Court File No. CV-17-0578-00

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N:

KIRK KEEPING

Plaintiff

- and -

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF ONTARIO

Defendant

Proceeding under the *Class Proceedings Act, 1992*

SUPPLEMENTARY RESPONDING MOTION RECORD OF THE DEFENDANT

(RETURNABLE DECEMBER 11 and 12, 2018)

Dated: June 20, 2018

MINISTRY OF THE ATTORNEY GENERAL
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Counsel for the Defendant

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Toronto, ON M5H 3R3

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Tel.: (416) 595-2102
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WATKINS LAW PROFESSIONAL CORPORATION
1205 Amber Drive
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Thunder Bay, ON P7B 6M4

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Counsel for the Plaintiff

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Tab 1

Court File No.: CV-17-D578-00

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N:

KIRK KEEPING

Plaintiff

- and -

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF ONTARIO

Defendant

AFFIDAVIT OF DR. GRAHAM DAVID GLANCY

I, **Dr. Graham David Glancy**, of the City of Toronto, in the Province of Ontario, MAKE OATH AND SAY:

1. I have been retained by Her Majesty the Queen in Right of the Province of Ontario in these proceedings.

2. A copy of my report is attached as **Exhibit "A"**. A copy of my curriculum vitae is attached as an appendix to my report.

3. Attached as **Exhibit "B"** is a copy of my Retainer Letter in this matter, dated May 11, 2018.

4. Attached as **Exhibit "C"** is a copy of my completed Acknowledgement of Expert's Duty.

SWORN BEFORE ME at the City)
)
of Toronto, in the Province of Ontario)
)
this 20 day of June, 2018)
)
)

Dr. Graham David Glancy

A Commissioner, etc.

Sarah Allson Giles Mackenzie, a
Commissioner, etc., Province of Ontario,
while a Student-at-Law.
Expires May 9, 2019.

KIRK KEEPING - and - HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF ONTARIO

Plaintiff

Defendant

Court File No.: CV-17-0578-00

	ONTARIO **SUPERIOR COURT OF JUSTICE** Proceeding commenced at Thunder Bay **AFFIDAVIT OF DR. GRAHAM DAVID GLANCY** Attorney General for Ontario Crown Law Office – Civil 720 Bay Street, 8th Floor Toronto, ON M7A 2S9 Robert Ratcliffe, LSUC # 18941A Robert.Ratcliffe@ontario.ca Tel: 416-326-4128 Fax: 416-326-4181 Counsel for Her Majesty the Queen in right of Ontario

Tab A

THIS IS EXHIBIT "**A**" REFERRED
TO IN THE AFFIDAVIT OF
DR. GRAHAM DAVID GLANCY
SWORN BEFORE ME this
20th DAY OF JUNE, 2018.

A COMMISSIONER, ETC.

Sarah Alison Giles Mackenzie, a
Commissioner etc., Province of Ontario,
while a Student-at-Law
Expires May 9, 2019.

Graham D. Glancy
M.B. Ch.B. F.R.C.Psych.
F.R.C.P.(C)

1001 Queen Street West
Room 471,
Unit 3, 4th Floor
Toronto, ON M6J 1H4

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416.236.5602

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PRIVATE & CONFIDENTIAL
Court File No.: CV-17-0578-00

June 19, 2018

Mr. Robert Ratcliffe
Ministry of the Attorney General
Crown Law Office, Civil Law Division
720 Bay Street, 8th Floor
Toronto, Ontario M5G 2K1
Tel: 416 326 4128
Fax: 416 326 4181
E: Robert.Ratcliffe@ontario.ca

Dear Mr. Ratcliffe:

RE: Kirk Keeping v. Her Majesty the Queen in Right of Ontario
Court File No.: CV-17-0578-00

Author of Report

Dr. Graham D. Glancy M.B., Ch.B., F.R.C.Psych., F.R.C.P.(C)
Founder, Forensic Psychiatry, Royal College of Physicians & Surgeons (Canada)

Qualifications

I am a duly qualified psychiatrist licensed to practice in the Province of Ontario. My experience has included being Chief of Service of Forensic Inpatient Services at the Clarke Institute (now known as CAMH). I have been qualified to provide expert psychiatric opinion at all levels of courts in Ontario. In the last 27 years, I have also provided regular psychiatric consultation to provincial jails and prisons. Since 1990, I have had regular contracts with various Ontario provincial correctional institutions, spending between two and four days a week in these institutions. In the course of my work, I am referred patients by the general practitioners, the nursing staff, or the administration of these institutions. These referrals include patients with a wide variety of mental health issues. Furthermore, I am familiar with assessing and treating individuals who have been placed in segregation for a variety of reasons. I see these individuals for psychiatric assessment and treatment on an almost daily basis.

I am an associate professor in the Department of Psychiatry at the University of Toronto and an assistant clinical professor at McMaster University. I am currently co-head of the Division of Forensic Psychiatry at the University of Toronto. I have written over 100 scholarly articles and chapters focusing on assessment of high-risk offenders, legal decisions that influence forensic mental health, and raising the standard of practice of forensic psychiatry. I am a co-author of a book called, *Mental Health and Social Work in Canada*, published by Oxford University Press (2010, 2015).

I am a past president of the Canadian Academy of Psychiatry and the Law and past president of the American Academy of Psychiatry and the Law, where I have also been Chair of the Sex Offender and

Psychopharmacology Committees, and where I continue to serve on the Correctional Psychiatry Committee. In this latter capacity, I have participated in writing a practice resource for prescribing in corrections. I have also presented workshops at the annual general meeting of this organization regarding this topic, as well as presenting an Introduction to Correctional Psychiatry at the annual meeting of the American Psychiatric Association. In my capacity as president of the Canadian Academy of Psychiatry and the Law, I served as a special consultant to federal and provincial government agencies. I am the Chair of the Forensic Psychiatry Examination Committee of the Royal College of Physicians and Surgeons and have been designated a Founder of Forensic Psychiatry by the College.

I completed my M.B., Ch.B. at Manchester University, England, and post-graduate training at Manchester University, achieving membership to the Royal College of Psychiatrists in England, 1980. I received the specialist qualifications in Canada (F.R.C.P.(C)) in 1985. I served as the post-graduate director at the Clarke Institute of Psychiatry and Chief of the Forensic Service between 1988 and 1991 and was a founder of the Sex Offender Treatment Program.

I attach a copy of my curriculum vitae with this report.

Instructions Provided To Me

The Litigation

A class action has been commenced against Ontario seeking damages on behalf of all youth who were held at Provincial training schools between 1931 and 1984. The statement of claim seeks damages on a number of grounds, including psychological harm they suffered from this experience.

You asked for my opinion on the following questions:

1. What is meant by psychological harm?

2. Can it be determined if an individual suffered psychological harm or a degree of harm, because of time spent at a training school, without evidence from the individual?

3. Can this determination be made entirely upon the fact that the individual spent time at a training school?

4. What factors should be taken in consideration when determining what psychological harm, or the degree of harm, the individual may have suffered, if any?

Documents Reviewed

In addition to the pleadings, I read the following documents:

- Certification Motion Record, Volume 1

Opinion Concerning Each Issue

1. What is meant by psychological harm?

Psychological harm, mental harm, and emotional harm are legal terms and therefore require legal definitions. They are not terms used in the medical community.

Generally speaking, the plaintiff argues that psychiatric symptoms or the current level of disability are the result of the incident or tort that is the subject of litigation, and the expert must attempt to confirm or refute this assertion from a psychiatric perspective. A psychiatrist, psychologist, forensic psychiatrist or forensic psychologist may be asked to examine the plaintiff or review materials in order to list and describe psychiatric symptoms, which may satisfy the criteria for a psychiatric syndrome or diagnosis. They may be asked to describe and list the effects of these symptoms or diagnoses on the functioning of the plaintiff. In civil cases, forensic psychiatrists may be retained to describe and categorize the types of emotional distress and the resultant level of functional disability. The psychiatrist will attempt to estimate the degree of change to the evaluee's functioning in a number of areas. These areas would include activities of daily living including family life, as well as recreational, occupational, and social activities. Detailed questioning about each of these spheres of activity would be part of a psychiatric assessment. It may or may not be possible to provide a diagnosis of a formal psychiatric disorder. Such disorders might include a major depressive disorder, post-traumatic stress disorder, phobic disorder, psychological factors affecting physical condition, and many others since each individual reacts differently to distressing events. There may be no psychiatric diagnosis, or there may be more than one psychiatric diagnosis.

The assessing mental health professional attempts to describe an understanding of the longitudinal course of the plaintiff's life and describe how any psychiatric symptoms or emotional distress might be relevant in helping the court evaluate for any alleged emotional harm, which may or may not be related to an alleged distressing event. In this respect, it would be hypothesized that the emotional distress in question was relevant to a change in the evaluee's emotional, behavioural, or social life. The psychiatrist may be asked to advise the court about whether the emotionally distressing event or wrongful act directly caused the psychosocial problems that the evaluee is experiencing. The psychiatrist would as discussed below, take into account the possibility of predisposing, precipitating and perpetuating causes of the evaluee's symptoms or disability. The psychiatrist uses a biopsychosocial model, which takes into account the various types of factors that contribute to the psychiatric disorder. This might include a discussion about whether the emotional symptoms or disability would have occurred without the alleged wrongful act. This could also include an assessment of whether the nature of the potentially distressing event would likely be serious enough to result in the development of a particular reaction in this evaluee or to individuals in general.

The court may also require an understanding of the effects of the alleged symptoms on the evaluee's life, including a projection into the future; in

other words, a prognostication. This analysis requires a detailed history of how the evaluee lived their life before and after the distressing event. The report may include a description of the present symptoms or the course of these symptoms over time. It is especially important for the psychiatrist to review any previously existing psychiatric symptoms, diagnoses, and any pre-existing disability. It may also be of relevance to elicit and describe a family history, in attempting to come to some conclusion whether there is likely a congenital or genetic predisposition to the psychiatric syndrome. During the assessment, the psychiatrist looks at the evaluee's previous level of functioning; the degree of change of that functioning; and the likelihood of this change either continuing, improving, or worsening in the future. It is especially important to detail any previous history of sources of psychological distress or trauma that may or may not contribute to or cause psychiatric symptomatology and disability. Previous and concomitant stressors such as previous abuse, abandonment, loss, family conflict, and many others too numerous to list here may also contribute to psychiatric symptomatology. This exercise leads to a multifactorial analysis to help the court delineate the probability of each of the various potential causes of the psychiatric symptomatology as it relates to the alleged act or omission.

2. **Can it be determined if an individual suffered psychological harm or a degree of harm, because of time spent at a training school, without evidence from the individual?**

It should be noted that I have examined related issues in previous cases (*Raymond Lapple et al. v. Her Majesty the Queen in Right of Ontario, Court File No. CV-16-558633-00CP; Godday Dadzie et al. v. Her Majesty the Queen in Right of Ontario, Court File No. CV-16-558376-00CP; Francis at al v. Her Majesty the Queen in Right of Ontario,).*

For the purposes of this section of this report, I have been asked to assume that time spent in training school represents a distressing event. On the basis of this assumption, individuals who have spent time in training schools may or may not experience psychological consequences. Each deals with stressors in highly individualistic and variable ways. The reaction to distressing events is variable and dependent on a number of factors. For this reason, the assessment must be individualized. Each evaluation must investigate a number of factors in order to be able to assess the level of psychiatric symptomatology and to attempt to delineate the likely causes of this symptomatology. The assessment begins with a subjective account of the individuals reported symptoms. This inquiry would include questions regarding the onset of the symptoms and the continuation or longevity of the symptoms. It would be important to assess the individual's previous psychiatric history, which would include previously reported symptoms, previous treatment and hospitalizations. The history would include an account of the individual's exposure to a variety of traumatic events before, during, and after the period in training school, and the individual's reaction to these events.

It is important to assess the individual's personal history. A careful reconstruction of the individual's life, starting with information about psychiatric problems of their parents; intrauterine life, which might include exposure to alcohol and drugs, or poor antenatal care; complications at

birth; or problems in the neonatal period such as lack of oxygen or illness, should be undertaken, in order to see if any of these issues may be responsible for or contribute to current symptomatology. Following this, a history of the individual's early socialization and development may be important. It is necessary to inquire about episodes of abuse, neglect, bullying, and trauma throughout the lifespan. How the individual dealt with adolescence and its evolution into adulthood should be subject to inquiry. An individual's ability to form and maintain relationships, the quality of their relationships with various family members, and family support are also important factors. Experiences of prior separation and abandonment should be considered. A history of substance abuse and dependence should be the subject of inquiry.

It is also important to ask about family history. As noted above, genetics is a significant factor in the genesis of psychological symptoms in response to distressing events. A family history of anxiety, depression, learning disability, posttraumatic stress, and major mental illness are all important areas that should be covered. Family relationships, support, and family abuse should be subject to inquiry.

It is important to inquire about psychiatric symptoms, illnesses, and hospitalizations over an individual's life. It is also important to delineate the effects of other stresses on an individual's mental health. It would be helpful to obtain medical records, including the individual's file from their general practitioner, and the records of any previous psychiatric, mental health, or other relevant treatment.

There are a number of adjunctive psychometric and psychological tests that may contribute to an assessment. In particular, psychological testing is helpful in contributing to the diagnosis of a personality disorder, such as antisocial personality or psychopathy. Also, sophisticated psychological testing helps to quantify symptoms. Another useful role of psychological testing is the ability to use of various validity scales and tests, which are adjunctive in forming an opinion about whether the individual is exaggerating symptoms, minimizing symptoms, or feigning symptoms.

In the assessment of whether an individual is suffering from psychological symptoms or psychological harm due to spending time in training school, it is essential to perform individual assessments. Only a proportion of people who are exposed to distressing events of a greater or lesser degree will develop psychological symptoms or a psychiatric disorder. For instance, one meta-analysis (Oddone,2001) demonstrated that following child sexual abuse (CSA) there was an increase in rates of PTSD from 14% to 20%. Similarly, the rate of reporting "depression or suicidal" was increased from 14% up to 21% after CSA. Another meta-analysis (Norman et al. 2012) demonstrated an Odds Ratio of 1.54 in developing a depressive disorder; 1.92 for drug use and 3.40 for suicide attempts. This can be interpreted as saying, in other words, if 4.7% of the Canadian population (StatsCan) suffer from depression each year, this will increase to approximately 7% in survivors of childhood physical abuse. It can be concluded, based on these studies and others, that one cannot say that physical, sexual, or emotional abuse causes psychiatric disorders. The only conclusion that can be made is that they are associated with an increase in the possibility of having a psychiatric

disorder in later life. Child sexual or physical abuse does not cause a psychiatric disorder in every case, but only in a minority of cases.

Inquiry into a variety of factors would be included in a forensic psychiatric evaluation, which would attempt to quantify an individual's psychological symptoms, make a diagnosis regarding any psychiatric syndrome, and delineate any possible causes of the psychological or psychiatric symptomatology. Only careful and comprehensive assessment of each individual could describe and categorize psychiatric syndromes and diagnoses in order to help the courts.

It should be noted that the ethical guidelines for the Canadian Academy of Psychiatry and the Law, the American Academy of Psychiatry and the Law, and the American Psychological Association, all state that a psychiatrist or psychologist should make every effort to see and interview a patient or evaluee before coming to any diagnosis or conclusions that can be used in a court of law. It would appear to be antithetical to these guidelines for a mental health professional to state that an estimation of psychological symptoms can be made without taking active steps to see and assess the patient in the manner noted above.

In order to come to a psychiatric conclusion about whether an individual has suffered psychiatric consequences from an alleged distressing event, it is important, and the standard of care, and the only ethical option, to perform individualized assessments of the individual.

Factors Contributing to Stress Response

If we assume that residency in a training school is a distressing event, or represents a type of stress, then the following flows from this. I should say that this is a difficult and contradictory assumption. The court may find that, as a finding of fact, a proportion of those who spent time training schools was severely or sexually abused, as per the allegations of a small number of these individuals contained in the motion record. However, it seems obvious that there were mitigating and ameliorating influences inherent in the training school environment. These would include the training itself, counselling, therapeutic and preventative interventions, and education. It should also be taken into consideration that many of these individuals were removed and therefore protected from the abuse and neglect that they may have previously suffered, and would likely continue to suffer, in the community and within their own families. The assumption inherent in the aggregate damages argument theorizes that the longer an individual spent in training school, then the more psychological effects they would suffer. However, since individual factors are the most significant predictor of ensuing psychological symptoms, this argument is not logical. As noted elsewhere in this report, even the most serious forms of trauma or abuse only produce posttraumatic symptoms in a proportion of those individuals exposed to these events. The effects of distressing events are dealt with in different ways that are highly individualistic. No two individuals react the same way. Reactions to distressing events are highly variable and depend on a number of factors. Therefore, each assessment must be individualized and must cover a number of factors.

Extensive research into the effects of distressing events on individuals has demonstrated that 60 to 80 percent of the population experience highly stressful events, of the type that might cause Posttraumatic Stress Disorder (PTSD), at some stage of their life. That is considerably more than rates of Posttraumatic Stress Disorder, which is a severe reaction to a highly stressful event. Prevalence rates of PTSD reach only 5 to 8 percent of the population. Most people, therefore, do not have Posttraumatic Stress Disorder following even extremely distressing events. In other words, many people are unaffected by even severe negative stressors and life events. This demonstrates that there is no simple dose-effect relationship between distressing events and ensuing psychological reactions. In other words, an extremely stressful event can lead to different reactions in different individuals.

A number of factors have been shown to account for these individual differences. It is important to take into account a variety of social and environmental factors when assessing the effect of distressing events on any individual. For instance, disturbed family functioning is known to be associated with increased symptomatology. Similarly, low family support has also been proven to be a significant factor in developing symptoms.

Individual factors that determine whether a person will experience particular symptoms following distressing events include an assessment of the individual's coping style and coping mechanisms. It is also important to look at the effect of prior life experiences, including experiences of abuse, trauma, and neglect. Additionally, individuals with various personality traits react differently to distressing events. An individual's ability to tolerate stress or fear is an important variable. It is important to assess an individual's capacity for self-modulation.

A body of research has noted that increased levels of physical symptoms at the time of a traumatic event, such as increased heart rate, sweating, and tremors, may be related to increased levels of distress and increased symptomatology following distressing events. This is probably less relevant to chronic distressing events, such as is alleged in this claim.

Increasingly, research has suggested that the influence of genetics is significant in predicting which individuals will experience symptomatology following trauma or significant distressing events. It is likely that approximately 30 percent of the variance of symptoms precipitated by distressing events is accounted for by genetics.

Although there may be similar psychological sequelae in affected individuals, such as posttraumatic stress disorder and depression, that may be the consequence of a severe, distressing event, a traumatic event, or abuse, only a minority of individuals who experienced the same traumatic event experience the same symptoms. Most individuals do not experience these symptoms. Therefore, only individual assessment can delineate which individuals experience symptoms and which do not. Assuming all individuals experience the same symptoms is contradicted by a vast body of research regarding abuse and stress.

3. **Can this determination be made entirely upon the fact that the individual spent time at a training school?**

This issue is largely covered above. If we assume that time spent in a training school is a specific distressing event, the literature on reactions to distressing events suggests that there is no clear dose-response relationship. In fact, the literature is inconsistent in this issue. It is likely that other types of characteristics are more likely to predict response to distressing events. In particular, confounding social and familial factors associated with admission to training school may also be associated with a greater risk of a subsequent psychiatric disorder. These factors include dysfunctional family environments and poverty, as well as genetic factors. It is also noted that the effects of childhood abuse in women are a stronger predictor of psychiatric illness than in men (MacMillan).

As I have mentioned above, time spent in training school is unlikely to predict symptoms experienced later by an individual. Although some individuals may be felt by the court to have been abused in training school, these individuals and others would also have been exposed to positive or ameliorating aspects of the regime. These would include counselling, a consistent routine, education, and other aspects of the program. Even in the case of those individuals who were abused, it is possible that the longer time spent in training school would ameliorate certain negative effects.

4. **What factors should be taken into consideration when determining what psychological harm, or the degree of harm, the individual may have suffered, if any?**

As detailed previously, the ethical guidelines of the Canadian Academy of Psychiatry and the Law, the American Academy of Psychiatry and the Law, and the American Psychological Association, all state that a psychiatrist or psychologist should make every effort to see and interview a patient or evaluee before coming to any diagnosis or conclusions that can be used in a court of law. In order to come to a psychiatric conclusion about whether or to what degree an individual has suffered psychological harm from an alleged distressing event, a full and complete psychiatric or psychological evaluation conducted by means of personal interview is critical.

A thorough psychological or psychiatric history includes the following factors:

- Psychiatric history including:
  - Onset, duration, and severity of symptoms
  - Previous diagnoses, courses of treatment, and outcomes; hospitalizations
  - Collateral information
- Personal history including:
  - Prenatal, perinatal, and neonatal events
  - Early development
  - Longitudinal review of personal, academic, social, and occupational functioning

- Inquiry about family of origin, family composition, parents, siblings, caretakers
- Home environment and family dynamics
- History of emotional, physical, or sexual abuse or neglect
- Evaluee's perception of childhood and relationships to parental figures, authority figures, and peers
- Childhood activities, childhood temperament
- Educational history including schooling; academic performance; learning disabilities or behavioural problems; history of truancy, suspension or expulsion; relationships with peers and teachers; academic and extracurricular activities; graduation; highest level of education completed
- Occupational history and functioning, including terminations
- Relationship and sexual history (when appropriate)
- Corroboration by collateral sources

Previous trauma including:

- Physical, emotional, and sexual abuse
- Parental or caregiver neglect
- Natural disasters, motor vehicle accident, fire, or other dangerous event, military combat or violent events
- Individual coping mechanisms
- Whether and to what degree the occurrences contributed to the evaluee's presentation and prognosis
- Corroboration by collateral sources

Medical and surgical history including:

- Illnesses, imbalances, operations, accidents, head or brain injuries
- Medication and side-effects including non-pharmacological somatic treatment, over-the-counter, natural, and herbal supplements
- Allergies and adverse drug reactions
- Specialist reports and collateral information
- Substance use

Family history including:

- Mental disorders among first-degree relatives
- Personality of parents
- Relationship between parents
- Relationship between siblings
- Financial situation of parents
- Status of family in local community
- Family illness, family secrets, family dysfunction
- Family legal involvement
- Family religious or spiritual involvement
- History of mental illness and substance use within family including suicide and hospitalization for psychiatric problems

Substance use including:

- Use of drugs, alcohol, marijuana, prescription drugs, and nutraceuticals
- First use; frequency of use; symptoms, signs, and severity of substance use disorder
- Intoxication at the time of inquiry
- Corroboration by collateral sources

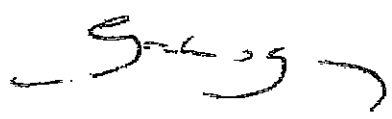
- Adjunctive tests including:
  - Psychological testing
  - Actuarial tests and structured professional judgement
  - Physical examination
  - Clinical testing and imaging

The following factors are known as confounding variables in the relationship between child abuse and later psychological symptoms.

- Genetic predisposition
- Lifestyle factors
- Socioeconomic factors
- Access to healthcare
- Neighbourhood characteristics
- Family dysfunction
- Social deprivation
- Previous child abuse
- Various family problems

Only a full psychological or psychiatric history and examination can elicit these factors and satisfactorily inform the court about the relationship of childhood physical abuse, emotional abuse, sexual abuse and subsequent psychiatric diagnoses.

Yours very truly,



Graham D. Glancy, *M.B., Ch.B., F.R.C.Psych., F.R.C.P.(C)*
Founder, Forensic Psychiatry (Canada)
Associate Professor, Co-head Division of Forensic Psychiatry
Department of Psychiatry
University of Toronto

GRAHAM DAVID GLANCY
M.B., Ch.B., F.R.C.Psych., F.R.C.P.(C)

ACADEMIC & PROFESSIONAL QUALIFICATIONS

Royal College of Physicians and Surgeons of Canada
2016-present Chair, Examining Committee, Forensic Psychiatry,

Royal College of Physicians and Surgeons of Canada
2012 – 2016 Vice Chair Examination Committee

Founder, Forensic Psychiatry, Royal College of Physicians and Surgeons (Canada) F.R.C.P.C.
2011

Fellow of The Royal College of Psychiatrists (England) – F.R.C.Psych.
Honourary elected position for distinction in Psychiatry
1997

Fellow of The Royal College of Physicians and Surgeons (Canada) – F.R.C.P.(C)
1985

Licensing Exam Medical Council of Canada
1984

Membership of The Royal College of Psychiatrists (England) – M.R.C.Psych.
1980 *(Equivalent to F.R.C.P.(C))*

Bachelor of Medicine, M.B., Ch.B. *(Equivalent to M.D.)*
Manchester University, England
1971 - 1976

Premedicine
Indiana University, U.S.A.
1970 - 1971

ACADEMIC APPOINTMENTS

University of Toronto

Faculty of Medicine	2017 Co-head Academic Division of Forensic Psychiatry Dec 2016- Present Associate 1982 – 2015 Assistant Professor
Department of Psychiatry	Professor Department of Psychiatry

McMaster University

Faculty of Medicine 1997 - Present	Clinical Assistant Professor

University of Toronto
Faculty of Law
2003 - Present — Adjunct Professor

University of Toronto
Department of Rehabilitation Medicine
1985 - 1988 — Assistant Professor

Clarke Institute of Psychiatry
1989 - 1991 — Post-Graduate Director

Manchester School of Nursing
1980 - 1981 — Lecturer

Salford University
1980 - 1981 — Lecturer
Department of Occupational Therapy

PROFESSIONAL APPOINTMENTS

Centre for Addiction and Mental Health (CAMH)
2014-present — Part-time staff Psychiatrist
(Forensic Early Intervention Service)

Independent Private Practice
1991-present — Private practice in forensic psychiatry

Ontario Ministry of Corrections
1991 - Present — *Consultant to:*
Maplehurst Correctional Centre (1991-present)
Metro West Detention Centre (1990-2014)
Barrie Jail (1991-2001)
Camp Dufferin (1994-1996)

Ontario Review Board
1989 – Present — Psychiatric Member

Clarke Institute of Psychiatry
1991 - 1996 — Part-time Consultant, METFORS
1988 - 1991 — Chief Psychiatrist, Forensic Service
1987 - 1988 — Chief Psychiatrist, Forensic Inpatient Service
1982 - 1987 — Staff Psychiatrist, Forensic Service
1981 - 1982 — Staff Physician, Senior Clinical Fellow

University Hospital of South Manchester
Manchester, England

1980 - 1981	Senior Registrar in Psychiatry
1978 - 1980	Registrar in Psychiatry
1977 - 1978	Senior House Officer in Psychiatry

Hope Hospital
Salford, England

1977	House Physician

North Manchester General Hospital
Manchester, England

1976	House Surgeon

PROFESSIONAL MEMBERSHIPS

American Academy of Psychiatry and the Law

2016-present	Director, AAPL Institute for Education & Research
2015 - 2016	Immediate Past President
2014 – 2015	President
2013 - 2014	President Elect
2009 - 2010	Vice President
2006 - 2008	Secretary
2003 - 2006	Councillor
2013-present	Corrections
2012-present	Peer review
2002 - 2003	Program Committee (Chair)
1998 - 2008	Psychopharmacology Committee (Chair)
1994 - 1998	Education Committee
1994 - 1998	Committee on Sexual Offenders (Chair)
1993 - 1997	Chapters Committee

Canadian Academy of Psychiatry and the Law

2000	Bruno Cormier Award winner for outstanding Contribution to forensic psychiatry
1998 - Present	Co-Chair, Ethics Committee
1997 - 1998	Past President
1993 - 1997	President
1991 - 1993	Vice-President

Canadian Psychiatric Association

1984 – Present

Council of the Academies

1994 – 1998

Canadian Medical Association

1984 - Present

Royal College of Psychiatrists, England

1979 - Present	Member
1979 - 1981	Executive Committee

Association of Manchester Psychiatrists in Training

1980 - 1981	Chairman
1979 - 1980	Vice-Chairman

OTHER ACADEMIC ACTIVITIES

Behavioural Sciences and the Law
2017 — Editorial Board

American Academy of Psychiatry and the Law
2011 — Chair
Ad hoc task force on "Guidelines for Forensic Psychiatric Assessment"

Canadian Academy of Psychiatry and the Law
1995 - 2006 — Editor, Newsletter
Conference Organizer: Annual Conference

Canadian Psychiatric Association
1999 — Instructed counsel re: CPA's intervention in the Supreme Court Case, R. vs. Mills

Journal of Victims & Offenders
2005 – Present — Editorial Board

Journal American Academy of Psychiatry and the Law
2005 - 2013 — Editorial Board

Steering Committee to Canadian Government
Mental Illness and Violence: Proof or Stereotype
1996

American Academy of Psychiatry and the Law
2000 - Present — Reviewer of Manuscripts

Canadian Journal of Psychiatry
1993 - Present — Reviewer of Manuscripts

Clarke Institute of Psychiatry
1981 - 1991 Coordinator, Forensic Service Education Program
1981 - 1991 Arctic Consultation Team

RESEARCH GRANTS

Ontario Mental Health Foundation
1986 Evaluation of a Treatment Program for Sex offenders
L. Stermac, G. Glancy, S. Hucker
$70,000.00

Ontario Mental Health Foundation
1986 Informed Consent and ECT
B.A. Martin, G. Bean, G. Glancy
$77,000.00

BOOKS

1. Regehr, C., Glancy, G. (2014) *Mental Health Social Work Practice in Canada*, 2nd edition. New York: Oxford University Press
2. Regehr, C., Glancy, G. (2010) *Mental Health Social Work Practice in Canada*. New York: Oxford University Press
3. Glancy, GD, Mehdizadeh, H. (2005) *A Modern Method for Improving Your Enjoyment and Performance of Karate*. Oakville: Osprey Productions.

PUBLICATIONS IN REFEREED JOURNALS

1. Regehr C., Glancy G., Ramshaw L., Carter A. (2017) A comprehensive approach to managing threats of violence on a university or college campus. *International Journal of Law and Psychiatry 54 140-147*
2. Glancy G., (2016) The Mock trial: Revisiting a Valuable Training Tool. *Journal of the American Academy of Psychiatry and the Law 44 (1) 19-27*
3. American Academy of Psychiatry and the Law (2015) "Practice Guideline: The Forensic Assessment". *Journal of the American Academy of Psychiatry and the Law. (supp)43:263*
4. Glancy, G., Regehr, C., (2011) Schadenfreude: From joy to contemplation *Journal American Academy of Psychiatry & the Law. 40:81–8, 2012*
5. Regehr, C., Glancy, G. (2011) When Social Workers are Stalked: Risks, Strategies, and Legal Protections. *Clinical Social Work Journal*. doi:10.1007 S10615-010-0303-4 online first October 1, 2010

6. Glancy, G., Glancy, D.R., (2009) The Case That Has Psychiatrists Running Scared: *Ahmed v. Stefaniu. Journal of the American Academy of Psychiatry and the Law.* 37: 250-6

7. Glancy, G. Saini, M. (2009) The confluence of evidence-based practice and Daubert within the fields of forensic psychiatry and the law. *Journal of the American Academy of Psychiatry and the Law. 37(4): 438-41.*

8. Glancy, G., (2008) Evidenced Based Practices Applied to Forensic Psychiatry: *Brief Treatment & Crisis Intervention.* 8: 1-4

9. Glancy, G., (2008) Commentary on attacks on the British Royal Family: The more we know the more we can classify, *Journal of the American Academy of Psychiatry and the Law.* 36: 68-73.

10. Glancy, G., Bradford, J., (2007) The admissibility of Expert Evidence in Canada. *Journal of the American Academy of Psychiatry and the Law.* 35: 350-356

11. Glancy, G., (2007) Caveat Usare: Actuarial Schemes in real Life. *Journal of the American Academy of Psychiatry and the Law.* 34: 272-275

12. Glancy, G., Murray, E.L., (2006) The Psychiatric effects of Solitary Confinement: *Victims & Offenders.* 1: 1-8

13. Glancy, G., Saini, M. (2005) An Evidence-Based Review of Psychological Treatments of Anger and Aggression, Brief Treatment and Crisis Intervention. 5:2, 229-248.

14. Glancy, G., Chaimowitz, G. (2005) The Clinical Use of Risk Assessment. *Canadian Journal of Psychiatry.* 50:12-17.

15. Chaimowitz, G., Glancy, GD., Blackburn, J. (2003) The Need for Reinformed Consent with Continued Traditional Neuroleptic Treatment. *Bulletin of the Canadian Psychiatric Association.* 35,3:17-20.

16. Glancy, GD, Spiers, EM, Pitt, SE. (2003) Commentary: Models and Correlates of Firesetting Behaviour. *Journal of the American Academy of Psychiatry and the Law.* 31:53-57.

17. Glancy, GD., Knott, TF. (2003) Part III: The Psychopharmacology of Long-Term Aggression–Toward an Evidence-Based Algorithm. *Bulletin of the Canadian Psychiatric Association.* 35,1:13-18.*

18. Glancy, GD., Knott, TF. (2002) Part II: The Psychopharmacology of Long-Term Aggression–Toward an Evidence-Based Algorithm. *Bulletin of the Canadian Psychiatric Association.* 34,6:19-24.*

19. Glancy, GD., Knott, TF. (2002) Part I: The Psychopharmacology of Long-Term Aggression–Toward an Evidence-Based Algorithm. *Bulletin of the Canadian Psychiatric Association.* 34,6:13-18.*

20. Regehr, C., Goldberg, G., Glancy GD, Knott, T. (2002) Posttraumatic Symptoms and

Disability in Paramedics. *Canadian Journal of Psychiatry.* 47:10:953-958.

21. Glancy GD, Bradford, JM, Fedak, L. (2002) Comparison of R. v. Stone with R. v. Parks: Two Cases of Automatism. *Journal of the American Academy of Psychiatry and the Law.* 30:541-7

22. Glancy, G., O'Shaughnessy, R. (2002) Ethics in Psychopharmacological Research. *Bulletin of the Canadian Psychiatric Association.* 34.5, 12-15.*

23. Glancy, G., Regehr, C. & Bradford, J. (2001) Sexual Predator Laws in Canada. *Journal of the American Academy of Psychiatry and the Law.* 29: 232-7.

24. Regehr, C. & Glancy, G. (2000) Empathy and Its Impact on Sexual Misconduct. *Trauma, Abuse and Violence,* 2(2) 142-154.

25. Chaimowitz, G., Glancy, G., Blackburn, J. (2000) Duty to Warn. *Canadian Journal of Psychiatry.* 45: 10:899-904.

26. Regehr, C., Glancy, G., & Bradford, J. (2000) Canadian Landmark Case: R. v. Mills. *Journal of the American Academy of Psychiatry and the Law.* 28:460-4.

27. Regehr, C., Hill, J. & Glancy, G. (2000) Individual Predictors of Traumatic Reactions in Firefighters. *Journal of Nervous and Mental Disease.* 188(6) 333-339.

28. Bradford, J., Glancy, G. (2000) Commentary on Ensuring That Forensic Psychiatry Thrives as a Medical Specialty in the 21st Century. Journal of the American Academy of Psychiatry and the Law. 28:1, 20-22.

29. Schneider, R., Glancy, G., Bradford, J., Seibenmorgen, E. (2000) Winko vs British Columbia. *Journal of the American Academy of Psychiatry and the Law.* 28(2), 206-12.

30. Glancy, G., Bradford, J. & Gagné, P. (2000) Psychiatry and the Law in Canada: A Proposal for Subspecialization, Part I. Bulletin of the Canadian Psychiatric Association. 32.1, 20-23.

31. Glancy, G., Bradford, J. & Gagné, P. (2000) Psychiatry and the Law in Canada: A Proposal for Subspecialization, Part II. Bulletin of the Canadian Psychiatric Association. 32.1, 24-26.

32. O'Shaughnessy, R., Glancy, G., Bradford, J. (1999) Smith v. Jones: Supreme Court of Canada: Confidentiality & Privilege Suffer Another Blow. *Journal of the American Academy of Psychiatry and the Law.* 27.4: 614-620.

33. Langevin, R., Glancy, G. & Curnoe, S. (1999) Assessing Physicians with Sexual Misconduct. *Canadian Journal of Psychiatry.* 44:8: 775-780.

34. Regehr, C., Glancy, G. & Bryant, A. (1999) Breaking Confidentiality: Legal Requirements for Canadian Social Workers. *Journal of Law and Social Work.* 43: 12: 1006-11.

35. Glancy, G. & Bradford, J. (1999) Canadian Landmark Cases: R. vs. Swain. *Journal of the American Academy of Psychiatry and the Law.* 27(2) 1-7.

36. Glancy, G., & Regehr, C., Bryant, A. & Schneider, R. (1999) Editorial: Another Nail in the Coffin of Confidentiality. *Canadian Journal of Psychiatry.* 44 (6) 83.

37. Regehr, C., Glancy, G., Bryant, A. (1998) Breaking Confidentiality: Legal Requirements for Canadian Social Workers. *Journal of Law & Social Work.* 8 (1 & 2) 111-123.

38. Glancy, G., Regehr, C. & Bryant, A. (1998) Confidentiality in Crisis: Part I – The Duty to Inform. *Canadian Journal of Psychiatry.* 43(12) 1001-1005.

39. Glancy, G., Regehr, C. & Bryant, A. (1998) Confidentiality in Crisis: Part II – Confidentiality of Treatment Records. *Canadian Journal of Psychiatry.* 43(12) 1006-1011.

40. Krueger, R., Bradford, J. & Glancy, G. (1998) Report from the Committee on Sex Offenders: The Abel Assessment for Sexual Interest – A Brief Description. *Journal of the American Academy of Psychiatry and the Law.* 26(2) 277-280.

41. Regehr, C., Bryant, A. & Glancy, G. (1997) Confidentiality of Treatment for Victims of Sexual Violence. *The Social Worker.* 65(3) 137-145.

42. Regehr, C. & Glancy, G. (1997) Survivors of Sexual Abuse Allege Therapist Negligence. *Journal of the American Academy of Psychiatry and the Law*, 25(1), 49-58.

43. Bean, G., Nishisato, S., Rector, N. & Glancy, G. (1996) The Assessment of Competence to Make a Treatment Decision: An Empirical Approach. *Canadian Journal of Psychiatry*, 41(2) 85-92.

44. Glancy, G. (1996) "A Possible Link Between SSRI's and Antisocial Behaviours". *The Journal of Forensic Psychiatry,* 7(3) 387-391.

45. Regehr C., Glancy G. (1995) Sexual Exploitation of Patients, Issues for Colleagues. *American Journal of Orthopsychiatry*, 65(2) 194-202.

46. Regehr C., Glancy G. (1995) Battered Woman Syndrome Defence in the Canadian Courts. *Canadian Journal of Psychiatry,* 40(2) 130-135.

47. Martin B., Glancy G. (1994) Consent to ECT: Investigation of the Validity of a Competency Questionnaire. *Convulsive Therapy.* 10(4) 279-286.

48. Bean G., Nishisato S., Rector N.A., Glancy G. (1994) The Psychometric Properties of the Competency Interview Schedule. *Canadian Journal of Psychiatry,* 39(8), 368-376.

49. Regehr C., Glancy G. (1994) Rape or Romance: Perspective on Sex Assault. *Annals of Sex Research.* 6, 305-318.

50. Glancy G. (1993) Antisocial Ideation and Activities Precipitated by the Administration of SSRI's. *Canadian Journal of Psychiatry.* 38(10) 695.

51. Glancy G., Regehr C. (1992) The Forensic Psychiatric Aspects of Schizophrenia.

Psychiatric Clinics of North America, 15(3) 575-589.

52. Glancy G., Regehr C. (1991) Effects of Sexual Assault in a Small Community. *Canadian Journal of Psychiatry*, 36(2) 57-59.

53. Regehr C., Glancy G. (1991) Families of Firesetters. *Journal of Forensic Psychiatry*, 2(1) 27-36.

54. Freund K., Heasman G., Racansky I.G., Glancy G. (1985) Paedophilia and Heterosexuality vs. Homosexuality. *Journal of Sex and Marital Therapy*, 10(3) 193-200.

55. Hyde C.E., Glancy G., et al: (1978) The Abuse of the Indigenous Mushroom. *British Journal of Psychiatry*, 602-4.

*** The Bulletin of the CPA changed to publishing Refereed Journal**

BOOK CHAPTERS

1. Glancy G., Simpson A. (2018) *Ethics Dilemmas in Correctional Institutions.* In Ed: Griffiths E.E. *Ethics Challenges in Forensic Psychiatry and Psychology Practice.* New York, NY: Columbia University Press.

2. Simpson A., Glancy G., (In Press) *Forensic psychiatry.* In Oxford Textbook of Psychiatry.

3. Glancy. G. (2016) Forensic Evaluations and Reports; In Ed: Gold. L., Frierson, R., & Simon, R., *APA Textbook of Forensic Psychiatry*, 3rd Edition.

4. Glancy, G., Saini, M., Treffers, S. (2016) *Anger Management.* In Ed: Sturmey, P. *The Wiley Handbook of Violence and Aggression.* Volume 1, Definition, Conception and Development; Volume 2, Assessment, Prevention and Treatment of Individuals; Volume 3, Societal Interventions. Wiley & Sons. (In Press)

5. Glancy G., Treffers S., (2015) Adjustment disorders. In Oxford textbook of Correctional Psychiatry eds Trestman R., Applebaum K., Metzner J., Oxford University Press, New York

6. Pinals, D., Glancy, G., Lee, L.G., (2011) Chapter, Civil and sex-offender commitment: (eds) Buchanan & Norko: "The Psychiatric Report" Principles and Practice of Forensic Writing, Cambridge University Press

7. Glancy G., (2011) Risk Assessment for violence in correctional populations In: Chaimowitz, G., Companion Guide to Aggressive Incident Scale and Hamilton Anatomy of Risk Management (AIS-HARM), St. Joseph's Healthcare, Hamilton

8. Glancy G., (2011) Risk Assessment for violence in correctional populations In: Chaimowitz, G., Companion Guide to Aggressive Incident Scale and Hamilton Anatomy of Risk Management (AIS-HARM), 2nd Edition, St. Joseph's Healthcare, Hamilton

9. Pinals, D., Glancy, G., Lee, L.G., (2011) Chapter, Commitment to Hospital, Chapter In: (eds) Norko & Buchanan: "Psychiatric Report Writing" Principles to Practice, Oxford University Press, New York

10. Glancy, G., Saini, M., (2009) Sexual Abuse & the Clergy: In "Sex Offenders: Identification, Risk Assessment & Treatment, and Legal Issues". Saleh F.M., Grudzinskas A.J., Bradford, J.M.W. Oxford University Press, New York

11. Glancy, G (2007) Cyberstalking. In D. Pinals (ed) Stalking Psychiatric Perspectives and Practical Approaches. New York, Oxford University Press, New York

12. Glancy, G. & Regehr, C. (2004) Assessment measures for sexual predators. In: A. Roberts & K. Yeager (eds). *Evidence Based Practice Manual: Research and Outcome Measures in Health and Human Sciences.* New York: Oxford University Press.

13. Glancy, G. & Regehr, C. (2002) A Step by Step Guide to Assessing Sexual Predators. In: Roberts A. & G. Greene C.J. (eds) *Social Work Desk Reference*. New York: Oxford University Press. Pp. 702-708.

14. Regehr, C. & Glancy, G. (1999) Paranoid Disorders. In: F. Turner (ed) *Adult Psychopathology: A Social Work Perspective, Second Edition*. New York: Free Press.

15. Glancy, G. (1987) The North American Perspective. *Handbook for Trainee Psychiatrists.* Ed: KJB Rix, Balliere Tindall.

OTHER

1. Chaimowitz, G. & Glancy, G. (2002) The Duty to Protect. CPA Position Paper. *Canadian Journal of Psychiatry.* 47 (7) 1-4

2. Bradford, J. & Glancy, G. Forensic Psychiatry. *International Encyclopaedia of the Social and Behavioural Sciences*, Editors-in-Chief Neil J. Smelser & Paul B. Baites. Munich. Permagon. 2001.

3. Glancy, G. (2003) Roy O'Shaughnessy, MD: A President to Keep Us Out of Danger. *American Academy of Psychiatry and the Law*. 31:15-17.

4. Glancy, GD., Ben-Aron, MH. (1999) Ethics Guidelines for the Practice of Forensic Psychiatry. *Canadian Academy of Psychiatry and the Law.*

PUBLICATIONS IN NON-REFEREED JOURNALS

1. Kaye, N. S., & Glancy, G. D. (2018). Ask the Expert 2017. *American Academy of Psychiatry and the Law Newsletter*, 43(1) 10-11.

2. Kaye, N. S., & Glancy, G. D. (2017). Ask the Expert 2017. *American Academy of Psychiatry and the Law Newsletter*, 42(3) 7, 28.

3. Kaye, N. S., & Glancy, G. D. (2017). Ask the Expert 2017. *American Academy of*

Psychiatry and the Law Newsletter, 42(2) 9, 21.

4. Kaye, N. S., & Glancy, G. D. (2017). Ask the Expert: Sitting at the Table. *American Academy of Psychiatry and the Law Newsletter*, (42)1 16.

5. Kaye, N. S., & Glancy, G. D. (2016, September). Ask the Expert 2016. *American Academy of Psychiatry and the Law Newsletter*, 41(3) 6.

6. Kaye, N. S., & Glancy, G. D. (2016, April). Ask the Expert 2016. *American Academy of Psychiatry and the Law Newsletter*, 41(2) 6, 27.

7. Kaye, N. S., & Glancy, G. D. (2016, January). Ask the Expert 2016. *American Academy of Psychiatry and the Law Newsletter*, 41(1) 13, 15.

8. Kaye, N. S., & Glancy, G. D. (2015, September). Ask the Experts. *American Academy of Psychiatry and the Law Newsletter*, 40(3) 6.

9. Glancy, G. (2015) Everything you need to know about NCR/insanity acquittees – But were afraid to ask. *American Academy of Psychiatry and the Law Newsletter 40(3)*

10. Glancy, G. (2015) Correctional and its relationship to Psychiatry and Law. *American Academy of Psychiatry and the Law Newsletter 40(2) 4-9*

11. Glancy, G. (2015) Forensic Psychiatrists as Educators. *American Academy of Psychiatry and the Law Newsletter 39(1) 4-6.*

12. Holzer, JC, Fodaz, M. Candilis, P, Glancy, G. (2005) Cognitive Augmentation in Psychiatry. *American Academy of Psychiatry and the Law Newsletter.* 30(3) 16-17.

13. Glancy, G.D. (2003) The Long-Term Offender: Supreme Court of Canada and R. v. Johnson. *American Academy of Psychiatry and the Law Newsletter.* 29(3) 19.

14. Glancy, G.D., (2016) The Mock Trial: Revisiting a Valuable Training Strategy. *American Academy of Psychiatry and the Law Newsletter.* 44(1) 1-9.

15. Glancy, G.D., Knott, T.F. (2003) Psychopharmacology of Violence - Part V. *American Academy of Psychiatry and the Law Newsletter.* 28(3) 8-9.

16. Glancy, G.D., Knott, T.F. (2003) Psychopharmacology of Violence - Part IV. *American Academy of Psychiatry and the Law Newsletter.* 28(1) 12-13.

17. Glancy, G.D., Knott, T.F. (2003) Psychopharmacology of Violence - Part III. *American Academy of Psychiatry and the Law Newsletter.* 28(1) 15-16.

18. Glancy, G.D., Knott, T.F. (2002) Psychopharmacology of Violence - Part II. *American Academy of Psychiatry and the Law Newsletter.* 27(3) 14.

19. Glancy, G.D., Knott, T.F. (2002) Psychopharmacology of Violence - Part I. *American Academy of Psychiatry and the Law Newsletter.* 27(2).

20. Glancy, G. & Langevin, R.L. (2000) Two Cases of Habitual Use of Internet Pornography. *Canadian Academy of Psychiatry and the Law Newsletter,* 8(1) 4-7.

21. Glancy, G. & Ben-Aron, M. (1999) Proposed Ethics Guidelines. *Canadian Academy of Psychiatry and the Law Newsletter,* 5(1).

22. Glancy, G., Ben-Aron, M., & Hardy, M. (1999) Proposed Curriculum in Correctional Psychiatry. *Canadian Academy of Psychiatry and the Law Newsletter,* 5(1).

23. Ben-Aron, M., Hardy, M. & Glancy, G. (1999) Assessing Suicide in Corrections. *Canadian Academy of Psychiatry and the Law Newsletter,* 5(1).

24. Glancy, G. (1996) Two Cases on NCR-MD. *Canadian Academy of Psychiatry and the Law Newsletter,* 4(1).

25. Glancy, G. (1996) Obsessional States and the Not Criminally Responsible Defence. *Canadian Academy of Psychiatry and the Law Newsletter,* 4(1).

26. Bloom, H., Collins, P. & Glancy, G. (1996) A Proposed Curriculum for Postgraduate Education in Forensic Psychiatry. *Canadian Academy of Psychiatry and the Law Newsletter,* 4(1).

27. Glancy, G. (1996) The Perspective of Forensic Psychiatry. *Bulletin of the Canadian Psychiatric Association.* 28(2) 7.

28. Glancy G. (1994) The Dangerous Offender. *Bulletin of the Canadian Psychiatric Association.* 26(4).

29. Glancy G. (1992) Battered Spouse Defence. *Canadian Academy of Psychiatry and the Law Newsletter,* 1(1).

30. Bloom H., Glancy G., Ben-Aron M. (1992) The Various Uses for Psychiatric Evidence and Consultation in Criminal Proceedings – The Young, the (Sexually) Restless, and Other Interesting Topics in Forensic Psychiatry. *Criminal Lawyers' Association Newsletter,* 13(1).

31. Bloom H., Glancy G., Ben-Aron M. (1991) The Various Uses for Psychiatric Testimony: Part I. *Criminal Lawyers' Association Newsletter*, 12(1).

32. Bloom H., Glancy G., Ben-Aron M. (1991) The Various Uses for Psychiatric Evidence and Consultation in Criminal Proceedings: Part II. *Criminal Lawyers' Association Newsletter*, 12(2).

BOOK REVIEWS

1. 2002 Forensic Psychiatric Evidence. By J. Arboleda-Flórez & C.J. Deynaka. *Canadian Journal of Psychiatry.* 47(7) 681-682.

2. 2000 Dangerous Offenders: A Task Force Report of the APA. *Canadian Journal of Psychiatry.* 45.4, 390-393.

3. 1999 Treatment of Offenders with Mental Disorders. By R. Wettstein, *Journal of Psychiatry and Neuroscience.* 20 (5) 472-473.

4. 1996 Therapists Who Have Sex With Their Patients: Treatment and Recovery. By Herbert Strean. *Canadian Journal of Psychiatry.* 41(10) 659-660.

5. 1992 Crime, Criminal Justice & the Probation Services. By R. Harris New York Routledge 1992. *Bulletin American Academy of Psychiatry and the Law,* 20(4).

6. 1992 Trauma & Recovery. By J. Lewis Herman. *Bulletin American Academy of Psychiatry and the Law,* 21(2).

PRESENTATIONS AT JURIED CONFERENCES

2017 American Academy of Psychiatry and the Law, Denver
Resource Document on Prescribing in Corrections

2017 American Academy of Psychiatry and the Law, Denver
Update on the Assessment of Battered Women's Syndrome Defense

2017 International Association of Affective disorders, London
Treatment of Depression in Corrections

2017 International association of Law and Mental health, Prague
Threat assessment on Campus

2016 American Academy of Psychiatry and the Law
Prescribing in Corrections; Treatment of Aggression

2016 Canadian Academy of Psychiatry and the Law, Whistler
Threat assessment on campus

2016 Canadian Academy of Psychiatry and the Law, Whistler
Major Legal Decisions: Update and Review for the Practising Psychiatrist

2015 Canadian Institute for the Administration of Justice
Conflict in situations involving mental disorder

2015 American Academy of Psychiatry and the Law, Fort Lauderdale
Witness Protection – a matter of training (Presidential address)

2014 Canadian Academy of Psychiatry and the Law, Lake Louise

- Anatomy of an Inquest: Part 1
- Video Recording Towards a Consensus
- Characteristics of Incarcerated Veterans in Provincial Correctional Facilities

2013 American Academy of Psychiatry and the Law, San Diego
The Use of the Mock Trial: Rationale & Practice

2013 Royal College of Psychiatrists, Faculty of Forensic Psychiatry, Copenhagen
The Forensic Assessment Practice Guidelines

2012 American Academy of Psychiatry and the Law, Montreal
Sex Crimes and the World Wide Web

2012 Canadian Academy of Psychiatry and the Law, Whistler
Cyber-Exhibitionism

2011 American Academy of Psychiatry and the Law, Boston
The Forensic Assessment

2011 American Academy of Psychiatry and the Law, Boston
- Peer Review Committee presentation
- Assessment of Causation and Damages Years After Sexual Abuse

2011 Canadian Academy of Psychiatry and the Law, Quebec City
From Schadenfreude to Contemplation: Lessons for Forensic Experts

2010 American Academy of Psychiatry and the Law, Tucson,
From Schadenfreude to Contemplation: Lessons for Forensic Experts

2010 Canadian Academy of Psychiatry and the Law. Banff
Risk Management of Stalking in Mental Health Professionals.

2009 Canadian Academy of Psychiatry and the Law. Mt. Tremblant
The Stalking Harm" A new guide to assessing risk in stalking

2008 American Academy of Psychiatry and the Law. Seattle
The Stalking Harm: A new guide to assessing risk in stalking.

2007 American Academy of Psychiatry and the Law, Florida
Treating the Untreatable

2007 American Academy of Psychiatry and the Law, Florida
Towards Evidence-Based Practice in forensic Psychiatry

2006 American Academy of Psychiatry and the Law. Chicago, IL
CATIE Study, Use & Misuse

2006 American Psychiatric Association, Toronto, ON
The Challenge of Serving the Mentally Ill in Corrections

2005 American Academy of Child & Adolescent Psychiatry, Toronto, ON
- Psychological Treatments of Anger in Adolescents
- Psychopharmacological Treatment of Anger in Adolescents

2005 American Academy of Psychiatry and the Law, Montreal, PQ
- SSRI's in Children & Adolescents
- Quality Assurance in a Small Office

2005 The Institute for Special Needs Offenders. Ottawa, ON
The Treatment of the Mentally Ill in Corrections

2004 American Academy of Psychiatry and the Law. Scottsdale, AZ
- Dirty Tricks Part II
- Cognitive Augmentation in Forensic Psychiatry
- Psychological Treatment of Anger: A Meta-Analysis

2003 American Academy of Psychiatry and the Law. San Antonio, TX
- Disability in PTSD
- Atypical Antipsychotics & Dysmetabolic Syndromes
- Dirty Tricks by Attorneys

2002 American Psychiatric Association. Assessment of Treatment of Child Molester (Course). Philadelphia, PA

2001 American Psychiatric Association. New Orleans
Assessment & Treatment of Child Molesters

2001 CPA Annual Meeting. Montreal, PQ
Topics in Forensic Psychiatry

2001 American Academy of Psychiatry & the Law. Boston, MA
Psychopharmacology of Long-Term Aggression (Panel Chair)

2000 American Academy of Psychiatry & the Law. Annual Conference. Vancouver, BC
- Risk Assessment of Sexual Offenders: A Critical Assessment (Panel)
- Research Ethics in Forensic Psychiatry (Panel)
- Smith vs Jones: The Limits of Privilege (Mock Trial Panel)

2000 International Association Law & Mental Health. Sienna, Italy
"The Quest for Questions: Mental Illness & Violence"

2000 American Psychiatric Association. Chicago. IL
Course: Assessment & Treatment of Child Molesters

1999 Canadian Psychiatric Association. Toronto, ON
"Consultation in Psychiatry: The Forensic Aspect". (Workshop)

1999 American Academy of Psychiatry and the Law. Baltimore, MD
"Sexual Predator Laws: The Canadian Experience"

1999 American Academy of Psychiatry and the Law. Baltimore, MD
"Partialism: A Spectrum of Harm"

1998 American Academy of Psychiatry and the Law. New Orleans, LA
"The Paraphilic Stalker" (Panel)

1998 International Academy of Law and Mental Health. Paris, FR
"Confidentiality in Crisis – The Canadian Practitioner at Risk"

1997 American Academy of Psychiatry and the Law. Denver, CO
"Maintaining Competence to Assess Competence: Lessons from Continuing Medical Education"

1996 American Academy of Psychiatry and the Law. San Juan, PR
"From Classroom to Courtroom: Lessons from Adult Learning Theory"

1996 Canadian Psychiatric Association. Quebec City, PQ
"A Primer in Forensic Psychiatry". (Course Director)

1995 American Academy of Psychiatry and the Law. Seattle, WA
"Assessment and Treatment of Sexual Misconduct"

1994 American Academy of Psychiatry and the Law. Hawaii, U.S.A.
"Battered Woman Syndrome Defence"

1994 Canadian Psychiatric Association. Ottawa, ON
Symposium on Dangerousness

1993 American Academy of Psychiatry and the Law. San Antonio, TX
"Sexual Misconduct Among Professionals"

1993 Ontario Psychological Association.
"Sex Abuse of Patients by Therapists"

1991 American Academy of Psychiatry and the Law. Florida, U.S.A.
"The Treatment of Sex Offenders: A Long-Term Approach"

1991 Ontario Psychological Association Annual General Meeting. Toronto, ON
"The Long-Term Management of Sexually Aggressive Males"

1991 Ontario Psychological Association Annual Meeting. Toronto, ON
"Rehabilitation of Sex Offenders: A Long-Term Model"

1989 Annual Meeting of the American Association for Advancement of Behaviour Therapy
Washington, DC
"Relapse Prevention for Sexual Aggression: Profiling Risks for Offenders"

1988 American Academy of Psychiatry and the Law. San Francisco, CA
"Families of Firesetters"

SELECTED INVITED TEACHING

2003 - Present
University of Toronto, Law School
Course instructor; Trial Advocacy

2011 Ontario Ombudsman Office
The Difficult Client"

2011 Harley Psychiatry Group, London, Ontario
Risk Management of Stalking in Mental Health Professionals.

2007 Canadian Academy of Psychiatry and the Law, Lake Louise, AB
Towards a New Classification of Stalking

2005 Association of Physicians in Corrections, Ontario
Cyberstalking: Everything Old is New Again

2005 Canadian Academy of Psychiatry and the Law, Mt. Tremblant, PQ
Cyberstalking: Everything Old is New Again

2004 Association of Physicians in Corrections, Toronto, ON
Atypical Antipsychotics & Dysmetabolic Syndrome

2003 Association of Physicians in Corrections. Toronto, ON
"Psychopharmacology of Violence – III & IV"

2002 Forensic Education Day.
University of Western Ontario. London, ON
"Risk Prediction"

2002 Canadian Academy of Psychiatry and the Law. Whistler, BC
"Psychopharmacology of Long-Term Aggression"

2001 Association of Physicians in Corrections. Toronto, ON
"Psychopharmacology of Violence – II"

2001 Association of Physicians in Corrections. Toronto, ON
"Psychopharmacology of Violence - Part I"

2001 35th Congress Association Medicine/Psychiatry. Quebec, PQ
La Dangerosité: Les Rôles et Devoirs du Psychiatre

2000 Canadian Academy of Psychiatry and the Law: Update on Confidentiality. Lake Louise

1999 London Psychiatric Forensic Psychiatry Conference. London, ON
"The Quest for Questions: Mental Illness & Violence"

1998 Association of Physicians in Corrections
"Confidentiality in Crisis"

1997 Association of Physicians in Corrections
"Treating Incarcerated Victims of Sexual Abuse"

1997 Canadian Academy of Psychiatry and the Law. Vancouver, BC
"Treatment of Victims of Sexual Abuse – An Approach Based on the Evidence"

1997 Criminal Code and Mental Disorder Conference. Vancouver, BC
"Patient Needs vs. Patient Rights"

1996 Sex and Violence in the Court Room. Penetanguishene, ON
"Psychopathology and Spousal Violence"

1996 Association of Physicians in Corrections. Toronto, ON
"Conceptual Standards for the Treatment of Sexual Abuse Victims in Corrections"

1996 Osgoode Hall Law School
"Mentally Disordered Offenders"

1996 Crown Attorney's Annual Conference. Hamilton, ON
Panel member: "Not Criminally Responsible"

1996 Intensive Trial Advocacy Workshop. Osgoode Hall Law School
"Role of the Expert Witness"

1996 Canadian Psychiatric Association: International Continuing Medical Education
Cancun, Mexico
"Serotonin: Implications for Forensic Psychiatry"

1995 International Association of Crisis Workers
"Mad or Bad"

1994 Sexual Violence: Seeking Consensus Amid Controversy. Midland, ON
"An Empirically-Based Treatment Approach for Sexually Abusive Professionals"

1994 Canadian Academy of Psychiatry and the Law. Quebec
"Forensic Psychiatry: Past, Present & Future"

1993 Penetanguishene Mental Health Centre Annual Conference
"Sexual Misconduct Among Health Care Professionals, Research Findings"

1993 Association of Crown Attorney's and Criminal Lawyers' Association
"Treatment of Mentally Abnormal Offender"

1993 Ontario Board of Examiners in Psychology
"Sex Abuse of Patients by Therapists"

1993 Canadian Bar Association. Health Law Section
"Sex Abuse of Patients by Physicians"

1992 Mississauga Hospital Academic Day

"Mad or Bad – Is Your Therapist Dangerous to Know?"

1991 International Association of Psychosocial Rehabilitation
Legal and Ethical Issues in Psychiatry

1991 Annual Penetanguishene Mental Health Centre Conference
"The Long-Term Management of Sex Offenders"

1991 Clinical Criminology II, Toronto
"Introduction and Discussant – The Management of Violence"

1989 Victims of Sex Assault Conference. Sponsored by Solicitor General
"Cognitive Distortions in Sex Offenders – Their Impact on How People Relate to a Victim"

1989 York Regional Police Detective Training Program
"Forensic Psychiatry for Police Officers"

1989 University of Toronto Research Day
"Relapse Prevention in Sex Offenders"

1988 Association of Physicians in Corrections in Ontario
"Neuroleptic Malignant Syndrome – Something To Beware Of"

1987 Ontario Provincial Police College. Aylmer, ON
"Forensic Psychiatry for Police Officers"

COMMUNITY WORK

Coach
Level 1 NCCP
2004

Coach
Nomads Rugby Club
2002 - 2006
Coach
West End United Soccer Club/Toronto High Park Soccer
2000 - 2012

Coach
Etobicoke Soccer League
1996 - 2000

Regeneration House, Inc.
Board of Directors, Toronto
1984 - 1987

PERSONAL

Great Britain Swimming Team, 1969 - 1972
Ex-holder of six national records

British Universities Water Polo Team 1976

Black Belt – 3rd Dan
Shito-Ryu
Karate-Do Kai,

Tab B

THIS IS EXHIBIT **"B"** REFERRED
TO IN THE AFFIDAVIT OF
DR. GRAHAM DAVID GLANCY
SWORN BEFORE ME this
20th DAY OF JUNE, 2018.

A COMMISSIONER, ETC.

Sarah Allson Giles Mackenzie, a
Commissioner, etc., Province of Ontario,
while a Student-at-Law.
Expires May 9, 2019.

Ministry of the
Attorney General

Crown Law Office
Civil Law

720 Bay Street
8th Floor
Toronto ON M5G 2K1

Tel/Tél: (416) 326-4128
Fax/Téléc.: (416) 326-4181
Robert.Ratcliffe@ontario.ca

Ministère du
Procureur général

Bureau des avocats
de la Couronne Droit civil

720 rue Bay
8e étage
Toronto ON M5G 2K1

May 11, 2018

VIA MAIL AND EMAIL: graham.glancy@utoronto.ca

Dr. Graham D. Glancy
Associate Professor, Co-Head Forensic Psychiatry
University of Toronto
1001 Queen Street West
Unit 3 – 4th Floor – Room 471
Toronto, ON
M6J 1H4

Dear Dr. Glancy:

Re: ***Kirk Keeping v. Her Majesty the Queen in Right of Ontario***
Court File No.: CV-17-0578-00

A class action has been commenced against Ontario seeking damages on behalf of all youth who were held at Provincial training schools between 1931 and 1984. The statement of claim seeks damages on a number of grounds, including the psychological harm they suffered from this experience. We are acting for Ontario in this matter.

We would like to retain your services as an independent expert to provide your opinion on the following questions:

1. What is meant by psychological harm?

2. Can it be determined if an individual suffered psychological harm or a degree of harm, because of time spent at a training school, without evidence from the individual?

3. Can this determination be made entirely upon the fact that the individual spent time at a training school?

4. What factors should be taken into consideration when determining what psychological harm, or the degree of harm, the individual may have suffered, if any?

We are providing you with a copy of the Plaintiff's motion record. As you will see, it contains, among other things, a statement of claim (Tab 18A) and a report authored by Peter Jaffe, a Registered Psychologist, and David Wolfe, also a Registered Psychologist (Tab 2A).

I am also enclosing a copy of the Form 53 – Acknowledgement of Expert's Duty. Can you please sign and return that to me with a copy of your curriculum vitae. Thanks.

Yours truly,

R Ratcliffe

Robert Ratcliffe
Counsel

Encls.

Tab C

THIS IS EXHIBIT "C" REFERRED
TO IN THE AFFIDAVIT OF
DR. GRAHAM DAVID GLANCY
SWORN BEFORE ME this
20th DAY OF JUNE, 2018.

A COMMISSIONER, ETC.

Sarah Allson Giles Mackenzie, a
Commissioner, etc., Province of Ontario,
while a Student-at-Law
Expires May 9, 2019

Court File No. CV-17-0578-00

ONTARIO
SUPERIOR COURT OF JUSTICE

BETWEEN:

KIRK KEEPING

Plaintiff

-and-

HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO

Defendant

ACKNOWLEDGMENT OF EXPERT'S DUTY

1. My name is Dr. Graham Glancy *(name)*. I live at Toronto *(city)*, in the province *(province/state)* of Ontario *(name of province/state)*.

2. I have been engaged by or on behalf of Her Majesty the Queen in right of Ontario. *(name of party/parties)* to provide evidence in relation to the above-noted court proceeding.

3. I acknowledge that it is my duty to provide evidence in relation to this proceeding as follows:

   (a) to provide opinion evidence that is fair, objective and non-partisan;

   (b) to provide opinion evidence that is related only to matters that are within my area of expertise; and

   (c) to provide such additional assistance as the court may reasonably require, to determine a matter in issue.

4. I acknowledge that the duty referred to above prevails over any obligation which I may owe to any party by whom or on whose behalf I am engaged.

Date June 6, 2018 _____
Signature

NOTE: This form must be attached to any report signed by the expert and provided for the purposes of subrule 53.03(1) or (2) of the *Rules of Civil Procedure*.

Court File No.: CV-17-0578-00

KIRK KEEPING

Plaintiff

v.

HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO

Defendant

ONTARIO
SUPERIOR COURT OF JUSTICE

Proceeding commenced at THUNDER BAY
Proceedings under the *Class Proceedings Act, 1992*

SUPPLEMENTARY RESPONDING MOTION RECORD OF THE DEFENDANT
(Returnable December 11 and 12, 2018)

MINISTRY OF THE ATTORNEY GENERAL
Crown Law Office – Civil
720 Bay Street, 8th Floor
Toronto, ON M7A 2S9
Fax: (416) 326-4181

Robert Ratcliffe, LSUC #18941A, (416) 326-4128
Connie Vernon, LSUC #43385J, (416) 314-4392
Amy Leamen, LSUC # 49351R, (416) 314-2555
Joshua Tallman, LSUC No. 70469G, (416) 314-2501

Counsel for the Defendant,
Her Majesty the Queen in right of Ontario