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## Misdiagnosis of African-Americans with psychiatric issues

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For the last 45 years, Dr. Bell has studied the underserved African-American population in the United States. His research has uncovered various problems of misdiagnosis in these populations. The first discovery was the misdiagnosis of African-Americans with bipolar disorder. The second major observation was the high levels of childhood trauma low-income African-American children were subject to during their development. Following that epiphany, it was demonstrated that these populations also had high levels of head injury owing to a general risk suffered by low-income populations. Most recently, he has observed the problem of exposure to prenatal alcohol as many low-income communities are inundated with liquor stores resulting in a social determinant of health that lends itself to social drinking before realizing pregnancy. This presentation will highlight the prevalence of childhood traumatic stress and how it ties in with the prevalence of neurodevelopmental disorders of childhood (the most prevalent of which may be neurodevelopmental disorder associated with prenatal alcohol exposure). In addition, a proposed criterion for developmental trauma disorder (DTD) and neurodevelopmental disorder associated with prenatal alcohol exposure will be presented. There will be emphasis on clinical practice skills to identify these two common problems in all populations, not just low-income African-Americans that by nature of being in high-risk contexts often herald public health problems that will affect everyone in society. Finally, the author will illustrate prevention strategies for both of these two common and intertwined problems using actual large population based data and clinical case histories.

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## Personality disorders and violence: What is the link?

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While the link between personality disorders (PDs) and violence is well established, several issues obscure its nature. First, PDs are highly comorbid, both with each other and with other mental disorders. Second, given the heterogeneous nature of violence, particularly with regard to its motivation, an adequate typology of violence is required that does justice to its motivational heterogeneity. A recently proposed typology will be outlined that parses violence into appetitive and aversive types, and-within each type-into impulsive and premeditated subtypes. The appetitive subtypes have, as their primary motives, a desire to achieve a state of excitement and exhilaration and material self-gratification. The aversive subtypes have as their primary motives a desire for self-protection and for revenge. Third, a causal relationship between PD and violent offending presupposes a logical relationship between the two, which in turn raises the question of what might be the psychological mechanisms that mediate the relationship. It is proposed that severe PD is underpinned by personality traits related to emotional impulsiveness, psychopathy and delusional ideation. By late adolescence and early adulthood, these factors contribute to the occurrence of violent offending in concert with contextual factors such as the availability of substances of abuse and interpersonal stress. This view is consistent with the abandonment of personality disorder categories in the forthcoming eleventh edition of the International Classification of Diseases (ICD-11) in favor of a dimensional classification of PD according to its severity, defined in terms of the degree of harm to self and others.

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