

**Facts for Role Play on Expert Evidence, OBA May 19, 2022**

Dr. S Psych is a fictional psychiatrist. The panelists will role play trying to qualify/challenge Dr. Psych as an expert.

**Facts about Dr. Psych and her work:**

**Website for Hospital For Families** (fictional hospital)

Contains the following:

Psychiatry Department

Dr. S Psych is a consulting psychiatrist with a general psychiatric practice

Dr. Psych also consults with doctors and CAS about neglect. CASs and Doctors can fill out the attached form and submit it to the administrative assistant, psychiatry department.

**Dr. Psych's Website**

Website content:

I am a dedicated psychiatrist, serving adults and children alike. My main areas of practice are the DSM disorders related to eating disorders, borderline personality disorder and narcissism. I work in tandem with a social worker, Ray Social who provides psychotherapy to our patients.

Because of my interest in neglect, I developed the 3R method of diagnosing neglect in 2018. Here is the blueprint for my 3Rs assessments:

Risk- what are the risk factors the person faced: poverty, abuse, single parent family. If 2 of these 3 factors are present, this is one of three indicators of neglect.

Resources- did the family have resources? Did they shop regularly, did they have a family doctor did they know how to navigate the "system". If not, that is a sign of neglect.

Resilience- did the family rise above challenges and get help. If not, that is a sign of neglect.

If the 3 Rs are in place: the family/children experienced neglect.

### **Other facts relating to Dr. Psych and her work**

Dr. Psych's EXPERT REPORT does not set out this theory or any methodology (see below).

The 3Rs approach was never peer reviewed

She has used it in court three times where everyone consented to her being an expert and there was no voir dire

Dr. Psych has only ever been retained by CAS or other doctors to consult- i.e. not directly by families

Ray Social and not Dr. Psych does the therapy in the office but Ray Social was away and Dr. Psych saw the children who are the subject of the child protection proceeding a week before the CAS apprehended the children and started the proceeding for "neglect consultation and treatment." She referred the family to a dietician. She prescribed anti-anxiety medication for the older child (12). Dr. Psych subsequently conducted a full assessment and provided no treatment. She did not talk to the children directly except to physically examine them. Their physical exams were normal. All of Dr. Psych's information came from the parents and the CAS.

Dr. Psych used the 3 R method that she created and found in her **EXPERT REPORT** that the children were neglected by the father because:

#### **RISK:**

1. The father is a single parent who came from a low- income family. He is unemployed due to COVID.
2. The father admitted to spanking the children 5 times each (abuse)

Thus, ALL 3 RISK factors met.

#### **RESOURCES**

1. Dad did not shop every week and sometimes he got food from the food bank but only when his sister could drive him.
2. Dad was looking for a family doctor for the children but they were on a waiting list.
3. According to CAS, Dad was shy and afraid to ask for help. CAS offered food cards but he didn't want to take transit in COVID to pick them up so he never got them. This showed a lack of ability to access resources on his part.

Father did not access resources effectively. Therefore, the second sign of Neglect was met.

## RESILIENCE

(Note: there is actually overlap between this factor and Resources in Dr. Psych's method/ note: no examination of alternate factors contributing to the 3Rs; Note: no examination of the home, no discussions with the children, children had normal physical exams)

1. Dad did not rise above the challenges under RISK to obtain resources.

Thus, Dad is not resilient and therefore as all 3 Rs are met, children experienced neglect.

The REPORT does not set out the questions asked. The Acknowledgment of expert duty isn't dated but there is an illegible signature.

### **Additional facts:**

There is a College of Physicians and surgeons' sub-specialty of psychiatry

There is no sub- specialty of neglect, and that plan was put on hold for reasons that are not public.

The College has standards for conducting psychiatric assessments, consultations, and treatment. These include speaking to collaterals and to the patient/person being assessed and obtaining informed consent under the Health Care Consent Act. (there is no age of consent and all are presumed to have capacity- he did not assess the children for ability to consent or obtain consents. She did not get them to outline their experiences. Dr. Psych did not speak to collaterals (eg teacher, family doctor, after school program).

The standards don't contain a methodology specific to neglect.

In the national and international psychiatric communities, the only other literature about the 3Rs is a discussion paper circulated at a conference on child abuse and neglect in 2001, prepared by a professor of psychiatry from Ripley medical school. There is extensive literature about neglect and assessing neglect but nothing that resembles the 3R approach.