

Forensic Child Psychiatry: An Emerging Subspecialty

Elissa P. Benedek, MD

Forensic child psychiatry emerged as a subspecialty in the early 1900s. Although there are still few formal training programs, a core curriculum of training and experience is described.

Forensic child psychiatry emerged as a specialty as early as 1900 with the court clinics.¹ The needs of the court for trained psychiatric experts seems to be a spur for development. A 1975 study by McDermott (personal communication, 1979) revealed that most practicing child psychiatrists felt ill equipped to do child forensic evaluations, write reports, or to testify in court. That same survey (needs assessment) also revealed that judges at all levels were concerned about the lack of well-trained forensic child psychiatrists. The bench was particularly concerned about the lack of consultation in domestic relations cases.

In 1984, Sadoff² lamented the lack of forensic training programs. He noted that there were, at maximum, 15 forensic training programs in operation, only a few of which offered *comprehensive* training to psychiatrists. He estimated that such training programs had the ca-

capacity to train only 96 forensic psychiatrists a year. No conclusions were drawn about forensic child psychiatrists. Schetky and Benedek³ attempted to survey child fellowship training programs to assess whether forensic training was being provided in child fellowships. The survey of 130 child training programs revealed the following data. Among the 74 respondent programs, only 40 admitted to devoting any didactic time to forensic child psychiatry. The average amount of time allotted to this admittedly important training was *five hours per fellowship*, with a range of two to 10 didactic hours for forensic training during the fellowship year. Surprisingly, five programs volunteered that they offered *child forensic fellowships*; no details were given about those fellowships and so they will not be cited here, as we do not know whether such programs still exist. Many of the programs surveyed admitted that child forensic psychiatry was taught as a part of the adult training program (again, content was unspecified) despite the fact that the trainees were child fellows. Thus, it appeared that

Dr. Benedek is director of training and research, Center for Forensic Psychiatry, Ypsilanti, MI, and clinical professor of psychiatry, University of Michigan Medical Center, Ann Arbor, MI. Address correspondence and reprints requests to Dr. Benedek at P.O. Box 2060, Ann Arbor, MI 48106.

a child fellow in the majority of psychiatric fellowship programs would not receive any formal forensic child psychiatry training or any practical experience. An occasional fellow might receive some practical experience through a single experience in the juvenile court or by evaluating patients who present with problems relating to divorce, neglect, or adoption. No child forensic fellowships were identified in the survey.

The authors were interested to note that a number of the child fellowship training directors used the Survey Questionnaire to request training materials, including a core curriculum in forensic child psychiatry. The authors were unable to respond to their requests as no such core curriculum existed. This lack of standards and curriculum was in contrast to the work of Rosner⁴ who has been developing a model to accredit fellowship programs in adult forensic psychiatry.

The courts and training directors are not alone in their concern about the lack of formal training and standards in forensic child psychiatry. Project Future (1982) was an innovative project of the American Academy of Child Psychiatry,⁵ which was assigned to develop a plan for training of child psychiatrists in the coming decade. The project began with a task force devoted to making recommendations about forensic child psychiatry. The title of that task force changed over time, as did its focus. In the final statement of Project Future, the title of the task force was Children, Families and the Law. The coming decades would delineate directions for future

clinical service, training, research, and professional resources in child psychiatry. Recommendations of the task force were all deleted. The task force recommended central development of training materials, a core curriculum, core clinical experience, and regional training centers. The steering committee of the project responded to the overwhelming needs of the juvenile justice system and the juvenile courts and only addressed child forensics needs in the area. The project recommended that a limited number of child psychiatry training programs, research activities, and continuing education programs should focus juvenile justice issues. The steering group did suggest that all child psychiatrists receive training in the basics of forensic legal issues and problems, including a psychiatric assessment of children and youth who come to the attention of the court system whether in civil proceedings or the juvenile justice system. They also recommended that postresidency training programs be developed in specialized areas but did not specifically recommend that forensic child psychiatry be one of these specialty areas. The impact of this document on child psychiatry, training, and future practice is still unclear.

In 1980 and 1985, respectively, Schetky and Benedek co-edited two textbooks—*Child Psychiatry and the Law*³ and *Emerging Issues in Child Psychiatry and the Law*⁶—in an attempt to provide an organized and integrated curriculum for forensic child psychiatrists. Both authors have taught child forensic psychiatry programs in general residencies, child

psychiatry residencies, and forensic fellowships and had become concerned by the lack of organized, relevant, and meaningful materials for the practicing clinician. These authors hoped that these edited texts would stimulate additional materials in this area and lead to a core curriculum and identified child forensic training programs with national standards.

In recent years, the practice of forensic child psychology has extended dramatically, but training in the field has developed at an equally slow pace. Rosen⁷ proposed a special model for child forensic psychology training. That model described a program that the author suggested would prepare clinical child psychology students for work in the courtroom and other forensic-oriented facilities, would stress the importance of research in the forensic area, and would train the psychologists for new roles both as educator and consultant in the legal arena. The program was based on the model proposed by Poythress⁸ and included three stages: (1) introductory course materials designed to outline general issues in forensic psychology, with special emphasis given to children, adolescents, and juvenile and family law; (2) advance seminars discussing one aspect of child forensic psychology, for example, children's rights, child custody, and competency; and (3) ongoing forensic placements in courts, family or domestic court, and detention centers.

Programs

Rosner⁴ suggests that forensic trainees acquire their skills either through work-

ing with a mentor or in an organized training program. Neither the Sadoff³ survey nor the Schetky and Benedek^{3,6} survey identified any program as a specialized training program in forensic child psychiatry.

The most available role model for training in forensic psychiatry today appears to be the mentor model. Here the practicing child psychiatrist or adult forensic psychiatrist attaches to a recognized child psychiatrist or general forensic psychiatrist who has interest and expertise in child issues and a desire to teach. Such a person may be an independent practitioner in a community or on the faculty of a university or state agency. The other model currently providing training is a flexible adult forensic program, which accepts a "special student" who enters the program with the guarantee that the majority of the training experiences will be focused toward forensic child psychiatry.

Didactic Content

In a model curriculum, formal didactic content should cover at least the following core areas in depth: (1) historical roots of forensic child psychiatry; (2) the interdisciplinary team; (3) child custody and divorce, including child custody and visitation disputes, mediation, joint custody, and paternal custody; (4) child abuse and sexual abuse of children; (5) termination of parental rights; (6) adoption; (7) the juvenile offender, including diagnosis and treatment; (8) forensic consultation in the schools; (9) personal injury; (10) civil commitment; (11) violence and violent children; (12) the child

as a witness; (13) personal injury; (14) malpractice; (15) ethics; (16) confidentiality. The optimal curriculum would be taught by an interdisciplinary faculty including forensic child psychiatrists, forensic psychologists, and lawyers with expertise in child clinical assessment and mental health issues.

Practical Experiences

The practice of any subspecialty of medicine requires one to be a "doer" rather than solely a thinker, talker, or observer. The trainee in forensic child psychiatry, like the trainees in adult forensic psychiatry, must be exposed to practical clinical experiences with different types of cases. Such experiences would include but not be limited to evaluations of children and parents presenting with forensic problems, consultation with attorneys and agencies, experience in writing reports, in being deposed, and in testifying in court. As Rosner⁵ notes, such case experience is difficult to obtain. During these diverse practical experiences, well-informed and adequate multidisciplinary supervision is critical. The use of audio- and videotapes and other new training techniques are helpful supplements to personal supervised experiences but cannot supplement personal interaction.

Rosner⁴ suggests that a core faculty of two forensic psychiatrists be available in all training programs. There are few areas in the country in which two forensic child psychiatrists practice in such close proximity that they can form a training program. However, it is possible to augment a lack of board-certified forensic child psychiatrists with trained

forensic child psychologists, social workers, and attorneys who specialize in child issues. A core multidisciplinary faculty is a viable training model and Continuing Medical Education courses can be used.

Finally, consideration ought to be given to encouraging the forensic trainee to attend relevant law school classes and participate in relevant training exercises with law students. Joint evaluations, mock trials, study groups, and social interaction with attorneys are important developmental experiences and promote better understanding of one another's disciplines and language.

Case Example

The Center for Forensic Psychiatry has provided a training program for adult forensic fellows since 1980. Although child forensic training has been incorporated into the adult fellowship, in 1985, a trainee applied for the program requesting a specialized child forensic experience. That trainee was a board-certified child psychiatrist who had been early interested in forensics and had evaluated child forensic cases in his earlier career. The Director of the Center for Forensic Psychiatry hiring program recognized the value of training additional forensic child psychiatrists and encouraged using fellowship funds to support such activities. A specialized training program was developed for that single fellow. His input in training was solicited and used to develop the program. The core curriculum included all those elements that were typical in the training of adult forensic fellows, but readings and clinical experiences were

supplemented with child-focused material and cases. In addition, a liaison was formed with an academic child psychiatry program in which the fellow participated in the Family and Law Clinic and conducted specialized forensic evaluations in an area of particular interest to him (allegations of sexual abuse of children of divorce). Those evaluations built on his previous knowledge and expertise in both child and forensic psychiatry. Finally, the fellow selected and audited classes in the local law school. The classes focused specifically on child advocacy. He provided a valuable resource to the law faculty because of his previous experience and expertise. The fellow is still in the process of completing a training program and, although he and his mentors appear to be satisfied and happy, final evaluation will only be possible at a later date.

Conclusion

General psychiatrists, child psychiatrists, attorneys, and courts all lament the lack of well-trained forensic child psychiatrists. This pressing need has been recognized since 1975. However, for a variety of reasons, such as the shortage of child psychiatrists, the shortage of forensic psychiatrists, and the particular funding problems of the 1970s and 1980s, there has been little progress in meeting this unfulfilled need. We are optimistic that the confluence of three factors will lead to an increase in forensic child psychiatrists in the 1990s. (1) The Graduate Medical Educational Advisory Committee's Geminac Report⁹ states that child psychiatry is a field in which needs are undermet and that this field

must expand by 1990. The Geminac Committee suggested that there be a threefold increase in child psychiatrists—from 3,000 to 9,000—to meet the need for care of our nation's children. (2) The progress and development of fellowship programs in general forensic psychiatry, the development of the accreditation of such fellowship programs, and the improved status of forensic psychiatry conferred by the boards in that area will lead to the development of more forensic child psychiatrists. (3) The pressing unfulfilled needs of the juvenile justice system will continue to serve as a spur to the development of trained personnel with subspecialty expertise. Forensic child psychiatry as a subspecialty will ultimately benefit from these converging vectors.

References

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8. Poythress NG: A proposal for training in forensic psychology. *Am Psychol* 34:612-21, 1979
9. U.S. Graduate Education National Advisory Committee, report of the Graduate Educa-

tion National Advisory Committee. U.S. Geminac. Health Resources Administration, Vol. 7, 1981

Appendix: Recommended Readings in Forensic Child Psychiatry*

Adoption

Kim SP: Special adoptions: an annotated bibliography on transracial, transcultural, and nonconventional adoption and minority children. DHHS Publication No. (ADM) 81-1094. Washington, DC, U.S. Dept of Health and Human Services, 1981

Child Abuse

Gil D: Violence against Children. Cambridge, MA. Harvard University Press, 1970

Gil D: Child Abuse and Violence. New York, AMS Press, 1979

Helfer RE, Kempe CH (eds): The Battered Child. Chicago: University of Chicago Press, 1968

Kempe CH, Helfer RE: Helping the Battered Child. Philadelphia, Lippincott, 1972

Child as a Witness

Goodman G (ed): The Child as a Witness. J Soc Issues 40(2): 1984

Delinquency

Lewis D, Balla D: Delinquency and Psychopathology. New York: Grune & Stratton, 1976

Malmquist CP: Handbook of Adolescence: Psychopathology, Antisocial Development, Psychotherapy. New York, Jason Aronson, 1985

Divorce

American Psychiatric Association Task Force on Clinical Assessment in Child Custody: Child Custody Consultation in Issues in Forensic Psychiatry. Washington, DC, American Psychiatric Association Press, 1984, pp 217-57

GAP Divorce. Child Custody and the Family, formulated by the Committee on the Family, GAP. New York, Mental Health Materials Center, 1980

Goldzband MG: Consulting in Child Custody: An Introduction to the Ugliest Litigation for Mental-Health Professionals. Lexington, MA: Lexington, 1982

Goldstein J, Freud A, Solnit A: Beyond the Best Interest of the Child. New York: MacMillan, 1973

Levitin, TE (ed): Children of divorce. J Soc Issues 35(4): 1979

Stuart IR, Abt LE: Children of Separation and Divorce: Management and Treatment. New York, Van Nostrand Reinhold, 1981

Posttraumatic Stress Disorder

Eth S, Pynoos RS: Post Traumatic Stress Disorder in Children. Washington, DC. American Psychiatric Association Press. 1985

Sexual Abuse

Bulkley J (ed): Child Sexual Abuse and the Law. Washington, DC, American Bar Association Press, 1984

Finkelhor D: Sexually Victimized Children. New York, Free Press, 1979

Finkelhor D: Sourcebook on Child Sexual Abuse. Beverly Hills: Sage, 1986

Goodwin JS: Sexual Abuse: Incest Victims and Their Families. Littleton, MA: Wright. 1982

Mrazek P, Kempe H: Sexually Abused Children and Their Families. New York, Pergamon, 1981

Sgroi S: Handbook of Clinical Intervention in Child Sexual Abuse. Lexington, MA: Lexington, 1984

General Overview

Schetky DH, Benedek EP (eds): Child Psychiatry and the Law. New York, Brunner/Mazel, 1980

Schetky DH, Benedek EP (eds): Emerging Issues in Child Psychiatry and the Law. New York, Brunner/Mazel, 1985

* Compiled by Diane H. Schetky, MD. This appendix is not intended to be a comprehensive bibliography, but rather a list of important books and special issues of journals related to the area.