- Located in Milton, Ontario
- Maximum secure facility
- Capacity to house ???? adult female inmates

# TSDC Mental Health Services

- Funded by MoHLTC and MCSCS
- Mental Health Assessment Unit - 26 bed unit accommodating individuals presenting with acute mental health issues.
- Interdisciplinary team - psychiatrists, psychologists, nurses, social workers

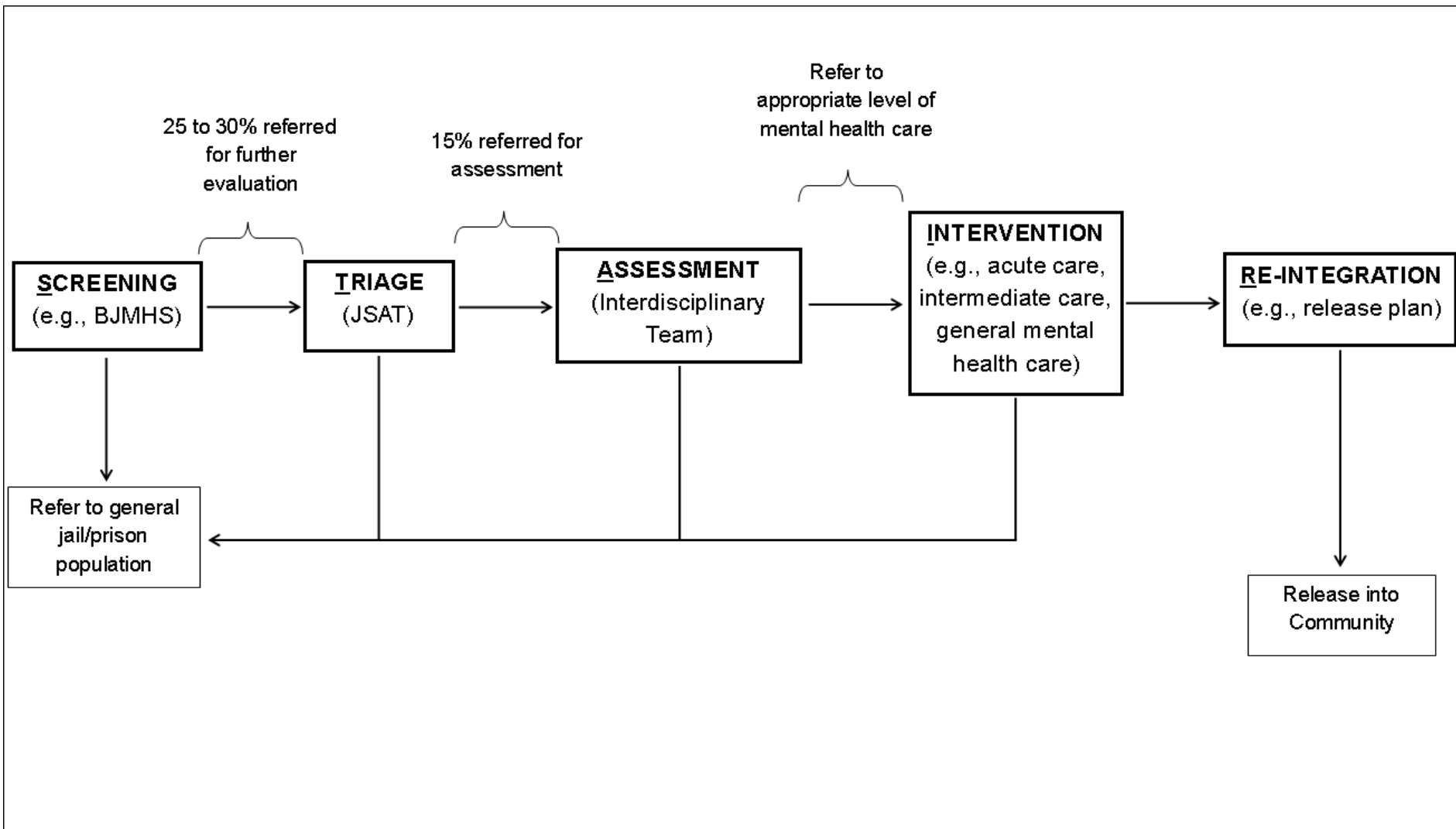


# STAIR Model

- Screening
  - Triage
  - Assessment
  - Intervention
  - Re-integration
- STAIR Model
- Key elements required for jail/prison mental health services
  - Links function to epidemiologically derived access and intervention target rates



# STAIR Care Pathway



# FEIS

- Enhance access to acute forensic services
- Compliments mental health services provided by MCSCS
- Help bridge the gap between forensic hospitals, the courts, prison, and other facilities in Ontario
- Provide continuity of care
- Reconnect with families and community supports
- Provide supportive counselling and psycho-education

# FEIS Inclusion Criteria

- Found unfit to stand trial
- Experiencing a condition or illness such that their fitness to stand trial may be in question/At risk of becoming unfit to stand trial
- Undergoing a criminal responsibility assessment
- Ordered to forensic hospital under the Criminal Code of Canada and is awaiting admission to hospital

# Toronto South Detention Centre 2017

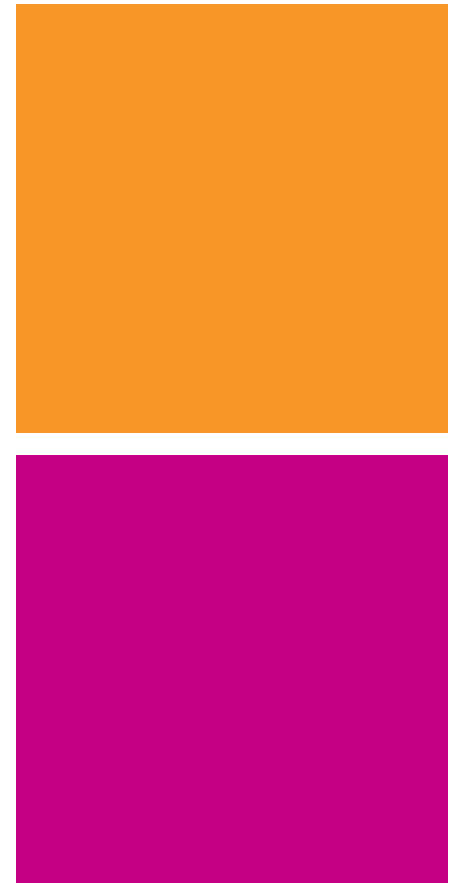
- Total # of new admissions: 2702
- # of new referrals received by FEIS: 2203
- # of JSAT's completed - % 63
- Total # of FEIS clients - 472





# Vanier Detention Centre for Women 2017

- Total # of New Admissions: 2080
- # of referrals received by FEIS: 1214 (May 2017)
- # of JSAT'S completed 615 = 51%
- Total number of FEIS Clients 155



# Future Directions

- FEIS expansion ?
- International Collaboration for Excellence and Innovation in Mental Health in Corrections: I-CEIsMIC (international strategy for mental health in corrections)
- Program evaluation
- Research
- Education
  - Design and deliver a mental health curriculum at TSDC

**QUESTIONS?**

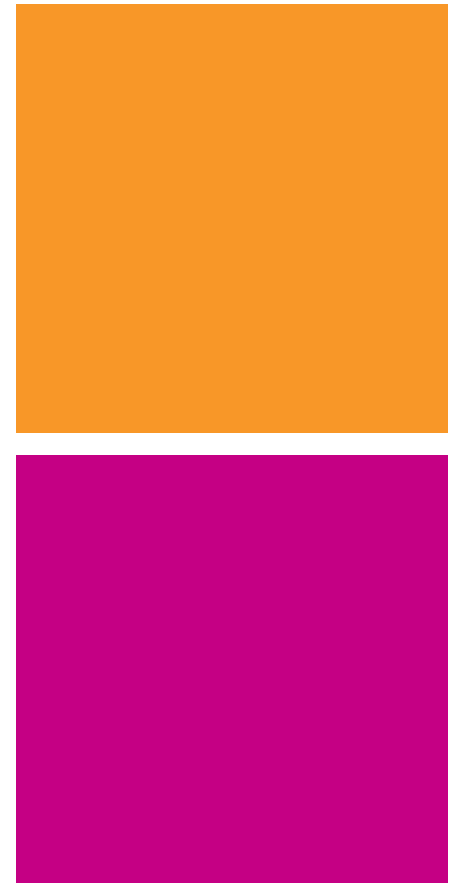


# THANK YOU

**Contact Information:**

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[tanya.connors@camh.ca](mailto:tanya.connors@camh.ca)



# BRIEF JAIL MENTAL HEALTH SCREEN

## Section 1

Name: _____ <small>First MI Last</small>	Detainee #: _____	Date: ___/___/_____	Time: _____ AM PM
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## Section 2

Questions	No	Yes	General Comments
1. Do you <i>currently</i> believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head?			
2. Do you <i>currently</i> feel that other people know your thoughts and can read your mind?			
3. Have you <i>currently</i> lost or gained as much as two pounds a week for several weeks without even trying?			
4. Have you or your family or friends noticed that you are <i>currently</i> much more active than you usually are?			
5. Do you <i>currently</i> feel like you have to talk or move more slowly than you usually do?			
6. Have there <i>currently</i> been a few weeks when you felt like you were useless or sinful?			
7. Are you <i>currently</i> taking any medication prescribed for you by a physician for any emotional or mental health problems?			
8. Have you <i>ever</i> been in a hospital for emotional or mental health problems?			

## Section 3 (Optional)

Officer's Comments/Impressions (check *all* that apply):

- Language barrier                       Under the influence of drugs/alcohol                       Non-cooperative  
 Difficulty understanding questions     Other, specify: \_\_\_\_\_

**Referral Instructions:** This detainee should be referred for further mental health evaluation if he/she answered:

- YES to item 7; OR
- YES to item 8; OR
- YES to at least 2 of items 1 through 6; OR
- If you feel it is necessary for any other reason

- Not Referred  
 Referred on \_\_\_/\_\_\_/\_\_\_\_\_ to \_\_\_\_\_  
 Person completing screen \_\_\_\_\_

INSTRUCTIONS ON REVERSE



# JAIL SCREENING ASSESSMENT TOOL (JSAT)<sup>®</sup>

## CODING FORM



*Tonia L. Nicholls, Ronald Roesch, Maureen C. Olley, James R. P. Ogloff, & James F. Hemphill*

Institution: _____		Place ID Label Here	
ADMISSION DATE: _____		SCREENING DATE: _____	
<b>IDENTIFYING INFORMATION</b> AGE: _____ years ENGLISH: Fluent <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Moderate <input type="checkbox"/> Poor <input type="checkbox"/> None First language: _____		<b>ETHNIC/CULTURAL BACKGROUND:</b> <input type="checkbox"/> White <input type="checkbox"/> Chinese <input type="checkbox"/> South Asian (e.g., East Indian, Pakistani, Sri Lankan) <input type="checkbox"/> Black <input type="checkbox"/> Japanese <input type="checkbox"/> West Asian (e.g., Afghan, Iranian) <input type="checkbox"/> North American Indian <input type="checkbox"/> Korean <input type="checkbox"/> Arab <input type="checkbox"/> Māori <input type="checkbox"/> Filipino <input type="checkbox"/> Latin American <input type="checkbox"/> Inuit <input type="checkbox"/> Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese) <input type="checkbox"/> Other: _____	
<b>LEGAL SITUATION</b> <b>CURRENT STATUS:</b> <input type="checkbox"/> Remanded <input type="checkbox"/> Sentenced _____ (length) <input type="checkbox"/> Transferred <input type="checkbox"/> Immigration Hold Country of Origin: _____		<b>CURRENT CHARGE(S):</b> (Check all relevant) <input type="checkbox"/> Offence against persons <input type="checkbox"/> Offence against property <input type="checkbox"/> Drug offence <input type="checkbox"/> Sexual offence <input type="checkbox"/> Driving offence <input type="checkbox"/> Breach/Parole violation/Escape <input type="checkbox"/> Comments: _____	
<b>VIOLENCE ISSUES</b> Past aggression/violence: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____ Past violent offences: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____		<b>PREVIOUSLY INCARCERATED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In past year <input type="checkbox"/> In past 6 months <input type="checkbox"/> In past month Note any problems: _____ <b>PREVIOUSLY SENTENCED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Longest sentence: _____	
<b>MENTAL HEALTH TREATMENT</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Past Month: <input type="checkbox"/> Lifetime: <input type="checkbox"/> Assessment: <input type="checkbox"/> Assessment – Court Ordered: <input type="checkbox"/>		Violent incidents while incarcerated: <input type="checkbox"/> Yes <input type="checkbox"/> No Institutional charges: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____ Time since any aggression/violence: _____ (months/years ago) Current anger/aggression: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>PAST HEAD INJURY:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____		Treatment – Correctional: <input type="checkbox"/> > 6 months Treatment – Community: <input type="checkbox"/> > 6 months Treatment – Inpatient: <input type="checkbox"/> > 6 months Treatment – Court Ordered: <input type="checkbox"/> > 6 months Psychiatric Medications: <input type="checkbox"/> > 6 months Type: _____	
<b>SUICIDE/SELF-HARM ISSUES</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Number of past attempts: _____ Time since last attempt: _____ (months/years ago)		<b>WHILE INCARCERATED:</b> Past attempt while incarcerated: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of past attempts: _____ Time since last attempt: _____ (months/years ago)	
<b>METHOD:</b> <input type="checkbox"/> Shooting <input type="checkbox"/> Hanging/Asphyxiation <input type="checkbox"/> Jumping <input type="checkbox"/> Carbon monoxide <input type="checkbox"/> Stashing <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Overdose <input type="checkbox"/> Other: _____		<b>METHOD:</b> <input type="checkbox"/> Overdose <input type="checkbox"/> Hanging/Asphyxiation <input type="checkbox"/> Stashing <input type="checkbox"/> Other: _____	
<b>MANAGEMENT RECOMMENDATIONS</b> <b>MENTAL HEALTH ISSUES:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Situational stress/depression <input type="checkbox"/> Possible anxiety/mood disorder <input type="checkbox"/> Mix of psychotic/bipolar disorder / Currently stable <input type="checkbox"/> Possible recurrent psychotic symptoms <input type="checkbox"/> Active current psychosis <input type="checkbox"/> Intellectual disability / Brain damage <input type="checkbox"/> Personality disorder traits <input type="checkbox"/> Substance misuse concerns <input type="checkbox"/> Other concerns: _____		<b>SUICIDE/SELF-HARM RISK:</b> <input type="checkbox"/> Not Evident <input type="checkbox"/> Concerns <input type="checkbox"/> High Risk <b>VIOLENCE RISK:</b> <input type="checkbox"/> Not Evident <input type="checkbox"/> Concerns <input type="checkbox"/> High Risk <b>VICTIMIZATION RISK:</b> <input type="checkbox"/> Not Evident <input type="checkbox"/> Concerns <input type="checkbox"/> High Risk	
<b>PLACEMENT RECOMMENDATIONS:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Regular unit / Monitor for mood changes <input type="checkbox"/> Regular unit / Double-bunking for support <input type="checkbox"/> Regular unit / Single-bunking <input type="checkbox"/> PG unit <input type="checkbox"/> MDC unit <input type="checkbox"/> Segregation <input type="checkbox"/> Suicide watch <input type="checkbox"/> Stable/Quiet unit <input type="checkbox"/> Other: _____		<b>REFERRALS:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Monitor / Reassess mental status <input type="checkbox"/> Evaluate for counseling / Provide support <input type="checkbox"/> Referred / Assess for medication <input type="checkbox"/> Drug and alcohol assessment/counseling <input type="checkbox"/> Other: _____ <input type="checkbox"/> Translator required – Language: _____	
<b>COMMENTS/CLARIFICATION</b> Note: Relevant information must be documented in the CLINICAL NOTES section of the Health Care File.			
_____ _____ _____ _____ _____			
Signature: _____			

<p><b>SOCIAL BACKGROUND</b></p> <p><b>MARITAL STATUS:</b></p> <input type="checkbox"/> Never legally married (Single) <input type="checkbox"/> Married/Common-law partner <input type="checkbox"/> Current girlfriend/boyfriend <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed <p><b>RELATIONSHIP STABILITY:</b></p> <input type="checkbox"/> > 1 year <input type="checkbox"/> < 1 year <input type="checkbox"/> Problems: <p><b>CHILDREN:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No          Comments:</p>	<p><b>LIVING SITUATION:</b></p> <input type="checkbox"/> Owns home <input type="checkbox"/> Rents <input type="checkbox"/> Lives with family <input type="checkbox"/> Hotel/with friends/no rent <input type="checkbox"/> Institution (ix center, psych inpatient) <input type="checkbox"/> Homeless <input type="checkbox"/> In custody <input type="checkbox"/> Other _____ <p><b>FAMILY SUPPORT:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <input type="checkbox"/> Frequent contact <input type="checkbox"/> Some contact <input type="checkbox"/> Problems:	<p><b>SOCIAL SUPPORT:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <input type="checkbox"/> Friends/Acquaintances <input type="checkbox"/> Mental Health Associations <input type="checkbox"/> Spiritual Supports <input type="checkbox"/> HIV/AIDS Organizations <input type="checkbox"/> Veterans Affairs <input type="checkbox"/> Other _____ <input type="checkbox"/> Problems: <p><b>EDUCATION:</b></p> <input type="checkbox"/> Less than high school <input type="checkbox"/> High school or equivalent <input type="checkbox"/> Trade certificate/diploma <input type="checkbox"/> Some college/university <input type="checkbox"/> Completed college/university	<p><b>FINANCIAL SUPPORT:</b></p> <input type="checkbox"/> Full-time employment <input type="checkbox"/> Part-time employment <input type="checkbox"/> Seasonal/Unsteady <input type="checkbox"/> Full-time student <input type="checkbox"/> Part-time student <input type="checkbox"/> Social Assistance (Welfare) <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Disability Mental Health <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Criminal activity <input type="checkbox"/> In custody <input type="checkbox"/> No means of support <input type="checkbox"/> Other _____																																																																																																																																																												
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Suspiciousness</td> <td>Expressed or apparent belief that others have acted maliciously or with discriminatory intent</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>10. Hallucinations</td> <td>Reports of perceptual experiences in the absence of relevant external stimuli</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11. Unusual Thought Content</td> <td>Unusual, odd, strange, or bizarre thought content</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>12. Bizarre Behavior</td> <td>Reports of behaviors which are odd, unusual, or psychotically criminal</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>13. Self-Neglect</td> <td>Hygiene, appearance, or eating behavior below usual expectations, below socially acceptable standards or life-threatening</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>14. Disorientation</td> <td>Lack of comprehension of situations or communications. Confusion regarding person, place, or time</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="2"><i>Rate items 15-24 based on observed behavior or speech during the interview.</i></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>15. Conceptual Disorganization</td> <td>Speech is confused, disconnected, vague, or disorganized (e.g., tangentiality, circumstantiality, sudden topic shifts, incoherence, derailment, blocking, neologisms, and other speech disorders)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>16. Blunted Affect</td> <td>Restricted range in emotional expressiveness of face, voice, and gestures</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>17. Emotional</td> <td>Deficiency in ability to relate emotionally during interview</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>18. Motor Retardation</td> <td>Reduction in energy level (e.g., slowed movements and speech, reduced body tone and spontaneous body movements)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>19. Tension</td> <td>Observable tension, nervousness, and agitation</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>20. Uncooperativeness</td> <td>Resistance and lack of willingness to cooperate with interviewer</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>21. Excitement</td> <td>Heightened emotional tone or increased emotional reactivity to interviewer or topics (e.g., increased intensity of facial expressions, voice tone, expressive gestures, or increase in speech quantity and speed)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>22. Distractibility</td> <td>Speech and actions interrupted by stimuli unrelated to the interview</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>23. Motor Hyperactivity</td> <td>Increase in energy level (e.g., more frequent movements and/or rapid speech)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>24. Mannerisms and Posturing</td> <td>Unusual and bizarre behavior, stylized movements or acts, or clearly uncomfortable/inappropriate postures</td> </tr> </tbody> </table>					Present	Possible	Absent			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Somatic Concerns	Concern over physical health, whether realistic or not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Anxiety	Reported apprehension, tension, fear, panic, or worry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Depression	Sadness, anhedonia, and preoccupation with depressing topics, hopelessness, loss of self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Suicidality	Expressed desire, intent, or actions to harm or kill self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Guilt	Statements indicating overconcern or remorse for past behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Hostility	Hostile attitudes or actions, including belligerence, threats, arguments, property destruction, and fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Elevated Mood	Pervasive, sustained, and exaggerated feeling of well-being, euphoria, and optimism - out of proportion to circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Grandiosity	Exaggerated self-opinion, self-enhancing conviction of special abilities or powers, or identity as someone rich or famous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Suspiciousness	Expressed or apparent belief that others have acted maliciously or with discriminatory intent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Hallucinations	Reports of perceptual experiences in the absence of relevant external stimuli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Unusual Thought Content	Unusual, odd, strange, or bizarre thought content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Bizarre Behavior	Reports of behaviors which are odd, unusual, or psychotically criminal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Self-Neglect	Hygiene, appearance, or eating behavior below usual expectations, below socially acceptable standards or life-threatening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Disorientation	Lack of comprehension of situations or communications. Confusion regarding person, place, or time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Rate items 15-24 based on observed behavior or speech during the interview.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Conceptual Disorganization	Speech is confused, disconnected, vague, or disorganized (e.g., tangentiality, circumstantiality, sudden topic shifts, incoherence, derailment, blocking, neologisms, and other speech disorders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Blunted Affect	Restricted range in emotional expressiveness of face, voice, and gestures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Emotional	Deficiency in ability to relate emotionally during interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Motor Retardation	Reduction in energy level (e.g., slowed movements and speech, reduced body tone and spontaneous body movements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Tension	Observable tension, nervousness, and agitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Uncooperativeness	Resistance and lack of willingness to cooperate with interviewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Excitement	Heightened emotional tone or increased emotional reactivity to interviewer or topics (e.g., increased intensity of facial expressions, voice tone, expressive gestures, or increase in speech quantity and speed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Distractibility	Speech and actions interrupted by stimuli unrelated to the interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Motor Hyperactivity	Increase in energy level (e.g., more frequent movements and/or rapid speech)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Mannerisms and Posturing	Unusual and bizarre behavior, stylized movements or acts, or clearly uncomfortable/inappropriate postures
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