

## Chapter 1 : Mental illness and violence - Harvard Health

*THE ADMISSIBILITY OF EVIDENCE OF ANIMAL ABUSE IN CRIMINAL TRIALS FOR CHILD AND. DOMESTIC ABUSE Abstract: Household violence is a serious problem throughout the.*

Who Are the Abusers in Domestic Violence? A person who engages in domestic abuse or domestic violence can be a doctor, lawyer, judge, nurse, plumber, policeman, clergyman, mechanic, janitor, or the unemployed. They could be white, black, Asian, Hispanic or Native American. They may have had five previous spouses, or may never have been married. However, research shows that abusers are likely to have some common characteristics. Need help for domestic violence? In general, some of the general characteristics shared by abusers include: Are less educated than the abused partner. Come from a lower socioeconomic group than the abused partner. Need great amounts of attention. Are possessive, jealous and controlling of their partner. Fear being abandoned by the partner. Are emotionally dependent on the partner. Have rigid expectations of the relationship. Have poor impulse control and low frustration tolerance. Are prone to explosive rage. Use children to exert power over partner. Blame their partners for their own abusive behavior. Lie to keep the victim psychologically off-balance. Manipulate the victim and others to get on their good side. If a man is abusing a woman, he often has very traditional beliefs about the roles of men and women. If you do, be sensitive to other signs that may suggest a person crossing the line from arguing to hitting. Nobody deserves to be abused, and nobody deserves to be afraid in their own relationship. You can call the National Domestic Violence Hotline today toll-free at They also have great resources for recognizing the signs of abuse. Related Articles Toby D. Who Are the Abusers in Domestic Violence?. Retrieved on November 9, , from <https://>

Chapter 2 : Cretan State - Wikipedia

*"Our new trial is the first randomized controlled trial of a peer-led recovery intervention for opioid use disorders in the U.S." Peer recovery support specialists, also known as peer recovery coaches, are people who have been in recovery from substance abuse for at least two years and have received specialized training in addiction support.*

Entities Foreign Institutions are not eligible to apply. Organizations are not eligible to apply. All registrations must be completed prior to the application being submitted. Registration can take 6 weeks or more, so applicants should begin the registration process as soon as possible. The NIH Policy on Late Submission of Grant Applications states that failure to complete registrations in advance of a due date is not a valid reason for a late submission. The same DUNS number must be used for all registrations, as well as on the grant application. The renewal process may require as much time as the initial registration. Obtaining an eRA Commons account can take up to 2 weeks. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply for NIH support. Additional Information on Eligibility Number of Applications Applicant organizations may submit more than one application, provided that each application is scientifically distinct. The NIH will not accept duplicate or highly overlapping applications under review at the same time. This means that the NIH will not accept: A new A0 application that is submitted before issuance of the summary statement from the review of an overlapping new A0 or resubmission A1 application. A resubmission A1 application that is submitted before issuance of the summary statement from the review of the previous new A0 application. An application that has substantial overlap with another application pending appeal of initial peer review see NOT-OD Application and Submission Information 1. See your administrative office for instructions if you plan to use an institutional system-to-system solution. Conformance to the requirements in the Application Guide is required and strictly enforced. Applications that are out of compliance with these instructions may be delayed or not accepted for review. Do not use the Appendix to circumvent page limits. Submission Dates and Times Part I. Overview Information contains information about Key Dates and times. Applicants are encouraged to submit applications before the due date to ensure they have time to make any application corrections that might be necessary for successful submission. When a submission date falls on a weekend or Federal holiday , the application deadline is automatically extended to the next business day. Organizations must submit applications to Grants. Applicants are responsible for viewing their application before the due date in the eRA Commons to ensure accurate and successful submission. Paper applications will not be accepted. Applicants must complete all required registrations before the application due date. Eligibility Information contains information about registration. For assistance with your electronic application or for more information on the electronic submission process, visit Applying Electronically. If you encounter a system issue beyond your control that threatens your ability to complete the submission process on-time, you must follow the Guidelines for Applicants Experiencing System Issues. See more tips for avoiding common errors. Upon receipt, applications will be evaluated for completeness and compliance with application instructions by the Center for Scientific Review, NIH. Applications that are incomplete or non-compliant will not be reviewed. Post Submission Materials Applicants are required to follow the instructions for post-submission materials, as described in the policy. Application Review Information 1. Criteria Only the review criteria described below will be considered in the review process. As part of the NIH mission , all applications submitted to the NIH in support of biomedical and behavioral research are evaluated for scientific and technical merit through the NIH peer review system. An R21 grant application need not have extensive background material or preliminary information. Accordingly, reviewers will focus their evaluation on the conceptual framework, the level of innovation, and the potential to significantly advance our knowledge or understanding. Appropriate justification for the proposed work can be provided through literature citations, data from other sources, or, when available, from investigator-generated data. Preliminary data are not required for R21 applications; however, they may be included if available. Overall Impact Reviewers will provide an overall impact score to reflect their assessment of the likelihood for the project to exert a sustained, powerful influence on the

research field s involved, in consideration of the following review criteria and additional review criteria as applicable for the project proposed. For this particular announcement, note the following: A proposed Clinical Trial application may include study design, methods, and intervention that are not by themselves innovative but address important questions or unmet needs. Additionally, the results of the clinical trial may indicate that further clinical development of the intervention is unwarranted or lead to new avenues of scientific investigation. Scored Review Criteria Reviewers will consider each of the review criteria below in the determination of scientific merit, and give a separate score for each. An application does not need to be strong in all categories to be judged likely to have major scientific impact. For example, a project that by its nature is not innovative may be essential to advance a field.

**Significance** Does the project address an important problem or a critical barrier to progress in the field? Is there a strong scientific premise for the project? How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field? In addition, for applications proposing clinical trials: For trials focusing on clinical or public health endpoints, is this clinical trial necessary for testing the safety, efficacy or effectiveness of an intervention that could lead to a change in clinical practice, community behaviors or health care policy? For trials focusing on mechanistic, behavioral, physiological, biochemical, or other biomedical endpoints, is the trial needed to advance scientific understanding? If Early Stage Investigators or those in the early stages of independent careers, do they have appropriate experience and training? If established, have they demonstrated an ongoing record of accomplishments that have advanced their field s? Do they have appropriate expertise in study coordination, data management and statistics? For a multicenter trial, is the organizational structure appropriate and does the application identify a core of potential center investigators and staffing for a coordinating center?

**Innovation** Does the application challenge and seek to shift current research or clinical practice paradigms by utilizing novel theoretical concepts, approaches or methodologies, instrumentation, or interventions? Are the concepts, approaches or methodologies, instrumentation, or interventions novel to one field of research or novel in a broad sense? Is a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions proposed?

**Approach** Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project? Have the investigators presented strategies to ensure a robust and unbiased approach, as appropriate for the work proposed? Are potential problems, alternative strategies, and benchmarks for success presented? If the project is in the early stages of development, will the strategy establish feasibility and will particularly risky aspects be managed? Have the investigators presented adequate plans to address relevant biological variables, such as sex, for studies in vertebrate animals or human subjects? Does the application adequately address the following, if applicable: Is the trial appropriately designed to conduct the research efficiently? Are potential ethical issues adequately addressed? Is the process for obtaining informed consent or assent appropriate? Is the eligible population available? Are the plans for recruitment outreach, enrollment, retention, handling dropouts, missed visits, and losses to follow-up appropriate to ensure robust data collection? Are the planned recruitment timelines feasible and is the plan to monitor accrual adequate? Are the plans to standardize, assure quality of, and monitor adherence to, the trial protocol and data collection or distribution guidelines appropriate? Is there a plan to obtain required study agent s? Does the application propose to use existing available resources, as applicable?

**Data Management and Statistical Analysis** Are planned analyses and statistical approach appropriate for the proposed study design and methods used to assign participants and deliver interventions? Are the procedures for data management and quality control of data adequate at clinical site s or at center laboratories, as applicable? Have the methods for standardization of procedures for data management to assess the effect of the intervention and quality control been addressed? Is there a plan to complete data analysis within the proposed period of the award?

**Environment** Will the scientific environment in which the work will be done contribute to the probability of success? Are the institutional support, equipment and other physical resources available to the investigators adequate for the project proposed? Will the project benefit from unique features of the scientific environment, subject populations, or collaborative arrangements? Does the application adequately address the capability and ability to conduct the trial at the proposed site s or centers? Are the plans to add or drop

enrollment centers, as needed, appropriate? Additional Review Criteria As applicable for the project proposed, reviewers will evaluate the following additional items while determining scientific and technical merit, and in providing an overall impact score, but will not give separate scores for these items. Study Timeline Specific to applications proposing clinical trials: Is the study timeline described in detail, taking into account start-up activities, the anticipated rate of enrollment, and planned follow-up assessment? Is the projected timeline feasible and well justified? Does the project incorporate efficiencies and utilize existing resources e. Are potential challenges and corresponding solutions discussed e. Protections for Human Subjects For research that involves human subjects but does not involve one of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate the justification for involvement of human subjects and the proposed protections from research risk relating to their participation according to the following five review criteria: For research that involves human subjects and meets the criteria for one or more of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate: For additional information on review of the Human Subjects section, please refer to the Guidelines for the Review of Human Subjects. For additional information on review of the Inclusion section, please refer to the Guidelines for the Review of Inclusion in Clinical Research. Vertebrate Animals The committee will evaluate the involvement of live vertebrate animals as part of the scientific assessment according to the following criteria: Reviewers will assess the use of chimpanzees as they would any other application proposing the use of vertebrate animals. For additional information on review of the Vertebrate Animals section, please refer to the Worksheet for Review of the Vertebrate Animal Section.

**Chapter 3 : Opioids | National Institute on Drug Abuse (NIDA)**

*On the surface, it seems hard to argue with the numbers reported in domestic violence research studies.. According to the National Council on Alcoholism and Drug Dependence, the Bureau of Justice Statistics shows that two-thirds of victims of spousal violence report that the perpetrator had been drinking.*

History of Crete and Ottoman Crete The island of Crete, an Ottoman possession since the end of the Cretan War , was inhabited by a mostly Greek-speaking population, whose majority was Christian. During and after the Greek War of Independence , the Christians of the island rebelled several times against external Ottoman rule, pursuing union with Greece. These were brutally subdued, but secured some concessions from the Ottoman government under the pressure of European public opinion. In , the Pact of Halepa established the island as an autonomous state under Ottoman suzerainty, until the Ottomans reneged on that agreement in . The collapse of the Pact heightened tensions in the island, leading to another rebellion in , which greatly expanded in " to cover most of the island. Although the International Squadron quickly halted their activities, [2] the presence of Greek forces on Crete provoked a war with the Ottoman Empire. Although most of Crete came under the control of Cretan insurgent and Greek forces, the unprepared Greek Army was crushed by the Ottomans , who occupied Thessaly. The war was ended by the intervention of the Great Powers the United Kingdom, France, Italy and Russia , who forced the Greek contingent to withdraw from Crete and the Ottoman Army to stop its advance. In February , the Great Powers decided to restore order by governing the island temporarily through an "Admirals Council" consisting of admirals from the six powers making up the International Squadron. Through naval bombardments of Cretan insurgent forces, by placing sailors and marines ashore to occupy key cities, and by establishing a blockade of Crete and key ports in Greece, the International Squadron brought organized fighting on Crete to an end by the end of March , although the insurrection continued. They then decided that Crete would become an autonomous state under the suzerainty of the Ottoman Empire. Germany strongly opposed this idea and withdrew from Crete and the International Squadron in November and Austria-Hungary followed in March , but the remaining four powers carried on with their plans. As a result, the International Squadron and the occupying forces ashore expelled all Ottoman forces from Crete in November . The Cretan State also established a paramilitary force, the Cretan Gendarmerie , modeled on the Italian Carabinieri , to maintain public order. The Cretan Gendarmerie incorporated the four small gendarmerie units the four remaining occupying powers had created before the arrival of Prince George. Venizelos is second from left. On 27 April , an Executive Committee was created, in which a young, Athens-trained lawyer from Chania , Eleftherios Venizelos , participated as Minister of Justice. By , Venizelos and the Prince had developed differences over domestic policies, as well as the issue of Enosis, the union with Greece. Eventually, in March , Venizelos and his supporters gathered in the village of Therisos , in the hills near Chania, constituted a "Revolutionary Assembly", demanded political reforms and declared the "political union of Crete with Greece as a single free constitutional state" in a manifesto delivered to the consuls of the Great Powers. On 15 August, the Cretan Assembly voted for the proposals of Venizelos, and the Great Powers brokered an agreement, whereby Prince George would resign and a new constitution created. In the elections the pro-Prince parties took 38, votes while pro-Venizelos parties took 33, votes, but in September Prince George was replaced by former Greek prime minister Alexandros Zaimis and left the island. In addition, Greek officers came to replace the Italians in the organization of the Gendarmerie, and the withdrawal of the foreign troops began, leaving Crete de facto under Greek control. This act was not recognized internationally, including by Greece, where Eleftherios Venizelos was elected Prime Minister in . In May , the Cretan deputies travelled to Athens and tried to enter the Greek Parliament , but were forcibly prevented from doing so by the police. The Great Powers tacitly recognized the fait accompli by the act of lowering their flags from the Souda fortress on 14 February , and by the Treaty of London in May , Sultan Mehmed V relinquished his formal rights to the island. On 1 December, the formal ceremony of union took place: The Muslim minority of Crete initially remained on the island but was later relocated to Turkey under the general population exchange agreed to in the Treaty of Lausanne between Turkey and Greece.

*For trials focusing on clinical or public health endpoints, is this clinical trial necessary for testing the safety, efficacy or effectiveness of an intervention that could lead to a change in clinical practice, community behaviors or health care policy?*

One in three women and one in four men have been physically abused by an intimate partner in their lifetime. There are 10 million victims of domestic abuse a year, of which 76 percent are women, said Dr. Glynnis Zieman of the Barrow Neurological Institute. And that number is underreported, she added. Most of the blows from an abuser are to one of the most vulnerable parts of the body and, over years of daily and weekly incidents, those hits take a toll. Lifshitz said that football players, who encounter significant blows but are supported by on-hand medical assistance at games and in the off-season, have a different brain-injury reality than abuse victims. She has to live it. Brain injury research has followed soldiers after combat and professional athletes but the subjects have been mostly male, Zieman said. Researchers are just beginning to understand differences between men and women with concussions. Women typically have smaller heads and weaker necks than men, Zieman said. Women are more likely to have depression, anxiety, and migraines, all of which are common concussion symptoms. That complicates diagnosis and recovery, she said. Hormones can also play a role. If a significant injury were to occur during puberty, it could fundamentally change the path to adulthood. Concussions can cause loss of consciousness, nausea, dizziness, memory loss, and long-term neurological problems that can cloud judgment and hinder speech. She compared a brain to Jello. When it sustains damage, it ripples, and when the brain attempts to restore equilibrium, pathways and brain cells can become mismatched. Now, however, physicians and research have found that brief periods of rest, for about one or two days, should start a process of slowly re-engaging patients into school, work, and for athletes, sports. Lifshitz said re-engaging often means working with a social worker or facing legal battles. About 20 percent of patients had sought medical care before coming to the specialized clinic, even though 81 percent had reported too many injuries to count and about 80 percent said they had lost consciousness from their injuries. The research and treatment of brain-injured domestic abuse victims is still in its infancy, Lifshitz said.

**Chapter 5 : The Efficacy of Cognitive Behavioral Therapy: A Review of Meta-analyses**

*Addiction and Domestic Violence. Domestic violence is an abusive pattern often coupled with the impulsive effects of addiction. Abusers and victims alike must find a way to break the cycle through treatment and recovery.*

Article I, Section 2, Clause 3 states that "Representatives and direct Taxes shall be apportioned among the several States Constitution , "There were Indians, also, in several, and probably in most, of the states at that period, who were not treated as citizens, and yet, who did not form a part of independent communities or tribes, exercising general sovereignty and powers of government within the boundaries of the states. Regulate historically meant facilitate, rather than control or direct in the more modern sense. Therefore, the Congress of these United States was to be the facilitator of commerce between the states and the tribes. Tribal authority on Indian land is organic and is not granted by the states in which Indian lands are located. Congress, and not the Executive Branch or Judicial Branch , has ultimate authority with regard to matters affecting the Indian tribes. Federal courts give greater deference to Congress on Indian matters than on other subjects. The federal government has a "duty to protect" the tribes, implying courts have found the necessary legislative and executive authorities to effect that duty. Georgia , holding the Cherokee nation dependent, with a relationship to the United States like that of a "ward to its guardian". Georgia , which laid out the relationship between tribes and the state and federal governments, stating that the federal government was the sole authority to deal with Indian nations. First, the Act ended United States recognition of additional Native American tribes or independent nations, and prohibited additional treaties. Thus it required the federal government no longer interact with the various tribes through treaties, but rather through statutes: That hereafter no Indian nation or tribe within the territory of the United States shall be acknowledged or recognized as an independent nation, tribe, or power with whom the United States may contract by treaty: Provided, further, that nothing herein contained shall be construed to invalidate or impair the obligation of any treaty heretofore lawfully made and ratified with any such Indian nation or tribe. The Act also made it a federal crime to commit murder, manslaughter, rape, assault with intent to kill, arson, burglary, and larceny within any Territory of the United States. Kagama , which affirmed that the Congress has plenary power over all Native American tribes within its borders by rationalization that "The power of the general government over these remnants of a race once powerful The Indians owe no allegiance to a State within which their reservation may be established, and the State gives them no protection. United States Indian Police On April 10, , five years after establishing Indian police powers throughout the various reservations, the Indian Commissioner approved rules for a "court of Indian offenses". The court provided a venue for prosecuting criminal charges, but afforded no relief for tribes seeking to resolve civil matters. Another five years later, Congress began providing funds to operate the Indian courts. In the interim, as a trustee charged with protecting their interests and property, the federal government was legally entrusted with ownership and administration of the assets, land, water, and treaty rights of the tribal nations. It came as another crucial step in attacking the tribal aspect of the Indians of the time. In essence, the act broke up the land of most all tribes into modest parcels to be distributed to Indian families, and those remaining were auctioned off to white purchasers. Indians who accepted the farmland and became "civilized" were made American citizens. But the Act itself proved disastrous for Indians, as much tribal land was lost and cultural traditions destroyed. No cleanup reason has been specified. Please help improve this section if you can. The bill was named after U. Secretary of the Treasury Andrew Mellon. The Revenue Act was applicable to incomes for President Calvin Coolidge signed the bill into law. In Iron Crow v. Oglala Sioux Tribe , the United States Supreme Court concluded that two Oglala Sioux defendants convicted of adultery under tribal laws, and another challenging a tax from the tribe, were not exempted from the tribal justice system because they had been granted U. It found that tribes "still possess their inherent sovereignty excepting only when it has been specifically taken from them by treaty or Congressional Act". This means American Indians do not have exactly the same rights of citizenship as other American citizens. The court cited case law from a pre case that said, "when Indians are prepared to exercise the privileges and bear the burdens of" sui iuris , i. The court further determined, based on the earlier Lone Wolf v. Hitchcock case, that

"It is thoroughly established that Congress has plenary authority over Indians. Code, allowed Indian nations to select from a catalogue of constitutional documents that enumerated powers for tribes and for tribal councils. Though the Act did not specifically recognize the Courts of Indian Offenses, is widely considered to be the year when tribal authority, rather than United States authority, gave the tribal courts legitimacy. In , a U. Court concluded no law had ever established tribal courts, but nonetheless, decades of federal funding implied that they were legitimate courts. Indian termination policy In , Congress enacted Public Law , which gave some states extensive jurisdiction over the criminal and civil controversies involving Indians on Indian lands. Many, especially Indians, continue to believe the law unfair because it imposed a system of laws on the tribal nations without their approval. Constitution, including the right of habeas corpus , to tribal members brought before tribal courts. Still, the court concluded, "it is pure fiction to say that the Indian courts functioning in the Fort Belknap Indian community are not in part, at least, arms of the federal government. Originally they were created by federal executive and imposed upon the Indian community, and to this day the federal government still maintains a partial control over them. When an Indian nation files suit against a state in U. In the modern legal era, courts and congress have, however, further refined the often competing jurisdictions of tribal nations, states and the United States in regard to Indian law. In the case of *Oliphant v. But* the case left unanswered some questions, including whether tribal courts could use criminal contempt powers against non-Indians to maintain decorum in the courtroom, or whether tribal courts could subpoena non-Indians. A case, *Montana v. United States* , clarified that tribal nations possess inherent power over their internal affairs, and civil authority over non-members within tribal lands to the extent necessary to protect health, welfare, economic interests or political integrity of the tribal nation. Tribal sovereignty is dependent on, and subordinate to, only the federal government, not states, under *Washington v. Confederated Tribes of Colville Indian Reservation* Tribes are sovereign over tribal members and tribal land, under *United States v. Reina* , U. Tribal law enforcement authorities have the power if necessary, to eject them. Where jurisdiction to try and punish an offender rests outside the tribe, tribal officers may exercise their power to detain and transport him to the proper authorities. *Lara* , U.

**Chapter 6 : PA Neuroscience Research on Drug Abuse (R21 Clinical Trial Optional)**

*"In a domestic violence situation, a lot of the abuse is focused on the head," said Jonathan Lifshitz, director of the Translational Neurotrauma Research Program at the University of Arizona. Lifshitz said that football players, who encounter significant blows but are supported by on-hand medical assistance at games and in the off-season.*

See other articles in PMC that cite the published article. Abstract Cognitive behavioral therapy CBT refers to a popular therapeutic approach that has been applied to a variety of problems. The goal of this review was to provide a comprehensive survey of meta-analyses examining the efficacy of CBT. We identified meta-analytic studies and reviewed of those a representative sample of meta-analyses examining CBT for the following problems: Additional meta-analytic reviews examined the efficacy of CBT for various problems in children and elderly adults. The strongest support exists for CBT of anxiety disorders, somatoform disorders, bulimia, anger control problems, and general stress. Eleven studies compared response rates between CBT and other treatments or control conditions. CBT showed higher response rates than the comparison conditions in 7 of these reviews and only one review reported that CBT had lower response rates than comparison treatments. In general, the evidence-base of CBT is very strong. However, additional research is needed to examine the efficacy of CBT for randomized-controlled studies. Moreover, except for children and elderly populations, no meta-analytic studies of CBT have been reported on specific subgroups, such as ethnic minorities and low income samples. CBT, efficacy, meta-analyses, comprehensive review Cognitive-behavioral therapy CBT refers to a class of interventions that share the basic premise that mental disorders and psychological distress are maintained by cognitive factors. The core premise of this treatment approach, as pioneered by Beck and Ellis , holds that maladaptive cognitions contribute to the maintenance of emotional distress and behavioral problems. The basic model posits that therapeutic strategies to change these maladaptive cognitions lead to changes in emotional distress and problematic behaviors. Since these early formulations, a number of disorder-specific CBT protocols have been developed that specifically address various cognitive and behavioral maintenance factors of the various disorders. Although these disorder-specific treatment protocols show considerable differences in some of the specific treatment techniques, they all share the same core model and the general approach to treatment. Consistent with the medical model of psychiatry, the overall goal of treatment is symptom reduction, improvement in functioning, and remission of the disorder. In order to achieve this goal, the patient becomes an active participant in a collaborative problem-solving process to test and challenge the validity of maladaptive cognitions and to modify maladaptive behavioral patterns. Thus, modern CBT refers to a family of interventions that combine a variety of cognitive, behavioral, and emotion-focused techniques e. Although these strategies greatly emphasize cognitive factors, physiological, emotional, and behavioral components are also recognized for the role that they play in the maintenance of the disorder. To our knowledge, this was the first review of meta-analytic studies examining the efficacy of CBT for a number of psychological disorders. This article has since become one of the most influential reviews of CBT. However, the search strategy was restrictive, because only one meta-analysis was selected for each disorder. Furthermore, the search only covered the period up to , but many reviews have been published since then. The goal of our review was to provide a comprehensive survey of all contemporary meta-analyses examining the evidence base for the efficacy of CBT to date. The meta-analyses included in the present review were all judged to be methodologically sound. This initial search yielded 1, hits, of which were duplicates and had to be excluded. The remaining non-duplicate articles were further examined to determine if they met specific inclusionary criteria for the purposes of this review. All included studies had to be quantitative reviews i. In order to limit this review to contemporary studies, only articles published since were included. The final sample included in this review consisted of meta-analyses Figure 1. Out of those, we described a representative sample of meta-analytic studies. The complete reference list for the final sample of included meta-analyses can be obtained by accessing the webpage [www](http://www). The number of meta-analytic reviews per year is depicted in Figure 2.

**Chapter 7 : Addiction and Domestic Violence - Addiction Center**

*So if you're able to claim your domestic partner as a dependent, you should be able to reduce the amount of your income that's subject to tax by the exemption amount. For , the dependent credit for other than qualifying children is \$*

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**Significance** Does the project address an important problem or a critical barrier to progress in the field? Is there a strong scientific premise for the project? How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field? For trials focusing on clinical or public health endpoints, is this clinical trial necessary for testing the safety, efficacy or effectiveness of an intervention that could lead to a change in clinical practice, community behaviors or health care policy? For trials focusing on mechanistic, behavioral, physiological, biochemical, or other biomedical endpoints, is this trial needed to advance scientific understanding? If Early Stage Investigators or those in the early stages of independent careers, do they have appropriate experience and training? If established, have they demonstrated an ongoing record of accomplishments that have advanced their field s? Do they have appropriate expertise in study coordination, data management and statistics? For a multicenter trial, is the organizational structure appropriate and does the application identify a core of potential center investigators and staffing for a coordinating center?

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**Data Management and Statistical Analysis** Are planned analyses and statistical approach appropriate for the proposed study design and methods used to assign participants and deliver interventions? Are the procedures for data management and quality control of data adequate at clinical site s or at center laboratories, as applicable? Have the methods for standardization of procedures for data management to assess the effect of the intervention and quality control been addressed? Is there a plan to complete data analysis within the proposed period of the award?

**Environment** Will the scientific environment in which the work will be done contribute to the probability of success? Are the institutional support, equipment and other physical resources available to the investigators adequate for the project proposed? Will the project benefit from unique features of the scientific environment, subject populations, or collaborative arrangements? Does the application adequately address the capability and ability to conduct the trial at the proposed site s or centers? Are the plans to add or drop enrollment centers, as needed, appropriate?

**Additional Review Criteria** As applicable for the project proposed, reviewers will evaluate the following additional items while determining scientific and technical merit, and in providing an overall impact score, but will not give separate scores for these items.

**Study Timeline** Specific to applications proposing clinical trials Is the study timeline described in detail, taking into account start-up activities, the anticipated rate of enrollment, and planned follow-up assessment? Is the projected timeline feasible and well justified? Does the project incorporate efficiencies and utilize existing resources e. Are potential challenges

and corresponding solutions discussed e. Protections for Human Subjects For research that involves human subjects but does not involve one of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate the justification for involvement of human subjects and the proposed protections from research risk relating to their participation according to the following five review criteria: For research that involves human subjects and meets the criteria for one or more of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate: For additional information on review of the Human Subjects section, please refer to the Guidelines for the Review of Human Subjects. For additional information on review of the Inclusion section, please refer to the Guidelines for the Review of Inclusion in Clinical Research. Vertebrate Animals The committee will evaluate the involvement of live vertebrate animals as part of the scientific assessment according to the following criteria: Reviewers will assess the use of chimpanzees as they would any other application proposing the use of vertebrate animals. For additional information on review of the Vertebrate Animals section, please refer to the Worksheet for Review of the Vertebrate Animal Section. Resubmissions For Resubmissions, the committee will evaluate the application as now presented, taking into consideration the responses to comments from the previous scientific review group and changes made to the project. Renewals Not Applicable Revisions For Revisions, the committee will consider the appropriateness of the proposed expansion of the scope of the project. If the Revision application relates to a specific line of investigation presented in the original application that was not recommended for approval by the committee, then the committee will consider whether the responses to comments from the previous scientific review group are adequate and whether substantial changes are clearly evident. Additional Review Considerations As applicable for the project proposed, reviewers will consider each of the following items, but will not give scores for these items, and should not consider them in providing an overall impact score. Applications from Foreign Organizations Reviewers will assess whether the project presents special opportunities for furthering research programs through the use of unusual talent, resources, populations, or environmental conditions that exist in other countries and either are not readily available in the United States or augment existing U.

**Chapter 8 : Domestic Violence in Nevada**

*Domestic violence is an epidemic inflicted primarily on women by men all over the world, though men and women can be victimized in both heterosexual and same sex relationships. More than*

The federal criminal justice system cannot function without the participation of victims and witnesses. Complete cooperation and truthful testimony of all witnesses and victims are essential to the determination of the guilt or innocence of a person accused of committing a crime. Crime victims and witnesses might experience feelings of confusion, frustration, fear, and anger. This pamphlet will provide answers to many of your questions and will help you understand your rights and responsibilities. The individual who presides over a court proceeding. Sometimes a Federal Magistrate Judge presides over the proceeding. The United States Attorney U. The chief prosecutor for violations of federal laws of the United States. Assistant United States Attorneys A. An individual who has suffered direct physical, emotional, or economic harm as a result of the commission of a crime. The person accused of committing a crime. The goal of the Federal Victim-Witness Program is to ensure that victims and witnesses of federal crimes are treated fairly, that their privacy is respected, and that they are treated with dignity and respect. Victim-Witness Coordinators and Victim Advocates work to make sure victims are kept informed of the status of a case and help victims find services to assist them in recovering from the crime. This piece of legislation provided crime victims with a "Bill of Rights. The right to be reasonably protected from the accused. The right to reasonable, accurate, and timely notice of any public court proceeding, or any parole proceeding, involving the crime or of any release or escape of the accused. The right not to be excluded from any such public court proceeding, unless the court, after receiving clear and convincing evidence, determines that testimony by the victim would be materially altered if the victim heard other testimony at that proceeding. The right to be reasonably heard at any public proceeding in the district court involving release, plea, sentencing, or any parole proceeding. The reasonable right to confer with the attorney for the Government in the case. The right to full and timely restitution as provided in law. The right to proceedings free from unreasonable delay. The status of the investigation of the crime as long as this will not interfere with the investigation of the crime , the arrest of a suspected offender, and the filing of charges against a suspected offender; The date, time, and location of each court proceeding that the witness and victim is either required to or permitted to attend; The release or detention status of an offender or suspected offender; The acceptance of a plea of guilty or nolo contendere or the rendering of a verdict after trial; And the sentence imposed on an offender, including the date on which the offender will be eligible for release. Victims are entitled to information about available services including: Victims are entitled to reasonable protection from a suspected offender: The Department of Justice shall arrange for a victim to receive reasonable protection from a suspected offender and persons acting for or with the suspected offender; And victims who attend court proceedings shall be provided with a place to wait which is removed from and out of the sight and hearing of the defendant and defense witnesses. Victims are entitled to the following additional services: Sexual assault victims also have a right to request that the defendant be tested for sexually transmitted diseases. Information for Witnesses General Witness Information If you are required to testify as a witness in a trial or other proceeding, you will receive a subpoena telling you when and where to go to court. A subpoena is a formal court order telling you to appear in court, and there are serious penalties for disobeying a subpoena. However, scheduling is at the discretion of the court and sometimes cannot be changed. Will this be at my expense? If you are a witness, you will receive a witness fee for each day that you are required to attend court in connection with the case, including time spent waiting to testify. If you are a local witness, you are entitled to parking and mileage reimbursement, in addition to the witness fee for the days you are asked to be in court. If you are an out-of-town witness, you may receive reimbursement for certain travel expenses, in addition to the daily witness fee. Witnesses who are federal government employees: This will enable you to receive your regular salary, notwithstanding your absence from your job. You will not collect a witness fee in addition to that salary. How do I receive my reimbursement? At the conclusion of your testimony, you will be assisted in completing a witness voucher to make a claim for your fees and expenses. Generally, a check for

all fees will be mailed to you by the U. Marshal when the case is over. Court Appearances There are many different stages involved with a case, including numerous hearings. Despite the best efforts of everyone concerned, court hearings do not always take place on schedule. How Cases Are Resolved Although many criminal cases go to trial, many other criminal cases end without a trial. For example, a defendant may plead guilty to the crime, or the Government may dismiss the case not try the case for a variety of reasons. Different scenarios are discussed below: When the United States Attorney chooses not to prosecute a particular case, this is called declination. An Assistant United States Attorney has the discretion to decline to prosecute a case based on several considerations, some of which the Assistant United States Attorney may not be able to discuss with you. The Assistant United States Attorney is ethically bound not to bring criminal charges unless the legally admissible evidence is likely to be enough to obtain a conviction. However, even when the evidence is sufficient, the Assistant United States Attorney may decide that there is not a sufficient federal interest served by prosecuting the particular defendant in a federal case. In many cases, the defendant may be subject to prosecution in another state, local, or tribal court including a state court for the prosecution of juvenile delinquents and prosecution in this other forum might be more appropriate than prosecution in federal court. When the United States Attorney or the court chooses to dismiss the case after it has been filed with the court, this is called dismissal. The Assistant United States Attorney may ask the court to dismiss a case that has been filed in court. The Assistant United States Attorney may do this because the court will not allow critical evidence to be part of the case, or because witnesses have become unavailable. There are times when evidence that weakens the case may come to light after the case has started. In other instances, the court may dismiss a case over the objection of the Assistant United States Attorney if the court determines that the evidence is insufficient to find the defendant guilty. When the United States Attorney decides not to try a defendant right away, or not to bring charges immediately, a defendant may be placed in a Pre-trial Diversion Program. Under this program, the United States and the defendant enter into a contract in which the defendant agrees to comply with certain conditions, and agrees to be supervised by the United States Probation Office for a period of time. If the defendant successfully complies with all of the conditions, no charges will be brought. However, if the defendant fails to meet a condition, charges may be filed. The Pretrial Diversion Program is designed for those defendants who do not appear likely to engage in further criminal conduct, and who appear to be susceptible to rehabilitation. The objective of the program is to prevent future criminal activity by certain defendants who would benefit more from community supervision and services than from traditional punishment. When the United States Attorney reaches an agreement with a defendant, a plea agreement is established. A guilty plea can take place at any time, and can even take place after trial has begun. To the public and to many victims, plea bargaining has a negative image. In reality, it is a very good tool to resolving a case and making sure a conviction is certain. Criminal cases always involve risks and uncertainties. A jury verdict of guilty is never a sure thing. With a plea agreement, a conviction is guaranteed, and a sentence is imposed. By pleading guilty, the defendant waives his or her right to trial. Many cases do go to trial. Frequently Asked Questions The criminal justice process can be complex and lengthy. Please contact the Coordinator if you have any questions. Listed below are answers to some questions that are frequently asked by victims and witnesses: What kind of support services or assistance can the Victim-Witness Coordinator offer? Victim-Witness Coordinators can provide victims with referrals to existing agencies for shelter, counseling, financial compensation, and other types of assistance services. In certain cases, the Victim-Witness Coordinator or Victim-Witness Assistant may be available to accompany you to court to provide support. Assistance with employers or creditors: If your participation in the prosecution causes you to be absent from work, the Victim-Witness Coordinator can, at your request, contact your employer and explain your role in the case. Likewise, if the crime, or your participation in the prosecution makes you unable to pay your bills on time, the Victim-Witness Coordinator can, at your request, contact creditors for you, or assist you in doing so yourself. While creditors are not obligated to take your participation in the case into consideration, they may choose to do so, particularly if there is a possibility that you may receive restitution from the defendant. How will I find out information about the case? The Victim-Witness Coordinator will routinely provide information or assistance concerning transportation, parking, lodging, translators, and related services.

If you have questions about the case in which you are involved, you are welcome to call the Victim-Witness Coordinator or the Assistant United States Attorney who is handling the case. The Assistant United States Attorney may also be contacting you for information at various stages of the proceedings. How can I tell the court how this crime has affected me? During a trial, it may seem as if most of the attention is paid to the defendant and not to the affects the crime has had on the victim. However, if the defendant is found guilty or pleads guilty to a crime in which you are a victim, you may have an opportunity to let the court know how the crime affected your life. This statement will be included in the pre-sentence report prepared by the probation officer for the judge prior to sentencing. Victims may attend the sentencing hearing, and victims of violent crimes or crimes involving sexual abuse will also have the opportunity to address the court at this time. This is called victim allocution, and is discussed further in The Sentencing Hearing section. The Assistant United States Attorney or the Victim-Witness Coordinator will tell you if such an opportunity exists for you, and will talk to you about the aspects of a presentation. How do I know when the offender in my case may be released from prison? Federal Bureau of Prisons Notification Program: If the defendant is sentenced to a period of time in a federal prison, victims may receive notice from the Bureau of Prisons notification program. Once enrolled, you will receive information directly from the Bureau of Prisons. You will be notified of the death, escape, or furlough of the inmate, and you will be notified if the inmate is transferred to a halfway house. The Victim-Witness Coordinator will provide victims with the information needed to enroll in this program. This information is kept confidential, and the inmate does not have access to this information.

**Chapter 9 : Effects of Emotional Abuse on Adults | HealthyPlace**

*Many types of domestic violence (domestic abuse) exist; each with devastating effects on those involved, including even mere witnesses of the violence. Characterized by a pattern of dominance and control in an intimate relationship, all types of domestic abuse occurs in every imaginable societal and cultural sector.*

January, Multiple interacting factors contribute to violent behavior. Public opinion surveys suggest that many people think mental illness and violence go hand in hand. In fact, research suggests that this public perception does not reflect reality. Most individuals with psychiatric disorders are not violent. Although a subset of people with psychiatric disorders commit assaults and violent crimes, findings have been inconsistent about how much mental illness contributes to this behavior and how much substance abuse and other factors do. An ongoing problem in the scientific literature is that studies have used different methods to assess rates of violence – both in people with mental illness and in control groups used for comparison. Such studies may underestimate rates of violence for several reasons. Participants may forget what they did in the past, or may be embarrassed about or unwilling to admit to violent behavior. Other studies have compared data from the criminal justice system, such as arrest rates among people with mental illness and those without. But these studies, by definition involving a subset of people, may also misstate rates of violence in the community. Finally, some studies have not controlled for the multiple variables beyond substance abuse that contribute to violent behavior whether an individual is mentally ill or not, such as poverty, family history, personal adversity or stress, and so on. The MacArthur Violence Risk Assessment Study was one of the first to address the design flaws of earlier research by using three sources of information to assess rates of violence. The investigators interviewed participants multiple times, to assess self-reported violence on an ongoing basis. Finally, the researchers also checked arrest and hospitalization records. This confirmed other research that substance abuse is a key contributor to violent behavior. But when the investigators probed further, comparing rates of violence in one area in Pittsburgh in order to control for environmental factors as well as substance use, they found no significant difference in the rates of violence among people with mental illness and other people living in the same neighborhood. In other words, after controlling for substance use, rates of violence reported in the study may reflect factors common to a particular neighborhood rather than the symptoms of a psychiatric disorder. Several studies that have compared large numbers of people with psychiatric disorders with peers in the general population have added to the literature by carefully controlling for multiple factors that contribute to violence. In two of the best designed studies, investigators from the University of Oxford analyzed data from a Swedish registry of hospital admissions and criminal convictions. In Sweden, every individual has a unique personal identification number that allowed the investigators to determine how many people with mental illness were convicted of crimes and then compare them with a matched group of controls. In separate studies, the investigators found that people with bipolar disorder or schizophrenia were more likely – to a modest but statistically significant degree – to commit assaults or other violent crimes when compared with people in the general population. Differences in the rates of violence narrowed, however, when the researchers compared patients with bipolar disorder or schizophrenia with their unaffected siblings. This suggested that shared genetic vulnerability or common elements of social environment, such as poverty and early exposure to violence, were at least partially responsible for violent behavior. However, rates of violence increased dramatically in those with a dual diagnosis see "Rates of violence compared". Taken together with the MacArthur study, these papers have painted a more complex picture about mental illness and violence. They suggest that violence by people with mental illness – like aggression in the general population – stems from multiple overlapping factors interacting in complex ways. These include family history, personal stressors such as divorce or bereavement, and socioeconomic factors such as poverty and homelessness. Substance abuse is often tightly woven into this fabric, making it hard to tease apart the influence of other less obvious factors. Rates of violence compared Percentage of people convicted of at least one violent crime, – Source: Fazel S, et al. Journal of the American Medical Association. Percentage of people convicted of at least one violent crime, – Source: Archives of General Psychiatry. Assessing risk of violence Highly publicized

acts of violence by people with mental illness affect more than public perception. Clinicians are under pressure to assess their patients for potential to act in a violent way. Although it is possible to make a general assessment of relative risk, it is impossible to predict an individual, specific act of violence, given that such acts tend to occur when the perpetrator is highly emotional. During a clinical session, the same person may be guarded, less emotional, and even thoughtful, thereby masking any signs of violent intent. And even when the patient explicitly expresses intent to harm someone else, the relative risk for acting on that plan is still significantly influenced by the following life circumstances and clinical factors. Individuals who have been arrested or acted violently in the past are more likely than others to become violent again. Much of the research suggests that this factor may be the largest single predictor of future violence. What these studies cannot reveal, however, is whether past violence was due to mental illness or some of the other factors explored below. Patients with a dual diagnosis are more likely than patients with a psychiatric disorder alone to become violent, so a comprehensive assessment includes questions about substance use in addition to asking about symptoms of a psychiatric disorder. In people with psychiatric disorders, substance abuse may exacerbate symptoms such as paranoia, grandiosity, or hostility. Patients who abuse drugs or alcohol are also less likely to adhere to treatment for a mental illness, and that can worsen psychiatric symptoms. Another theory, however, is that substance abuse may be masking, or entwined with, other risk factors for violence. A survey of 1, patients with schizophrenia participating in the Clinical Antipsychotic Trials of Intervention Effectiveness CATIE study, for example, found that substance abuse and dependence increased risk of self-reported violent behavior fourfold. But when the researchers adjusted for other factors, such as psychotic symptoms and conduct disorder during childhood, the impact of substance use was no longer significant. Borderline personality disorder, antisocial personality disorder, conduct disorder, and other personality disorders often manifest in aggression or violence. When a personality disorder occurs in conjunction with another psychiatric disorder, the combination may also increase risk of violent behavior as suggested by the CATIE study, above. Patients with paranoid delusions, command hallucinations, and florid psychotic thoughts may be more likely to become violent than other patients. Young people are more likely than older adults to act violently. In addition, men are more likely than women to act violently. People who are poor or homeless, or otherwise have a low socioeconomic status, are more likely than others to become violent. Personal stress, crisis, or loss. People who were victims of violent crime in the past year are also more likely to assault someone. The risk of violence rises with exposure to aggressive family fights during childhood, physical abuse by a parent, or having a parent with a criminal record. Preventing violence The research suggests that adequate treatment of mental illness and substance abuse may help reduce rates of violence. For example, in one study, the CATIE investigators analyzed rates of violence in patients who had earlier been randomly assigned to antipsychotic treatment. This study found that most patients with schizophrenia who took antipsychotics as prescribed were less likely to be violent than those who did not. An exception to this general trend occurred in participants who were diagnosed with a conduct disorder during childhood. No medication proved better than the others in reducing rates of violence, but this study excluded clozapine Clozaril. This is important because both the CATIE investigators and other researchers cite evidence that clozapine appears more effective than other psychotics in reducing aggressive behavior in patients with schizophrenia and other psychotic disorders. One study found, for example, that patients with a diagnosis of schizophrenia or another psychotic disorder who were treated with clozapine had significantly lower arrest rates than those taking other drugs. The study was not designed to determine whether this was due to the drug itself or the fact that clozapine treatment requires frequent follow-ups that might encourage patients to continue taking it as prescribed. Indeed, as with psychiatric treatment in general, medication treatment alone is unlikely to reduce risk of violence in people with mental illness. Interventions ideally should be long-term and include a range of psychosocial approaches, including cognitive behavioral therapy, conflict management, and substance abuse treatment. Of course, this sort of ideal treatment may be increasingly difficult to achieve in the real world, given reductions in reimbursements for mental health services, ever-shorter hospital stays, poor discharge planning, fragmented care in the community, and lack of options for patients with a dual diagnosis. The Schizophrenia Patient Outcomes Research Team PORT guidelines, for example, outlined the type of

multimodal treatment necessary to increase chances of full recovery. Most patients with schizophrenia do not receive the kind of care outlined in the PORT recommendations. Solutions to these challenges will arise not from clinicians, but from policy makers. Volavka J, et al. For more references, please see [www](#).