

Forensic Psychiatry Training for Child Psychiatrists

ELISSA P. BENEDEK, M.D.*

The 1972 Guide for Residency Programs in Psychiatry and Neurology spells out a detailed experience in forensic psychiatry for the resident in adult psychiatry. "Inevitably the psychiatrist must relate to the law. His education should include seminars relative to the legal aspects of psychiatry as well as opportunities to testify in court under the guidance of an experienced forensic psychiatrist who can instruct him in rules of testimony and court procedures."¹ The Guide, however, is not nearly so specific in discussing forensic psychiatry training in child psychiatry. It alludes to consultative work with community agencies, including courts and child care agencies, as well as visits to those agencies, and describes experiences of working collaboratively with psychiatric social workers, clinical psychologists and pediatricians. It omits, however, collaborative work with attorneys and does not clearly spell out a required experience in forensic child psychiatry. This ambiguity and lack of specificity constitute a two-edged sword. On one hand, the Guide encourages child training programs to develop expertise and to focus on this specialized training if they have interest, staff and available facilities. On the other hand, no set, fixed curriculum and guidelines for training and experience in any special area are elaborated.

Brooks, in a 1970 paper, spells out in detail his child psychiatry training program and comments on the lack of guidelines. "What should be taught? What areas of knowledge should be covered? What facts should be demonstrated? What evidence should be critically evaluated and discussed?"² We hope to follow Dr. Brooks' example by describing in detail a mini-course in child forensic psychiatry. This brief description contains both what we feel are essentials to be covered in this brief exposure and the teaching techniques used by our staff.

The course must be described in the context of both the Child Psychiatry Training Program and its parent institution. Organizationally, York Woods Center is a part of Ypsilanti State Hospital, an agency of the State of Michigan, Department of Mental Health. The Center consists of two distinct clinical services and auxiliary support services. The Residential Treatment Service provides care to 60 severely disturbed pre-adolescents and adolescents on an inpatient basis. The Community Psychiatry Service offers day treatment, outpatient and family therapy, inpatient and outpatient diagnostic services, and community consultation to schools and agencies in the area. Support services include pediatric medicine, administration and the teaching and training of child fellows and general psychiatry residents and other multidisciplinary students at the hospital. Sources of referral include schools, physicians, child guidance clinics, parents, courts, placement agencies, family service agencies and other children's hospitals within an eight-county catchment area.

The Child Psychiatry Training Program is three years old and developed out of a great need for qualified, well-trained child psychiatrists. The State of Michigan was rapidly expanding its services for emotionally disturbed children and adolescents, and in

* Dr. Benedek is Director of Training, Center for Forensic Psychiatry, Ann Arbor, Michigan. The author wishes to thank Norman Johnston for his assistance in the preparation of this paper.

the past five years Michigan constructed or was in the process of constructing five separate children's psychiatric facilities within the state hospital system. Additionally, the community mental health movement began to offer a wide range of services for disturbed children. These state-funded services for children were staffed by adult psychiatrists, since there were simply not enough well-trained and qualified child psychiatrists to fill positions available in the new facilities.

The aim of the training program at York Woods Center, from the beginning, was to train a well rounded, general child psychiatrist for service in the state hospital system, in community mental health centers or in other public child care agencies in Michigan or elsewhere in the nation.³ The graduate child psychiatrist was to be trained and able to work in a variety of settings including inpatient, outpatient, community liaison, schools, community mental health centers or courts. During the course of his training he was to have experienced all the therapeutic modalities available to the child psychiatrist, including individual intensive therapy, group therapy with children, crisis intervention, life-span interviews, family therapy, marital family therapy, pharmacological therapy and milieu management.

The didactic portion of the program consists of a two-year core curriculum which includes basic first year courses in child development, childhood psychopathology, child and family therapy, and six "mini" second year courses. The mini-course topics include community psychiatry, scientific principles of child psychiatry, administrative psychiatry, systems theory and interpersonal relationships, special treatment techniques in child psychiatry and forensic psychiatry. In addition, two other electives are offered. The total course content is determined by the Training & Education Department in conjunction with the stated needs of the second year child fellows.

The mini-course in forensic child psychiatry is organized in the following manner. A basic bibliography of readings in forensic child psychiatry has been compiled and made available to the fellows several weeks before the onset of the course. They are required to read the basic bibliography and are asked to supplement it with additional readings in areas of their specialized interest in forensic psychiatry. The course assumes that the majority of the fellows have had some prior didactic training in forensic psychiatry as a part of their adult residency and some experience with forensic child psychiatry during their prior clinical experience. This clinical experience includes filling out detention orders, writing progress notes and reports to courts, consultations with attorneys and judges around specific child patients, and actual court appearances. Thus, prior to the beginning of the course, the fellow has acquired some familiarity with the area.

The mini-course itself is given in a ten-session block with four seminars devoted to presentation, discussion and didactic material and six community visits.

The introductory session is designed to help students understand how the training and practice of law and child psychiatry differ and how these differences lead to conflicts between attorneys and psychiatrists. This seminar focuses on the broad area of the child in relation to the law, touching on doctrines such as *parens patriae*, the child as chattel, and the best interest of the child. It focuses on those areas of the legal process where the child psychiatrist might become involved in case and program consultation, including the juvenile court system, the family court system, the probate court system, and the punitive-rehabilitative system, and shows how differences in philosophy can impede or facilitate the consultation and collaboration. One hopes that it serves to dispel the myth that forensic psychiatry is simply criminology.

This seminar is followed by a visit to a local juvenile court. Here the student is given an opportunity to interact with court personnel, to learn first-hand their philosophies, procedures, problems and joys. A critical part of this experience is for the student to sit in on juvenile court hearings conducted by experienced, competent and emphatic juvenile court judges and to observe first-hand the kinds of youngsters and problems the court deals with and its coping techniques.

The third session, again a seminar, follows this visit and is an opportunity to evaluate this particular juvenile court and juvenile court system in general and the laws which determine its function. The seminar focuses on the role of the child psychiatrist in the juvenile court system as a consultant on a case and program level. Introduced here are key cases such as Gault and Kent, and the concept of "the right to treatment."⁴ The concepts of delinquency are examined from a psychiatric and sociologic point of view.

The next two visits are to agencies which deal with child abuse and child neglect. First the course visits the Office of Protective Services, a local social service agency which as part of its function makes recommendations to the Court about neglected and abused children. In conjunction with this, SCAN (Study of Child Abuse and Neglect), a local committee consisting of a pediatrician, social workers, psychologists and child psychiatrists, is studied. These two visits serve as spring boards for discussion of the field of child abuse, child neglect, and emotional abuse and neglect. Besides actual discussion of the literature in these areas and the clinical experience, the course stresses the role of the forensic child psychiatrist as a consultant to legislative bodies which draft the laws under which our social agencies must operate and try to carry out preventative mental health and crisis intervention.

The next field visit is a tour of a Forensic Center. The Center is a diagnostic and therapeutic agency for older adolescents and adults awaiting trial. Here the issues of criminal responsibility, determination of competence, and most importantly the psychiatrist as a witness are opened up for discussion. The fellow is encouraged to interact with psychiatrists whose subspecialty is forensic psychiatry and who are used to the rigors of cross-examination and its assault on one's ego.

A field trip to the Office of the Friend of the Court is designed to focus on family law, marriage, divorce and child custody. The Michigan Child Custody Act of 1970 is a unique law which sets 10 parameters to be considered in determining the best interest of the child in a custody case.⁵ Disputed custody cases are heard in the Friend of the Court offices and recommendations made to a trial judge. The Friend of the Court social workers investigate all custody cases and make recommendations, after careful individualized study, as to placement of the child. Psychiatric consultation is available and is frequently used in formulating decisions as to custody. This trip is used to highlight the responsibility of behavior scientists to offer case and program consultation in custody situations and to consider research possibilities in this area of forensic psychiatry.

The last field trip is a visit to a rehabilitative Boy's Training School. Here the fellow is forced to consider the theory and reality of rehabilitation for delinquent youngsters and to evaluate the social class system which frequently determines which path a troubled youth will follow, psychiatric or corrective. He is also helped to consider the social procedures and structures of institutional settings in terms of how they impinge on the individual child. Much discussion time is given to the fellows' reactions to correctional settings. As Stubblefield so aptly recognized, the most common reaction of fellows is an intense and somewhat irrational anger at the ponderous, slow-moving, and mechanical nature of the setting.⁶ This does tend to result in the psychiatrist identifying with the clients and siding with them against the apparently foolish and thoughtless procedures of the social system.

The last two sessions of the course are seminars providing the opportunity for group discussion and reaction to the didactic material, readings and field trips. Here again, the question of a meaningful relation between child psychiatry and the law is reviewed with an eye toward seeing what the needs of each specialty are and how they can best be met. The theory and practice of privileged communication and contempt of court are reviewed and reexamined. Supplementing this final seminar are two films dealing with divorce and court testimony.

Our training program fortunately is located in an area with rich resources in child forensic psychiatry and has teaching staff who are especially interested in this sub-

TABLE I
The Curriculum: Child Psychiatry & The Law

Session 1	Seminar; Philosophy and Practice of Child Psychiatry and Law
Session 2	Visit; Juvenile Court
Session 3	Seminar; Delinquency, Court Consultation
Session 4	Visit; Office of Protective Services
Session 5	Visit; SCAN—Study of Child Abuse & Neglect
Session 6	Visit; Center of Forensic Psychiatry
Session 7	Visit; Office of Friend of the Court
Session 8	Visit; Boy's Training School
Session 9	Seminar; Child Abuse, Neglect, Competency to Stand Trial, Criminal Responsibility
Session 10	Seminar; Family Law & Rehabilitation

specialty. Obviously, our students do not leave the mini-course fully trained in forensic child psychiatry. Our goal is to combine a didactic experiential curriculum with previous clinical exposure in the hope of enabling our students to visualize the general arena where the child psychiatrists and lawyers most frequently interact. We would hope that our program description could serve as a model for other child training centers to comment on, modify and expand.

References

1. Guide to Residency Programs in Psychiatry and Neurology, 1972; American Board of Psychiatry and Neurology & Council on Medical Education of the American Medical Association
2. Brooks B: Postgraduate training in child psychiatry: the content of the curriculum. *Am J Psychiat* 130:4, April 1973, pp 491-493
3. Child Psychiatry Training Program—York Woods Center; description prepared for National Institute of Mental Health (unpublished), 1972
4. Foster H: A "Bill of Rights" for children. *Bulletin of the American Academy of Psychiatry and the Law*, 1:3 July 1973, pp 199-224
5. Benedek E & Benedek R: New child custody laws: making them do what they say. *American Journal of Orthopsychiatry*, 42(5), October 1972, pp 825-834
6. Stubblefield R: Training of Child Mental Health Personnel Regarding Legal Issues, presented AAPCC Scientific Meeting, NY, 1968