

## **The President's Message**

### **As I See It—Forensic Psychiatry in Balance**

AAPL is now in its sixth year and appears healthy in growth and development. But it comes as no surprise that this year sees increasing challenge to the field of psychiatry and law. I view this challenge as one affecting the future of AAPL.

Our growth demonstrates mounting interest among psychiatrists in the relationship of psychiatry to law. This interest, in my opinion, reflects a prevailing sign of the times, a "zeitgeist" of advancing general interest in law, and concern felt by all segments of the population about the legal system and its processes.

This interest has crystallized in the post-World War II Civil Rights Movement and its more recent offshoots. It became more visible in the Law Revolution with reforms in criminal law and even more perceptible in the escalating ferment of mental health law. In forensic psychiatry it was expressed in the increasing application of behavioral sciences to social-legal issues. This continuing interest serves as a unifying bond for AAPL membership.

Psychiatry's increasing involvement with the law provoked concern about the abuse of psychiatry for legal ends, specifically generating alarm about the abuse of psychiatry in issues of social control. Publicizing authentic instances of such abuse has made it appear that abuse is general, frequent, and common-place rather than infrequent and correctable by improvements in our psychiatric expertise.

Scathing criticisms by Karl Menninger, Thomas Szasz, Seymour Halleck, Lawrence Kolb, and Alan Stone, among others in psychiatry, as well as censure by well-known legalists and jurists, have attacked the application of psychiatry to all trial issues, especially criminal-legal. They have called upon psychiatrists to limit themselves to the traditional institutional ends of mental health. The instrumental use of psychiatry, especially for the ends of law, i.e., the ends of legal justice, is especially condemned.

In my opinion, much of the criticism of forensic psychiatry by psychiatrists appears misplaced. I view their criticism and censure as essentially a response to the escalating attack upon the general field of psychiatry by anti-psychiatrists.

During the past few decades in the United States we have seen a developing anti-psychiatry trend, one that challenges the merit and value of psychiatric theory and practice. This trend is most discernible in its attack upon forensic psychiatry.

Forensic psychiatry exists only as an extension of the institutional body of psychiatry. It is the most public limb of this body. As such, it is the most subject to criticism and the most vulnerable.

My assessment of recent attacks on forensic psychiatry by anti-psychiatrists is that these are, in fact, collateral assaults upon the body of psychiatry. They challenge the basic reliability and validity of historical and clinical data, of psychiatric theory and concepts, and of psychiatric diagnoses and prognoses, as well as the significance of psychoanalytic and psychodynamic interpretations; and they take exception to alleged benefits from psychiatric treatment.

Although these attacks focus on forensic psychiatry, I believe that they, in fact, frontally challenge fundamental aspects of the general field of psychiatry, attacking tenets that are basic to the institution of psychiatry itself. And psychiatrists decrying the application of psychiatry to legal issues because of these same criticisms, i.e., because of psychiatrists'

low reliability in psychiatric diagnoses and because of psychiatrists' inability to predict social dangerousness, etc., are, in fact, attacking forensic psychiatry because these current inadequacies and limitations of contemporary psychiatry appear most visible in forensic psychiatry.

Thus, the attack on forensic psychiatry is two-pronged. It comes both from outside and from inside the profession. The latter challenge may be an unwitting attempt by psychiatrists to deflect the anti-psychiatry attack away from the body of psychiatry onto a limb that is considered expendable.

The assault upon forensic psychiatry by psychiatrists, in this sense, makes forensic psychiatry a scapegoat, a sacrificial lamb which the institutional body of psychiatry may offer to its vocal critics in order to reduce their mounting attack upon it and to lessen the overall challenge to the field. If such sacrifice receives approval from the mainstream of psychiatry, then, in my opinion, American psychiatry will have repudiated a significant professional responsibility to society.

Within the membership of AAPL itself there also exists considerable disagreement about forensic psychiatry concepts and procedures; and many conflicting opinions are expressed by members about the professional objectives of forensic psychiatry. Obviously, in the face of substantial differences of opinion among AAPL psychiatrists who represent the most active participants in the field of forensic psychiatry, AAPL is unable to present a united front about many significant issues.

One issue most important to forensic psychiatry about which AAPL membership remains divided is the question of whether forensic psychiatry is a specialty that merits accreditation in the sense of an approved psychiatric sub-specialty, i.e., one requiring completion of formal post-residency advanced education and training directed to development of this expertise.

AAPL membership, last year, voted for the exploration of certification of forensic psychiatrists by examination under the auspices of the American Psychiatric Association. But major questions were raised by many AAPL members about accreditation under the American Board of Psychiatry and Neurology, an accreditation that can be based only on satisfactory completion of a formal advanced residency training program in forensic psychiatry.

I have just received notification that the AAPL proposal submitted to the American Psychiatric Association for consideration of their certification of forensic psychiatrists has been rejected. This proposal suggested certification in Forensic Psychiatry similar to that in Administrative Psychiatry. Although the APA Committee in Psychiatry and Law had approved the AAPL proposal, the APA Council, at its last meeting, decided that the American Psychiatric Association, as an institution, should remove itself from the field of accreditation or certification of psychiatrists. And, in fact, the APA Council voted to discontinue its certification in Administrative Psychiatry in a few years. This limits meaningful certification in forensic psychiatry by an acknowledged medical accreditation board to that available through the American Board of Psychiatry and Neurology.

AAPL membership will have to direct itself to the meaning of certification, its need, its purpose, and its value to the future of forensic psychiatry and come to grips with the question of whether it wishes to pursue ABPN specialty status for forensic psychiatry.

The major theme I have pursued, both through the University of Southern California for the past twelve years, and as an AAPL member and lately as AAPL president, is the need to upgrade our psychiatric contributions to legal issues, a need that can be satisfied by advanced post-graduate training for the development of the sub-specialty of forensic psychiatry. In furtherance of this goal, a formal full-time post-residency program in psychiatry and law was developed at the U.S.C. Institute of Psychiatry and Law almost ten years ago.

Presently five to eight post-graduate Fellows per year devote full-time study in this advanced specialty program to their endeavor to develop professional expertise. In this

one year, the program provides approximately 30 units of formal specialized class work, lectures, and seminars in civil and criminal law, sociology and criminology, forensic psychiatry, psychology, and neurology, and the application of psychiatry to law, plus intensive supervision of clinical experience in psychiatric-legal interviewing, evaluations, and psychiatric-legal report writing.

This formal post-graduate approach for promoting of expertise in forensic psychiatry is almost unique at the present time, however. Academic psychiatry generally has not perceived the need for such training, and very few academic centers throughout the nation appear interested in developing such an intensive education and training approach. But, what is possibly even more important for the future of forensic psychiatry is that many AAPL members also doubt that specific formal training is necessary for development of that expertise required for the practice of forensic psychiatry as a subspecialty.

AAPL as an organization is primarily concerned with promoting accreditation in forensic psychiatry in order to upgrade our professional expertise. I have also been interested in AAPL's assuming leadership to this end. My work in academic psychiatry for the past twelve years has been dominated entirely by this goal. My own pursuit of certification for forensic psychiatry has been subservient to this objective. Neither I, academically, nor AAPL, organizationally, has been interested in promoting, establishing, or demonstrating professional expertise in forensic psychiatry in order to assure or to heighten expert witness status for forensic psychiatrists. Nevertheless, many in AAPL lead me to believe that they may be interested in obtaining specialty accreditation more in order to promote their role as expert witness, to elevate their status and professional image, and to heighten their legal credibility than to improve their professional expertise.

Development of forensic psychiatry as an accredited sub-specialty of psychiatry will depend upon the AAPL membership's *demonstrating* that their objective in receiving professional accreditation is that of promoting professional expertise for the field rather than that of supporting individual self-serving ends.

Certification of forensic psychiatry by the American Board of Psychiatry and Neurology, if it ever occurs, will require the development of a number of post-residency programs in forensic psychiatry. Until and unless AAPL membership meaningfully supports such programs, I believe that AAPL as an organization cannot assume leadership in promoting forensic psychiatry as an accredited subspecialty. I hope that AAPL members individually, and AAPL as an organization, will join me to support the major objective of developing forensic psychiatry as an accredited subspecialty by promoting the upgrading of our professional expertise.

The AAPL Educational Meeting in Las Vegas held immediately prior to the 1975 Bi-annual National AMA-ABA Medicolegal Symposium was an outstanding success; and those who were unable to attend missed a stimulating educational experience.

I am glad that so many AAPL members were able to attend the midwinter Semi-annual AAPL meeting at Disneyland, Anaheim, on Sunday, May 4. An educational meeting in forensic psychiatry was conducted on Sunday morning and afternoon; and that evening, following a brief business meeting, the APA nominee for the Guttmacher Award presented a paper to the Scientific Session. A number of papers and panel discussions on psychiatry and law were also presented at the annual APA meetings that followed. It was an exciting week in Southern California, and I was happy to see so many of you there.