Forensic Psychiatry Fellowship Training: Developmental Stages as an Educational Framework

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As an official subspecialty of psychiatry, forensic psychiatry residency training must meet the requirements established by the Accreditation Council of Graduate Medical Education. Attendant to these requirements is the expectation that graduates demonstrate core competencies in general areas common to all medical training programs but delineated for each specialty. In forensic psychiatry, trainees must learn to move from the role of healer to objective evaluator on behalf of third parties, a task that differs from general medical care and treatment. Thus, it is important for educators to maintain awareness of the experience of trainees as they adapt to forensic psychiatry, while understanding core competency requirements. This article outlines stages of development of forensic psychiatry fellows as a model for characterizing learning objectives and for supervising trainees in forensic psychiatry fellowship programs. These stages of development include (1) transformation, (2) growth of confidence and adaptation, and (3) identification and realization. Training directors and trainees can utilize this theoretical framework as a basis on which to establish parameters for core competency attainment and supervisory and assessment methods for forensic psychiatry training.

J Am Acad Psychiatry Law 33:317–23, 2005

In 1999, the Accreditation Council of Graduate Medical Education (ACGME) endorsed the initiation of core competencies in residency training in all medical specialties and subspecialties.[1] The core competency areas identified by the ACGME include: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The requirement that all postgraduate medical trainees exhibit these competencies to graduate from residencies marked a major shift in medical education delivery. The implications of these requirements in psychiatric education and the challenges and potential gains from this approach to training have only recently begun to be described in the literature.[2–4] Forensic psychiatry fellowships (officially called residencies by ACGME) are given no exemption from the requirement of core competency training.

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At first consideration, the core competencies do not intuitively apply to a field with a focus that is at the intersection of law and psychiatry. Yet, the skill set needed by forensic psychiatrists to practice is parallel to that required by other medical professionals. Forensic psychiatrists must demonstrate the utmost professionalism along with an ability to communicate with each other, evaluees, and other disciplines. The forensic psychiatrist must have a sound grasp of general psychiatry and psychiatric treatment and must have an understanding of systems of care, from acute psychiatric units to correctional settings. The forensic psychiatrist must be able to utilize evidence-based methods to prepare reports and offer testimony; and, of course, there must be a constant effort to improve practice through professional experiences and self-education.

Despite the similarities, however, there remain differences between becoming a forensic psychiatrist and becoming a general psychiatrist, or any other type of physician whose primary role is in providing treatment or care that is part of the treatment process. The critical difference, arguably, lies in the transformation of moving from taking part in a patient's treatment to becoming an objective evaluator

for a third party. Although other physicians may take on this unique perspective (e.g., forensic pathologists), the work involved is distinct from most of what one learns in the course of medical training. Attendant to this difference is the shift from medical recorder to forensic report writer and courtroom communicator and from primary agency to patients toward agency to third parties. From the moment forensic trainees enter their fellowships, they move into a different arena altogether.

Over the years, several articles have described concepts of forensic psychiatry training and what it should entail. Rosner,[5] for example, wrote of two model approaches to training in law and psychiatry: one being self-training through reading, education, and personal experience, and the other a formal full-time fellowship after residency training. In 1982, the Joint Committee on Accreditation of Fellowship Programs in Forensic Psychiatry, which was cosponsored by the American Academy of Psychiatry and the Law and The American Academy of Forensic Sciences, completed a report that identified the establishment of clear goals and objectives for forensic psychiatry fellowship programs and a mechanism for assessing program effectiveness.[6] They included a requirement for a didactic core curriculum, including civil and criminal forensic psychiatry, the legal regulation of psychiatry, correctional psychiatry, landmark cases, and special matters related to forensic psychiatry, as well as supervised clinical experience. These standards became a model for today's forensic psychiatry fellowship requirements.

Others have described forensics-related topic areas and clinical experiences that are important for general psychiatry trainees and even for medical students.[7–11] Bloom *et al.*,[7] for example, identified knowledge content areas and the development of skills over the period of one's residency, including demonstration of abilities to conduct precommitment evaluations, assess dangerousness, serve as a court examiner, evaluate competence and criminal responsibility, participate in moot court as an expert on family law matters, and demonstrate practical knowledge of informed consent. Lewis[10] described topic areas that would be important in forensic training and approaches to teaching that included didactics, self-assessment tests, case conferences, law school classes, and observation of forensic clinicians conducting evaluations and testifying.

Gunn[11] described in 1986 seven skills required of forensic psychiatrists in Great Britain, including, among others, the assessment of behavioral abnormalities, the writing of reports for courts and lawyers, testifying, and understanding and using security as a means of control and treatment. Gunn pointed out further that although an apprenticeship model is desirable as one method of providing experiential training, attending lectures and providing time for reading, scholarship, and searching for new knowledge would also be important teaching tools.

Although the acquisition of knowledge in specific content areas and skill sets required for forensic training have been described, they represent only a partial view of the experience of forensic fellows and the faculty involved in teaching them. Specifically, the educational goals described to date in the forensic training literature do not take into account the vast shift in identity and responsibilities that forensic psychiatry fellows must master during their training year. In this article, a model for understanding the stages of development of a forensic trainee will be delineated. Although the developmental stages detailed have not been studied under controlled conditions, they are the outgrowth of a phenomenological process and are based on empirical observation of and reflection with forensic fellows on their experiences each year over the past decade. They are described herein to provide a theoretical model from which forensic psychiatry educators can identify specific learning objectives that are measurable and applicable to the core competencies required of forensic psychiatry trainees. Borrowing from the literature on psychiatry training, this article will point out some of the techniques that can be useful in shepherding forensic fellows through the necessary stages of development to the point where they can leave training and practice competently and independently.

Developmental Stages for Forensic Psychiatry Trainees

Looking at forensic training from a developmental perspective, observers of forensic trainees may note stages through which a trainee passes during the one-year fellowship program. Of course, each fellow is unique, and thus past experiences influence the process. Fellows may vary in whether they have been in practice for several years or are entering their fellowship right after residency. Some have taken forensic electives or worked in criminal justice settings. Some

Table 1 Stage 1: Transformation

Experience of Trainees	Learning Objectives
• Sense of loss of the clinical treatment role • Sense of confusion regarding time management • Limited knowledge regarding basic forensic skills	• To develop a basic understanding of the various roles of the forensic psychiatrist • To exhibit new time-management skills • To demonstrate a basic ability to gather data and testify to content • To begin to explore the forensic literature

may have attended law school. Despite these differences, each fellow embarks on fellowship training to learn forensic psychiatry from a novel vantage point in a structured manner. Fellows tend to progress through developmental stages in a particular order, yet a given fellow may enter one stage while still working through unresolved areas in another stage. There may be regression and some fluidity in the movement between stages. A training director must be sensitive to the developmental place where the forensic fellow finds himself or herself, and work within the structure of the program to guide the fellow through the stages. As each stage presents particular challenges for trainees, so educators must be cognizant of specific learning objectives that can mark a trainee's successful passage through the stages.

Stage 1: Transformation

Experience of Trainees

In this stage (Table 1), the trainees experience a sense of loss of the clinical treatment role as they begin the transformation of their identity to that of forensic psychiatrist. When they begin to take on cases for which they are serving a third party as an evaluator, they begin to recognize the difference between working for a patient and another agent. With this realization, they begin to question and test the use of the tools they learned as a general psychiatrist, including the use of empathy and interpretation, which are skills that may be either modified or not used in forensic evaluations.

Trainees in this stage also describe a sense of unfamiliarity with time management. Having been trained in a structure where patients are seen in an in- or outpatient setting, one learns how to master a schedule suitable for a treating clinician. This type of schedule is based on organizing time to see patients, write notes, return calls, write prescriptions, and meet with treatment team members, among other activities. Yet, when presented with forensic cases in which the expectation is that the evaluees will be seen and reports will be written, there may be little sense of how to estimate the time needed to complete the tasks at hand.

As forensic seminars begin, fellows are instructed to read landmark legal cases, often with little or no prior exposure to this endeavor. After having been trained to read medical literature, the trainee reading a legal case may feel somewhat like he or she is trying to read hieroglyphics without the Rosetta Stone. In their first stage of development, forensic trainees have limited knowledge regarding the most basic of forensic psychiatry skills, yet they may be called on to testify regarding their views or to report back to the training director on the significance of a particular legal case or forensic evaluation.

Learning Objectives

By the end of the transformation stage, forensic fellows must develop an understanding of the various roles of the forensic psychiatrist, including correctional and public sector psychiatrist, evaluator, expert witness, and researcher. They must exhibit new time-management skills, learning to assess how much time to allot to see an evaluee, review records, and write reports. They must learn to manage time around deadlines—some expected and some unexpected.

Specialized communication skills will also begin to mature in this stage, as fellows learn to develop skills in communicating with lawyers, correctional officers, and other mental health clinicians on matters related to forensic psychiatry. They must begin to develop a sense of their own personal capacity to take on additional responsibilities, as a foreshadowing of a life of managing forensic referrals that often come at unpredictable times. Furthermore, at the end of this stage, fellows must demonstrate a basic ability to gather data, write reports, and testify in court. Fellows must demonstrate preliminary competence in navigating various systems of care, including working with individuals involved in the criminal justice system. While meeting these objectives, they must also begin to explore the forensic litera-

Table 2 Stage 2: Growth of Confidence and Adaptation

Experience of Trainees	Learning Objectives
• Forensic role becomes more clear • Learning curve continues but slope flattens • Consideration of career directions weighs heavily • Acceptance of greater responsibility often leads to unacknowledged stress	• To maintain skill level across diverse experiences • To develop critical thinking skills regarding forensic cases, research, and clinical management of forensic patients • To identify areas for career focus

ture, to expand their own knowledge and to be able to apply this knowledge to practice-based learning.

Stage 2: Growth of Confidence and Adaptation

Experience of Trainees

This stage (Table 2), which generally occurs in the middle portion of the training year, marks a time when forensic fellows begin to feel increased clarity and comfort related to the roles of the forensic psychiatrist. With this clarity comes adaptation to the shift from the primary role as clinical treater and a sense of confidence in newly acquired skills. The learning curve in this stage continues, but the slope becomes flatter than that of the transformation stage. Although the sense of identity as a forensic psychiatrist is just beginning to blossom, consideration of career direction begins to weigh heavily on the forensic trainee. Acceptance of greater responsibility, which comes about in part because of the mastery of basic skills, may lead to unacknowledged stress.

Learning Objectives

At the end of the growth-of-confidence and adaptation stage, fellows should demonstrate an ability to maintain skill levels across diverse experiences. By this time of the training year, they are likely to have changed rotations and worked in various settings. As they move from having mastered basic skills, they will demonstrate more critical conceptualization skills regarding forensic cases, forensic literature, forensic research, and clinical management of forensic patients. They will move from a superficial execution of required duties to thoughtful questioning, probing, and increased curiosity. By the end of this stage, they must demonstrate professionalism and sound communication skills in a variety of forensic settings, and they should begin to identify areas for their own career focus.

Stage 3: Identification and Realization

Experience of Trainees

During this stage (Table 3), trainees generally begin to feel they have mastered a certain skill level and knowledge base related to forensic psychiatry. The increased understanding of the complexity of forensic work can lead to some self-doubt that may, in some cases, replace the sense of confidence that the fellow had felt in the previous stage. Although the self-doubt can be worrisome for fellows who realize they are soon to become independent practitioners of forensic psychiatry, this self-questioning is an instrument that allows for the recognition that learning is a lifelong process. During this final stage of development, they realize their self-identification as forensic psychiatrists. In so doing, they recognize the ethical nuances of forensic practice. They have by this stage come to realize, sometimes painfully, that their work, while helping a third party, may not help an individual evaluee. Trainees in this stage tend to mold themselves selectively after various role models, taking favored traits of each supervisor and incorporating those images into their own. As this occurs, their career direction takes hold, and plans for employment following the fellowship year are solidified and anticipated.

Table 3 Stage 3: Identification and Realization

Experience of Trainees	Learning Objectives
• Increased understanding of the complexity of forensic work, leads to some self-doubt • Recognition of ethics-related nuances of forensic work • Realization that learning is a lifelong process • Incorporation of self-image as a forensic psychiatrist and selective modeling of various role models • Career direction takes hold	• To exhibit more rigorous thinking and management of forensic matters, including ethical considerations • To display independence in conducting evaluations, teaching, and research development • To demonstrate an understanding of the importance of ongoing collegial relationships

Learning Objectives

At the end of this final stage of development for forensic trainees, they should continue to exhibit increasingly rigorous thinking and management of forensic issues, including concerns related to ethics. This may be demonstrated in their ability to teach concepts to other trainees and in their ability to write and testify in a more sophisticated manner. They should also display independence in conducting evaluations, teaching, and research development and presentation. They should be able to identify means of continuing with self-education and practice-based learning. In so doing, fellows should demonstrate an understanding of the importance of ongoing collegial relationships and the availability of literature to foster their learning beyond the fellowship year.

Methods of Supervision and Training

Didactic instruction during the fellowship year provides a basis for coverage of forensic topics in a structured format. In addition, each developmental stage should be approached with a well-delineated plan related to the methods that will be used to help trainees pass through the stage successfully. Individual supervision, for example, is utilized at the first stage to assess the fellow's abilities and prior experience. It is also used as a critical method to establish expectations and training timelines. Cases can be discussed, along with forensic opinions, in the context of a dyadic relationship. Especially in the transformation stage, forensic opinions are heavily shaped with the influence and direction of the supervisor. Just as in early supervision of psychiatry residents, supervisors are likely to be effective by offering a "frame" of basic guidelines for conducting forensic evaluations.[12] In this early stage, forensic reports should be reviewed with line-by-line editing. As the fellow masters the transformation stage, report and case supervision moves toward increasingly sophisticated discussions of broader concepts based on a solid foundation. Research questions and ideas can also be formulated in individual supervision, allowing the fellow ample time to weigh various research options in light of his skills and personal interests; and, of course, an individual supervisor is in an excellent position to monitor the stress level of the fellow and help in the development of strategies to cope with the various stressors associated with each developmental stage.

Direct observational individual supervision may be an effective method of guiding beginning psychiatry trainees.[13] Although it may create some anxiety, it is also useful to have the supervisor in the room with the trainee during a forensic evaluation. One potential obstacle to this model may be difficulty in obtaining the evaluee's and/or the attorney's permission to have an extra person in the room. Time factors and scheduling conflicts may not allow for this model when there are pressing deadlines. If direct observational supervision is to be successful, a planned approach to the interview of the evaluee is necessary before the interview commences. This model allows direct observation of a trainee's mastery of many of the core competencies related to data gathering, communication, and professionalism.

Other possibilities for direct observational supervision include the review by a supervisor of a videotaped evaluation, which could eliminate concerns the evaluee or the attorney may have about the presence of more than one person in the room when the interview is conducted. With this approach, one must be mindful of the implications and potential uses of videotaped interviews in legal settings.[14] These matters, however, present discussion points that can enrich the supervision. Supervisor and trainee participation in team evaluations, which are available (and at times even required) in certain jurisdictions, present an additional forum for direct observation of trainee evaluations. An extension of direct observational supervision would also include opportunities for supervisors to observe live testimony of their fellows and vice versa. For this to be effective, specific feedback and discussion must follow.

Just as in psychotherapy supervision, the use of indirect individual supervision plays an important role in forensic psychiatry training. In this model, trainees share with the supervisor details of evaluations they conduct independently. As in general psychotherapy training, this type of supervision is based on the expectation that the trainee's data-gathering and report of what occurred "through the web of [his or her] distortions and immaturity" will provide sufficiently accurate information for the supervisor to formulate the case—a task that may be especially difficult in the early stages of training.[15] In this type of supervision, there may not be opportunities to go back to the evaluee to get more data. Thus, supervisors may want to assess a fellow's clinical skills through direct observational individual supervision

as a means of understanding that fellow's capacity to make observations and record data that become the critical foundation for indirect supervision.

Supervisors may have to offer guidance regarding methods of note-taking during interviews. Whether the evaluations are audio or video recorded or not, fellows should learn the skill of writing careful notes. In forensic psychiatry, just as in psychotherapy, recording questions may be as important as writing down the evaluee's answers. Supervisory discussions should include review of interview content and a discussion regarding the potential accessibility of the written notes to the parties involved.

Group supervision, comprising forensic fellows and/or psychiatry residents and other trainees with a supervisor leader, can be effective in helping fellows master the stages of development. This model can be used for report supervision, supervision of active forensic cases, opportunities to observe evaluations, and mock trials. Research supervision in a group format is helpful as an augmentation to individual supervision. Fellows can learn about research methodology by simultaneously considering several studies in development by their colleagues, and the fears and enthusiasm regarding research can be shared among peers. Group supervision is also an effective model to consider when reviewing teaching cases that involve primarily chart reviews, as it gives the trainees an opportunity to utilize peer supervision to learn from each other, as has been the practice in resident psychotherapy supervision.[16] Furthermore, rather than working within the constraints of a dyad, group supervision fosters a complex discussion with multiple viewpoints.

Assessment Toolbox and Fellow Portfolio

In light of the evolving ACGME requirements for assessment of outcomes related to the core competencies, each of the models of supervision can incorporate some type of feedback and performance review. It is critical to alert trainees that there will be regular feedback given throughout the program. Fellows should be told the time frame of the feedback, to minimize surprises. Time for improvement should be built into the process. Feedback should always be given bidirectionally, to allow supervisors to adjust their teaching to help the trainees master the objectives of the program. Both written and oral feedback should be emphasized.

Designers of training programs are beginning to develop an understanding of the core competencies and a toolbox of assessment methods to assess trainee acquisition of core competencies.[17–21] With the developmental framework in mind, supervisors can rate the attainment of learning objectives as the trainee progresses during the year. Rating forms offer one mechanism for measuring outcome and can include questions related to the type of task being rated, with specific items for review developed within each of the six core competency domains. (Readers interested in viewing sample rating forms that have incorporated core competency language should contact the author.) In addition to global performance ratings, specific written reviews and rating forms can be designed for direct observational supervision of interviews, testimony, and academic presentations. Written and/or oral examinations related to mastery of requisite medical knowledge of the subspecialty also provide training outcome data. Review of reports may be utilized to help assess a fellow's knowledge and written communication skills, and sample reports could be included as part of a fellow's training outcome portfolio. Faculty overseeing a group peer supervision process could assess the fellows' ability to teach and to communicate feedback to their colleagues. Formal feedback from presentations of research and forensic evaluations is yet another mechanism to assess the fellows' progress with core competencies through the developmental stages.

Conclusions

Observing fellows' movements through the stages of transformation, growth of confidence, and eventual identification as a skilled forensic psychiatrist can be a rewarding and challenging experience. The profession demands high ethical standards and sophisticated knowledge of many aspects of psychiatry, law, ethics, and public policy. The responsibility of guiding trainees through learning stages is not to be taken lightly. Previous articles have noted that psychotherapy supervisors have responsibilities to their supervisees, the patients, the training programs they serve, and their profession.[22] Forensic psychiatry supervisors hold similar responsibilities. The task requires giving of oneself, allowing fellows to see supervisors as people with strengths and weaknesses, and helping them set realistic expectations for themselves that will last throughout their careers. Future studies should continue to expand our understanding of fo-

rensic psychiatry training and the experience of mentors and trainees. The developmental perspective outlined herein is one way of conceptualizing a framework from which to take on the challenge.

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