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Clinical forensic implications for the DSM-5 quadrant in JFSB

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Diagnostically, juvenile fire setters and bomb makers (JFSBs) present with a variety of behavioral (e.g., choice of ignition source, location, etc.), individual (biopsychosociocultural and temperament), and environmental factors (family structures) that must be assessed in relation to the fire setting behavior. From a clinical forensic perspective, any subsequent evidence-based treatment recommendations for JFSBs are contingent upon the accuracy of the diagnosis. For example, the placement of high profile JFSB cases can be complicated by the diagnostic experience of the clinicians conducting the evaluations. Less than a handful of JFSB mental health programs across the country devote their full time efforts to exclusively working with these types of cases. Most clinicians have limited exposure to these cases or lack adequate training necessary for recognizing the public safety factors relevant in these cases. In some instances, probation departments seeking JFSB placements may experience considerable difficulty finding facilities qualified and willing to accept these cases. In addition, the psychological evaluations contain diagnoses that are plagued by problems with non-independent assessment of the JFSB case (i.e., relying on information contained in previous reports as opposed to independently establishing relevant psychological data points) or gaps in the forensically-relevant information obtained. Clarifying the diagnostic picture is only part of much larger forensically-relevant questions related to risk for future fire setting that is necessary for making evidence-based recommendations about placement. Because of the public safety risks and diverging psychological opinions on these JFSB cases, some probation departments are forced to consider extremely expensive inpatient long-term care for these youth. There is no one DSM mental disorder that can be appropriately used to capture all of the categorical or dimensional features associated with JFSB. Despite these caveats, forensic clinicians can reliably approach differentiating among the possible diagnostic subgroups of JFSB. This presentation discusses the DSM-5 Quadrant as an approach that may be used for the identification of the relevant and qualitatively distinct diagnostic variables for JFSBs.

Biography

Ronn Johnson is licensed and board certified clinical psychologist with extensive experience in academic and clinical settings. He is a Diplomate of the American Board of Professional Psychology. He has served as a staff psychologist in community mental health clinics, hospitals, schools and university counseling centers. The University of Iowa, University of Nebraska-Lincoln, University of Central Oklahoma, and San Diego State University are among the sites of his previous academic appointments. His forensic, scholarship, and teaching interests include ethical-legal issues, police psychology, women death penalty, and contra-terrorism.

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