Most professional books on the subject of homicide convey a criminological or legal standpoint. Homicide: A Psychiatric Perspective complements those approaches by offering a clinical understanding unique in the literature, considering not merely the crime but the broad spectrum of homicidal behavior. Combining psychiatric knowledge of that behavior with actual case material, this work provides a single-expert point of view, synthesizing current literature while maintaining a focused perspective that not only reviews the macroscopic findings of descriptive nosology but also places the individual murderer under the microscope. This new edition considers aspects of homicidal behavior in American society that were not prominent a decade ago, as evidenced by such phenomena as the Columbine killings and public fascination with The Sopranos. Dr. Malmquest draws on his extensive background in forensic psychiatry and consultancy experience in hundreds of murder cases, blending medical, biological, psychological, and social factors to forge a psychiatric understanding of homicide in the twenty-first century. He provides insight into such key concerns as epidemiology, the ongoing difficulty of predicting homicidal behavior in psychotic individuals, and the contrasting value of the legal system. The legal system has described how various clinical psychiatric conditions such as narcissism and depression have their own special vulnerabilities for homicidal violence. The book uses DSM-IV-TR as a diagnostic framework and adds a psychodynamic component for appropriate cases, offering a broad overview of homicide today: Cases are drawn from evaluated homicidal individuals, not simply generic examples, and reflect homicides that involve a legal conviction, a confession, or clinical material beyond media reportage. New to this edition are insights into recent homicide trends such as sexual and serial murders, school killings, homicide among preadolescents, stalking, murder by health care personnel, and close-cause killings in the military. Statistical data have also been updated, reflecting that the latest legal decisions are based on; and the latest legal decisions are updated — making this book as timely as it is authoritative. Homicide: A Psychiatric Perspective is an essential reference for mental health professionals as well as attorneys, correctional officers, or social workers engaged in criminal law. With its keys to evaluating patients or defendants who have engaged in serious acts of violence, it offers unprecedented clinical insights into the homicidal mind.

Homicide: Risk Factors, Trends and Prevention Strategies first provides an overview of murder-suicide in educational settings, with an emphasis on K-12 schools, and recommendations for the prevention of murder-suicide in educational settings are provided. This compilation also assesses the potential impact of increasing incarceration rates on homicide rates within 27 OECD nations from 1993 to 2005, suggesting areas for future research, including specification of the incarceration/homicide association in cross-national samples. The authors close by providing base-line frequencies for what offenders do after killing of a stranger. Further, they seek to identify whether associations can be made between post-offense behaviours and offender, victim, and offenses characteristics.

A blueprint for doing clinical work in field experience, Field Experience: Transitioning from Student to Professional aids students in developing their professional identity on their journey toward becoming a counselor. Authors Najian Zhang and Richard D. Parsons help students integrate the knowledge they learn across the curriculum by presenting a roadmap of how to start, navigate, and finish a practicum or internship. Throughout the book, coverage of CACREP standards, case illustrations, exercises, and real-life examples create an accessible overview of the entire transitioning process. Field Experience is part of the SAGE Counseling and Professional Identity Series, which targets specific competencies identified by CACREP (Council for Accreditation of Counseling and Related Programs).

The Suicide and Homicide Risk Assessment Treatment Planner provides treatment planning guidelines and an array of pre-written treatment plan components for violent and at-risk patient populations. Included are detailed plans for treating suicidal adults, adolescents and children, as well as specialized groups like college students, prison inmates, law enforcement personnel, gays and lesbians, and the elderly. Additionally, a range of homicidal personality types are addressed including antisocial, psychotic, PTSD, and manipulative.

In our society, bullying is commonly seen as a normal, inescapable part of growing up that children and adolescents must simply endure. In Bullying, Suicide, and Homicide, Butch Losey challenges this viewpoint, arguing that bullying is not a part of childhood development, but rather an aberrant behavior that, for the victim, can lead to adverse decisions, such as suicide and homicide. He provides a detailed understanding of the relationship between bullying, suicide, and homicide and an assessment and response strategy that can be utilized by mental health professionals who work with children and adolescents. This strategy involves a three stage ecological approach: screening to identify warning signs for bullying, depression, suicide, and violence by means of the Bullying Lethality Identification System (BLIS), developed by Losey and a colleague; assessing the risks of suicide and threats of violence using specially tailored forms and tools; and mediating to identify appropriate interventions. All of the associated tools and forms that the author has created are included as appendices and on the accompanying downloadable resources. Losey's sensitive and compassionate treatment of this important subject will inform and motivate mental health professionals in their work with victims of bullying.

Psychotic Symptoms in Children and Adolescents demystifies the interviewing diagnostic process of psychosis in children and adolescents and provides a valuable resource for treatment. Psychotic symptoms have traditionally been rationalized and disregarded as products of the child's imagination. There has been a professional reluctance to acknowledge that children could suffer from severe psychotic disorders akin to adult subjects, and that these symptoms merit a comprehensive and systematic evaluation. This book offers a useful guide to the interviewing process, a review of differential diagnosis, and an overview on psychosocial interventions. It deals also with the use of antipsychotic drugs, beginning with issues related to their use in the field, followed by a review of literature on the subject, atypical side effects, and implementation throughout treatment. The book fills a vacuum in the field of child and adolescent psychiatry, and will have a broad appeal and interest to general psychiatrists, clinical psychologists, to child and adolescent psychiatrists, and many other mental health professionals working with disturbed children and adolescents.

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Suicidal Behaviour: Assessment of People At-Risk provides a psychometric analysis of various aspects associated with suicidal risk assessment to understand the suicidal personality and predict suicidal behaviour. It includes articles by experts in the field covering suicide research carried out globally. The collection is divided into two sections-the first focuses on the theoretical issues and the second on the applied and practical issues related to suicidal behaviour among specific...
populations. The main features of the articles include: - the diverse aspects of the problem in various socio-cultural contexts - prevention strategies, along with analyses of varied paradigms of suicidal behaviour, for the benefit of mental health practitioners and researchers - a focused discussion on specific population - a comprehensive review of research in the field - reviews of suicide risk assessment tools. The discussion begins with a contextualization of the psychological factors implicated in the aetiology of suicidal behaviour with the help of a biopsychosocial model and is followed by an empirical analysis. The theoretical issues are then examined from various perspectives. This compilation will serve as a supplementary reader for students of psychology, psychiatry, psychiatric social work and counselling. It will also be useful for mental health professionals as well as those undertaking research on suicide.

Identify suicide potential from the latest clinical research on risk factors, the impact of mental disorders, social stressors, and psychological vulnerability. Inside you will find tools to help those individuals who are engaging in self-injury and homicidal behaviors. Filled with specific examples and stories, effective assessments, strategies for treatment planning, and evidence-based interventions this is an essential resource for all therapists.

With recent studies using genetic, epigenetic, and other molecular and neurochemical approaches, a new era has begun in understanding pathophysiology of suicide. Emerging evidence suggests that neurobiological factors are not only critical in providing potential risk factors but also provide a promising approach to develop more effective treatment and prevention strategies. The Neurobiological Basis of Suicide discusses the most recent findings in suicide neurobiology. Psychological, psychosocial, and cultural factors are important in determining the risk factors for suicide; however, they offer weak prediction and can be little of clinical use. Interestingly, cognitive characteristics are different among depressed suicidal and depressed nonsuicidal subjects, and could be involved in the development of suicidal behavior. The characterization of the neurobiological basis of suicide is in delineating the risk factors associated with suicide. The Neurobiological Basis of Suicide focuses on how and why these neurobiological factors are crucial in the pathogenic mechanisms of suicidal behavior and how these findings can be transformed into potential therapeutic applications.

Every year, about 30,000 people die by suicide in the U.S., and some 650,000 receive emergency treatment after a suicide attempt. Often, those most at risk are the least able to access professional help. Reducing Suicide provides a blueprint for addressing this tragic and costly problem: how we can build an appropriate infrastructure, conduct needed research, and improve our ability to recognize suicide risk and effectively intervene. Rich in data, the book also strikes an intensely personal chord, featuring compelling quotes about people’s experience with suicide. The book explores the factors that raise a person’s risk of suicide: psychological and biological factors including substance abuse, the link between childhood trauma and later suicide, and the impact of family life, economic status, religion, and other social and cultural conditions. The authors review the effectiveness of existing interventions, including mental health practitioners’ ability to assess suicide risk among patients. They present lessons learned from the Air Force suicide prevention program and other prevention initiatives. And they identify barriers to effective research and treatment. This new volume will be of special interest to policy makers, administrators, researchers, practitioners, and journalists working in the field of mental health.

The first book to offer a truly global perspective on the theory and practice of clinical psychology. While clinical psychology is practiced the world over, up to now there has been no text devoted to examining it within a global context. The first book of its kind, Clinical Psychology: A Global Perspective brings together contributions from clinicians and scholars around the world to share their insights and observations on the theory and practice of clinical psychology. Cultural differences are an important variable in the practice of clinical psychology. Yet, due partly to language barriers and entrenched cultural biases, there is little cross-cultural pollination within the field. In fact, most of the popular texts were written for English-speaking European and Anglo-American audiences and translated for other countries. As a result, most psychologists are unaware of how their profession is conceptualized and practiced in different regions, or how their own practices can be enriched by knowledge of the theories and modalities predominant among colleagues in other parts of the world. This book represents an important first step toward rectifying that state of affairs. This book: Explores key differences and similarities in how clinical psychology is conceptualized and practiced with children, adolescents, and adults across different countries and cultures Addresses essential research methods, clinical interviews, psychometric testing, neuropsychological assessments, and dominant treatment modalities Follows a consistent format with each chapter focusing on a specific area of the practice of clinical psychology while integrating cultural issues within the discussion Includes coverage of how to adapt one’s practice to the differing cultures of individual clients. It shows how to work in multidisciplinary teams within a global context. Clinical Psychology: A Global Perspective is a valuable resource for students, trainees, and practicing psychologists, especially those who work with ethnic minority groups or with interpreters. It is also a must-read for practitioners who are considering working internationally.

A concise review of current research into suicide providing a guide to understanding this disease and its increasing incidence globally.

This book contains case vignettes and discussions to help residents, fellows, and practitioners maximize their competency in performing clinical assessments in psychiatry. Derived from a highly successful course at Yale University, the book focuses on the key clinical skills emphasized by the American Board of Psychiatry and Neurology in residency training and on the oral board examination, including physician-patient relationship, psychiatric interview, including mental status exam; case presentations; live patient; case formulation; differential diagnosis; and treatment interventions. Dr. Tamp’s training in the U.S., U.K., and India enables him to cross cultures around the globe. A companion website will contain videos demonstrating interview skills and patient assessments.

This book offers mental health clinicians a comprehensive guide to assessing and managing suicide risk. Suicide has now come to be understood as a multidimensionally determined outcome, which stems from the complex interaction of biological, genetic, psychological, sociological and environmental factors. Based on recent evidence and an extensive literature review, the book provides straightforward, essential information that can easily be applied in a wide variety of disciplines.

“Juvenile Justice and Delinquency” is the first text to comprehensively trace the progress toward resolving critical juvenile justice and delinquency issues, and to provide cutting-edge intervention strategies to effectively rehabilitate juvenile offenders and prevent delinquency. Historical, political, and legal trends are examined and critiqued, as well as the range of developmental, familial, and sociological theoretical explanations of juvenile delinquency. Current evidence-based practice, prevention strategies and programs, and juvenile justice treatment and policy alternatives are thoroughly explored.

Such diverse thinkers as Lao-Tze, Confucius, and U.S. Defense Secretary Donald Rumsfeld have all pointed out that we need to be able to tell the difference between real and assumed knowledge. The systematic review is a scientific tool that can help with this difficult task. It can help, for example, with appraising, summarizing, and communicating the results and implications of otherwise unmanageable quantities of data. This book, written by two highly-respected social scientists, presents a comprehensive overview of systematic review methods, drawing on examples from social science and other fields. Applying the practice to all social science disciplines; it requires no previous knowledge, but takes the reader through the process stage by stage; Drawing on examples from such diverse fields as psychology, criminology, education, transport, social welfare, public health, and housing and urban policy, among others. Including detailed sections on assessing the quality of both quantitative, and qualitative research; searching for evidence in the social sciences; meta-analytic and other methods of evidence synthesis; publication bias; heterogeneity; and approaches to dissemination.

Continuing its superiority in the health care risk management field, this sixth edition of The Risk Management Handbook for Health Care Organizations is written by the key practitioners and consultant in the field. It contains more practical chapters and health care examples and additional material on methods and techniques of risk reduction and management. It also revises the structure of the previous edition, and focuses on operational and organizational structure rather than risk areas and functions. The three volumes are written using a practical and user-friendly approach.

The aims of this inquiry are to collect detailed clinical data on people who die by suicide or commit homicide and who have been in contact with mental health services and to make recommendations to reduce the risk of such events.

Suicide is a perplexing human behavior that remains among the leading causes of death worldwide, responsible for more deaths each year than all wars, genocide, and homicide combined. Although suicide and other forms of self-injury have baffled scholars and clinicians for thousands of years, the past few decades have brought significant leaps in our understanding of these behaviors. This volume provides a comprehensive summary of the most important and exciting advances in our understanding of suicide and self-injury and our ability to predict and prevent it. Comprised of a formidable who’s who in the field, the
Suicides are preventable. Even so, every 40 seconds a person dies by suicide somewhere in the world and many more attempt suicide. Suicides occur in all regions of the world and throughout the lifespan. Notably, among young people 15-29 years of age, suicide is the second leading cause of death globally. Suicide impacts the most vulnerable of the world's populations and is highly prevalent in already marginalized and discriminated groups of society. It is not just a serious public health problem in developed countries; in fact, most suicides occur in low- and middle-income countries where resources and services, if they do exist, are often insufficiently available or fail to meet the unique needs of individuals in distress.

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Suicide and the reluctance of survivors of police suicide, and information and suggestions for police suicide prevention. Also discussed is the relationship between suicide and the reluctance of police officers to seek professional help. Suggestions are made for police suicide prevention that includes intervention programs and suicide awareness training.

The author stresses that the first and most important step in preventing suicide is to recognize the problem. It is hoped that this new edition will provide an additional resource to help prevent these deaths.

This timesaving resource features: Treatment plan components for 27 behaviorally based presenting problems, over 1,000 prewritten treatment goals, objectives, and interventions—plus space to record your own treatment plan options A step-by-step guide to writing treatment plans that meet the requirements of most insurance companies and third-party payors. The Suicide and Homicide Risk Assessment & Prevention Treatment Planner provides all the elements necessary to quickly and accurately create tailored treatment plans. The care-coordinated managed care compare the demands of suicidal and homicidal risks to the demands of the unique and complex needs of the suicidal and homicidal risk populations. A critical tool for assessing suicidal and homicidal risks in a wide range of treatment populations saves you hours of time-consuming paperwork, yet quickly and easily develop formal treatment plans that satisfy the demands of HMOs, managed care companies, third-party payors, and state and federal review agencies.

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Suicide is a major public health problem in the U.S. It is the seventh leading cause of years of potential life lost, with a total similar to years lost from perinatal deaths and greater than years lost from diabetes, liver disease, and HIV. Annually, approximately 500,000 individuals require emergency room treatment in US medical centers as the result of attempted suicide. The public health significance of this problem is underscored by The Surgeon General’s Call to Action to Prevent Suicide, which proposed completion of a National Strategy to Prevent Suicide. The risk of completed suicide is highest for individuals 65 years and older; white men over 85 years have an especially high rate (59/100,000). It is also a major factor in adolescent mortality; suicide was the third leading cause of death among persons 15 to 24 years of age, following unintentional injuries and homicide. Risk factors for all age groups are similar, although particular clinical risk factors are notable for younger populations. The strongest risk factors for attempted suicide in adults are mood disorders and comorbid substance use disorders. The strongest risk factors for attempted suicide in youth include mood disorder and comorbid substance use disorders, but they also involve aggressive or disruptive behaviors and history of physical and sexual abuse. In general, hopelessness and a history of previous suicide attempts are strong prospective risk factors for a suicide attempt. Suicide completion is closely related to psychiatric illness as well. More than 90% of those with completed suicide have a diagnosable psychiatric illness at the time of death, usually depression, alcohol abuse, or both. Although the risk factors have been identified and the public health significance of suicide is clear, the causes are not. Suicide is a complex, multifaceted problem. It has a low prevalence in the general population (0.01%) and, despite a 10-fold increase in adults with depression, most depressed patients (99.9%) do not commit suicide. As a result, many clinical trials on the management of suicide attempt risk have focused on patients at high risk for suicide, such as those with a history of deliberate self-harm (DSH). DSH, which is understood as intentionally initiated acts of self-harm with nonfatal outcome (including self-poisoning and self-injury), encompasses terms such as attempted suicide and parasuicide. DSH is not synonymous with attempted suicide. Attempted suicide, understood as a self-initiated act with the intent of ending one’s own life, is a very serious problem. Between 15% and 23% of patients who screen for DSH will be seen for treatment of a subsequent episode within 1 year, with a high risk of repeat DSH in the weeks following an episode. Identification of DSH is quite relevant to primary care practice: two-thirds of patients who deliberately harm themselves visit their general practitioner within 12 weeks of the episode. Patients with borderline personality disorder are at increased risk of DSH, with groups forming psychiatric and primary care settings having similar self-harm profiles. Key Questions for Screening for Suicide Risk include: 1 Does screening for suicide risk in primary care settings result in decreased attempts and/or decreased mortality? 2 Can a screening test reliably detect suicide risk in primary care populations? 3 Main outcome: For those identified as being at risk, does treatment result in decreased suicide attempts and/or decreased mortality from suicide? 4 Intermediate outcome: For those identified as being at risk, does treatment result in decreased suicidal ideation, decreased depressive severity, decreased hopelessness, or improved level of functioning? 5 What are the harms of screening? 6 What are the costs of screening? 7 What are the harms of treatment? 8 What are the costs of treatment? This report is part of WHO’s response to the 49th World Health Assembly held in 1996 which adopted a resolution declaring violence a major and growing public health problem across the world. It is aimed largely at researchers and practitioners including health care workers, social workers, educators and law enforcement officials.

The Early Childhood Education Intervention Treatment Planner provides all the elements necessary to quickly and easily develop formal education treatment plans that take the educational professional a step further past the writing of goals for Individualized Education Plans (IEPs) as well as mental health treatment plans. The education intervention process plans assist the professional in identifying the specific needs, strengths, and areas of concern as well as creating an educational plan and/or creative experience by which the student will be assisted in attaining IEP goals. Critical tool for treating the most common problems encountered in treating children ages 3-6 Saves you hours of time-consuming paperwork, yet offers the freedom to develop customized educational treatment plans Organized around 27 main presenting problems, including autism, cultural and language issues, depression, eating and elimination concerns, cognitive and neurological impairment, oppositional behavior, school entry readiness, and others Over 1,000 well-crafted, clear statements describe the behavioral manifestations of each relational problem, long-term goals, short-term objectives, and educational interchange Easy-to-use reference format helps locate education treatment plan components by disability Includes a sample treatment plan that conforms to the requirements of most third-party payors and accrediting agencies (including HCFA, JCAHO, and NCAQ)

The goal of this book is to fully explore what the author refers to as ‘the near epidemic levels of suicide and homicide-suicide’ among law enforcement officers, and ultimately to offer recommendations and best practices with which to better address the problem. The book begins by discussing suicide in some depth, for one has to know suicide, unequivocally, to understand a suicidal or homicidal-suicidal officer. Suicide and homicide-suicide are complex, multi-determined events - the result of an interplay of individual, relational, social, cultural and environmental factors. The complexity of causation necessitates a parallel complexity of knowledge, which includes at least two avenues to identification and intervention: the specific risk factors and the general risk factors. The specific risk factors are clinical, psychological and demographic methods or techniques; and the idiographic (specific) approach, which typically involves the intense study of individuals. This book explores both. Attempting to be mindful of the needs of the office on the street, the mental health provider, the administrator, the forensic specialist, and the survivors of these needless tragedies, the belief is that by amalgamating the concerns of a diverse audience, we can meet the challenge of identifying at-risk individuals and situations, and saving lives. The problem of violence among youth has become increasingly serious. Issues related to adolescent suicide and, to a lesser extent, adolescent homicide have been addressed in the literature, yet few experts have focused on the connections that exist between the two. This groundbreaking volume examines the clinical and epidemiologic similarities and differences between youth suicide and homicide, offering valuable insights into both issues, and providing a foundation for the development of public health policies and prevention strategies. The authors address such questions as: What are the current rates of adolescent homicide and suicide? What are the long-term trends? What is the relationship between homicide and suicide? What are the risk factors for a suicide attempt? What are the harms of screening? 6 What are the costs of treatment? This report is part of WHO’s response to the 49th World Health Assembly held in 1996 which adopted a resolution declaring violence a major and growing public health problem across the world. It is aimed largely at researchers and practitioners including health care workers, social workers, educators and law enforcement officials.

Suicide prevention initiatives are part of much broader systems connected to activities such as the diagnosis of mental illness, the recognition of clinical risk, improving access to care, and coordinating with a broad range of outside agencies and entities around both prevention and public health efforts. Yet suicide is also an intensely personal issue that continues to be surrounded by stigma. On November 12-13, 2018, the National Academies of Sciences, Engineering, and Medicine held a workshop in Washington, DC, to discuss preventing suicide among people with serious mental illness. The workshop was designed to illustrate
Online Library The Suicide And Homicide Risk Assessment And Prevention Treatment Planner With Dsm 5 Updates Practiceplanners

and discuss what is known, what is currently being done, and what needs to be done to identify and reduce suicide risk. Improving Care to Prevent Suicide Among People with Serious Mental Illness summarizes presentations and discussions of the workshop.

In the year 2000, approximately one million people died from suicide: a "global" mortality rate of 16 per 100,000, or one death every 40 seconds. In the last 45 years suicide rates have increased by 60% worldwide. Suicide is now among the three leading causes of death among those aged 15-44 years (both sexes); these figures do not include suicide attempts up to 20 times more frequent than completed suicide. Suicide worldwide is estimated to represent 1.8% of the total global burden of disease in 1998, and 2.4% in countries with market and former socialist economies in 2020. Although traditionally suicide rates have been highest among the male elderly, rates among young people have been increasing to such an extent that they are now the group at highest risk in a third of countries, in both developed and developing countries. Mental disorders (particularly depression and substance abuse) are associated with more than 90% of all cases of suicide; however, suicide results from many complex sociocultural factors and is more likely to occur particularly during periods of socioeconomic, family and individual crisis situations (e.g., loss of a loved one, employment, honour). The economic costs associated with completed and attempted suicide are estimated to be in the billions of dollars. One million lives lost each year are more than those lost from wars and murder annually in the world. It is three times the catastrophic loss of life in the tsunami disaster in Asia in 2005. Every day of the year, the number of suicides is equivalent to the number of lives lost in the attack on the World Trade Center Twin Towers on 9/11 in 2001. Everyone should be aware of the warning signs for suicide: Someone threatening to hurt or kill him/herself, or taking of

... (973 more words)