

Robert Weinstock, MD, 40th President of AAPL: Elder Statesman of Forensic Psychiatry and Rebel With a Cause

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“Ambiguity is exciting.” One doesn’t often hear those words uttered; in fact, I’ve never heard them said before. However, this sentiment may help to explain Dr. Robert Weinstock’s passion for ethics, forensic psychiatry, and the intersection of the two. Clarifying ambiguity seems to provide him with a significant intellectual challenge.

I have known him for over 14 years, and during that time he has been instrumental in fostering both my personal and professional development. He has functioned as a principal mentor to many others and to me. For me, the relationship began during my postgraduate medical training and my early postfellowship career. Knowing him as I do, I shouldn’t have been surprised by his saying those words. In some ways, he may have been better suited to be a philosopher than a forensic psychiatrist, but the field of forensic psychiatry would have been much poorer for it.

He came from relatively humble East Coast roots, the elder of two children who were born in Brooklyn, New York, and reared in a lower middle-class Jewish neighborhood. His parents, with whom he was close throughout their lives, were both children of immi-

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Robert Weinstock, MD

grants. His father read voraciously, had many intellectual interests, including politics, and was devoted

strongly to his children's pursuit of higher education. He wanted to practice medicine, but was forced to drop out of college during the Great Depression to support his family. Instead, he worked for the U.S. Postal Service, eventually rising to the level of supervisor. Dr. Weinstock's mother was interested in education and graduated from Brooklyn College at a time when such an accomplishment was unusual for women. She initially was a homemaker and then took a position as a special education teacher when her daughter started junior high school.

Despite the neighborhood's decidedly blue-collar character, Dr. Weinstock's parents exposed him to opera, classical music, and lively political discussions. During his early childhood, they emphasized the importance of social justice. They were altruistic, socially conscious, and encouraged their children to contribute something of value to society.

From an early age, he realized that his main interests and aptitude were in understanding concepts rather than in memorizing, a task that he disliked intensely. He excelled in science and mathematics and decided relatively early that he would become a research scientist. He sometimes felt embarrassed by his precociousness and excellent academic performance and frequently hid the ease with which he earned good grades; the cause of this may have been his mother's wish that others not be jealous of him.

In pursuit of his dream to become a research scientist, he was accepted at the Massachusetts Institute of Technology (MIT). However, he did not matriculate there because he didn't receive adequate financial aid. Instead, he attended Brooklyn College, which was essentially free for him because he had received a New York State Regents Scholarship. Although he initially had intended to major in mathematics or science, he changed his mind after taking a course in the philosophy of science. He decided to major in this subject and to pursue graduate work in the field.

However, he eventually became disillusioned with philosophy. Although he was comfortable with "shades of gray," philosophy began to seem to him a field that had limited pragmatic relevance to improving the human condition. He was searching for a field that was conceptually based, but not so theoretical and abstract that its positive impact on individuals and systems could be felt only indirectly. After much consideration, he opted for a career either in psychology, which was his aunt's profession, or psy-

chiatry. He chose psychiatry, in part because it left open the possibility of engaging in medical research, his initial interest. Luckily for him, and for the rest of us in the American Academy of Psychiatry and the Law (AAPL), this option was still open to him because a major snowstorm had shut down New York City and postponed for a week an organic chemistry examination for which he initially had been ill-prepared. He had some reservations about his decision, though. His youthful idealism caused him to disdain wealth and, to some extent, to feel like something of an intellectual sellout for forgoing a more purely theoretical, academic field.

Perhaps to assuage the latter feeling, he applied only to the most prestigious medical schools, with mixed results. He was accepted at New York University (NYU) Medical School, but only after a rather bizarre, Kafkaesque, stressful interview during which the interviewer accused him of going into medicine only for the money and then, in concluding, told him that he was likely to be accepted.

His dislike of memorization made medical school challenging, with the exception of a few more theoretical courses. He also did not have a love-at-first-sight feeling about psychiatry as a career. He was almost dissuaded from pursuing it after seeing the patients at Bellevue Hospital, shuffling around, still wearing their pajamas in the late afternoon. Fellow medical students' war stories about violent psychotic patients on other floors of the hospital didn't help win him over to psychiatry, either. Fortunately, his interest in the field was piqued when he completed a psychiatry rotation at Saint Vincent's Hospital, where he found that not all psychiatric wards or psychiatric practices were similar to those in a Ken Kesey novel.

After completing his internship year at Montefiore Hospital in the Bronx, he moved north to enter the Harvard/McLean psychiatry residency, where Dr. Alan Stone, one of his future mentors, was the director of residency training. It was through Dr. Stone's and Alan Dershowitz's seminar on psychiatry and the law that he received his introduction to forensic psychiatry. However, Stone painted a somewhat mixed picture of the field and identified numerous potential problems with it. This caused him initially to have significant reservations about forensic psychiatry as a potential career choice. He completed his general and adolescent training at Harvard/McLean in 1972

Biography

without much thought of a career in forensic psychiatry.

He then began a two-year research fellowship sponsored by Boston University. When he completed it in 1974, he participated in a National Institute of Mental Health (NIMH)-funded, Harvard/McLean-sponsored research project that was based at McLean and Boston State Hospital. During his time on the Boston University Unit at Boston State Hospital, the initial litigation in *Rogers v. Commissioner of Dept. of Mental Health*¹ commenced. He once assisted the unit staff by writing seclusion and involuntary medication orders on Rubie Rogers. His experiences at Boston State Hospital served as a catalyst for his interest in forensic psychiatry.

Concomitant with the start of his involvement in the research project, he joined the faculty of Harvard/McLean and also became the Director of Treatment at Bridgewater State Hospital, which housed and treated the criminally insane (e.g., incompetent pretrial detainees and NGRI acquittees) under the auspices of the Massachusetts Department of Corrections. At Bridgewater, his decision to pursue psychiatry in general was reinforced, and his newfound interest in forensic psychiatry continued to develop. He and several colleagues replaced unlicensed, non-psychiatrist physicians, who had been diagnosing and treating Bridgewater's rather complex patients. Forensic psychiatric factors were interwoven with treatment refractory and medically complicated patients' cases, adding to the challenge and his interest. Richard Rosner, his friend from medical school, introduced him to AAPL around this time. Even though Dr. Rosner and he frequently disagreed regarding forensic psychiatry matters, when Dr. Rosner became President of AAPL in 1987, he appointed Dr. Weinstock the Chair of the Ethics Committee.

Unfortunately, Harvard/McLean's administration was not particularly supportive of its faculty at Bridgewater, especially with regard to the faculty's dealings with the Department of Corrections. Because of this, Dr. Weinstock decided to leave Boston for more collegial and supportive environs. Like so many before him, he headed west to pursue his career, leaving for San Francisco in 1978.

He had been recruited to head a new forensic institute and fellowship program at the University of California, San Francisco (UCSF). However, the program never quite lived up to expectations after a voter initiative, Proposition 13, significantly cut

funding for the venture. After the institute and program were dissolved in 1979, he moved to Southern California, taking a position as the Director of the Forensic Psychiatry Program at the University of California, Irvine (UCI). While in this position, he worked approximately seven-eighths of the time at the Long Beach VA (LBVA) and spent two afternoons a week testifying in court hearings, mainly on writs of *habeas corpus* and on questions of conservatorship for civilly committed individuals.

In 1983, he took a position at the Student Mental Health Service at the University of California, Los Angeles (UCLA). There, he was able to utilize more fully the skills and training he had received during his residency in adolescent psychiatry at Harvard/McLean. He continued to work at the LBVA as well. However, after three years, he couldn't resist the allure of Los Angeles, and the shorter commute, and he moved to Westwood, taking an additional position as the Director of Crisis Inpatient Services at the West Los Angeles VA (WLAVA).

After his move to West Los Angeles, he wore several hats and juggled different roles for several years, balancing faculty and teaching positions at Cedars-Sinai Medical Center, UCLA, and UCI, with clinical responsibilities at the West Los Angeles VA, UCLA Student Psychological Services, and in his private practice. In 1995, he was promoted to Clinical Professor of Psychiatry at UCLA, an acknowledgment of his significant contributions to teaching, research, and patient care at the institution.

In 1998, he took a position as an attending inpatient psychiatrist on the Psychiatric Intensive Care Unit (PICU) at the WLAVA, and it was there that our paths crossed. In September 1999, I rotated onto the PICU and was introduced to Dr. Weinstock during afternoon rounds. His reputation as a pre-eminent forensic psychiatrist preceded him, but at the time, I knew little about his aptitude in providing excellent clinical care, teaching, and mentorship. During the course of the month-long rotation, I was impressed, not only with his general clinical skills and the aplomb with which he dealt with difficult patients, but also with the degree of dedication that he demonstrated toward the education of the residents and fellows there. He was never too busy to discuss treatment or forensic matters at length and always provided excellent advice regarding complex, nuanced clinical scenarios or ethics-related dilemmas. He was well-liked by all the residents and staff,

and his command of and enthusiasm for the field of forensic psychiatry were, and are, unparalleled. My experience on the PICU during my internship year was so rewarding that I decided to spend two months there during my second year of residency (PG-2), rather than the usual zero or one.

During my PG-2 year, he continued to display his dedication to teaching. He helped his chief resident initiate a weekly lecture series on forensic topics that residents were likely to encounter during their time on the PICU and in general clinical practice. In addition, he served as fellowship director of the UCLA-Olive View Forensic Psychiatry Fellowship and lectured frequently to the UCLA forensic psychiatry fellows on a variety of subjects, including diminished capacity and forensic ethics. It was during a clinical rotation on his service that I decided to pursue training, and eventually a career, in forensic psychiatry. He encouraged my decision.

During my PG-4 year, I continued to develop my interest in forensic psychiatry and served as his chief resident. I worked with him on a daily basis in dealing with educational, clinical, forensic, and systems concerns. He still served as a mentor and teacher to me, although the material we discussed and the information he imparted were more specialized. He continued as co-fellowship director and taught the UCLA forensic psychiatry fellows on a weekly basis, sessions which I attended. His lectures were always exceptional. At this time, we began our research collaboration, the result of which was a publication in the *American Journal on Addictions* (2008). Since that time, we have continued to research, present on, and publish articles on a variety of topics. For example, we collaborated on an article titled "Ethics-Related Implications and Neurobiological Correlates of False Confessions in Juveniles," which was published in the *Journal of the American Academy of Psychiatry and the Law* in 2009.

When I finished my UCLA general psychiatry residency in June 2003, our relationship changed, from that of mentor/student to that of colleagues. However, he continued to influence significantly my career trajectory. I went on to complete fellowship training in both forensic psychiatry and child and adolescent psychiatry, at the University of California, Davis (UCD) and UCLA, respectively, and like him, have worn many hats and assumed leadership roles in AAPL and other organizations; many of these oppor-

tunities were facilitated by him. During the last several years, he has served as one of my most trusted advisors. Whenever I face a difficult problem related to ethics, or a dilemma in clinical or forensic work, I always know I can consult with him and he will give me sound recommendations on how to analyze the situation. Over the years, numerous other residents and fellows have commented that he does the same for them, always without any expectation of remuneration of any sort and without any strings attached.

My experiences with Robert Weinstock are not unique. He has piqued many a resident's interest in forensic psychiatry and has served as a mentor for more than a generation of current and future forensic psychiatrists. He has encouraged his mentees to complete forensic fellowships and to assume leadership roles in AAPL and other organizations and, when they are willing, has assisted them in doing so. He always has put his mentees' needs before his own. For example, when he was Co-director of the UCLA Forensic Psychiatry Fellowship, he would advise residents to attend other fellowships if he thought doing so would better serve their long-term career goals.

Over the years, I've come to appreciate many more of his personal characteristics, some of which may not be so apparent at first blush. He is dogged in his pursuit of personal, and more importantly, organizational and patient-advocacy goals. When influential decision-makers (e.g., judges and legislators) don't appear to grasp the nuances of a particular topic, he is patient in his re-explanations and translations.

In the same vein, he is tireless, literally, in his vocational pursuits. When working with him on particular projects, I would receive e-mails from him at 3, 5, and 6 a.m. and, knowing that he had to be at work by 8 a.m. that day, would wonder and mutter to myself, "When does he sleep?" His dedication, devotion, and loyalty extend far beyond the professional arena, and I was able to observe this shortly after my residency, when he was caring for his aging and ailing parents. For several years, he applied his tireless energy to becoming their advocate and caretaker, at the expense of his professional career, spending numerous sleepless nights in the hospital with them and serving as the primary coordinator of their medical care. Although dealing with the eventual death of his father, in 2003, and his mother, in 2005, was understandably quite difficult for him emotionally, he soon resumed his tireless pursuit of advancing

forensic psychiatry, perhaps even with renewed vigor.

In a lighter vein, Dr. Weinstock is an adventure seeker and something of a risk taker. He's traveled all around the world, frequently by himself, sampling experiences and cuisines on six continents; the only reason he's not been to Antarctica is its lack of five-star restaurants. His travels include hiking on a Mayan temple in Guatemala, trekking across the icepack in Greenland, sailing through the fjords of Norway, viewing the majesty of Mount Kilimanjaro and Victoria Falls, and scuba diving on the Great Barrier Reef. Although he's incurred a few injuries (e.g., cracked ribs, scars, and a torn rotator cuff) and had one or two near-death experiences along the way, these trips have helped inform and transform his worldview, as well as being a reflection of his adventurousness. His travel experiences are so broad that he's a veritable encyclopedia of knowledge for numerous destinations around the world. In fact, whenever I'm getting ready to travel to a new international location, I e-mail him and within five minutes have hotel, restaurant, museum, and even recommendations for adventure activity to fill a weeklong visit.

Stateside, the culinary sojourns of Dr. Weinstock and his partner-in-crime, good friend and sommelier Richard Rosner, at the AAPL and American Psychiatric Association (APA) Annual Meetings are legendary. Exotic tasting menus and three- to four-hour dinners are the norm. Unfortunately, dinners of this length occasionally can be problematic, something to which he can attest after we recently outlasted the valet parkers at a La Jolla restaurant. This led to his car being locked up for the evening and all of us paying for a somewhat expensive cab ride back to Coronado Island.

Given my longstanding friendship and numerous positive and sometimes humorous experiences with him, some of which have been chronicled in this biography, his accomplishments are an afterthought to me. However, his *curriculum vitae* is impressive. He assumed a leadership role in AAPL in the mid 1980s and, since doing so, has held almost every position imaginable, now including President. Dr. Weinstock has founded and chaired a number of AAPL committees and served as President of the Association of Directors of Forensic Psychiatry Fellowships (ADFPF). In addition to his numerous accomplishments in AAPL, he has contributed enormously

to multiple other organizations, including the APA, the American Academy of Forensic Sciences (AAFS), the American Society of Adolescent Psychiatry (ASAP), and the California Psychiatric Association (CPA). In his role as a member of the APA's Committee on Judicial Action and as Chair of the CPA's Judicial Action Committee, he has been instrumental in helping craft and critique numerous *amicus* briefs to various appellate courts, including the United States Supreme Court.

All of his other accomplishments notwithstanding, perhaps his most important contribution has been serving as a pioneer in defining and implementing ethical practices in forensic psychiatry. To that end, he has co-authored or edited several textbooks on the subject^{2,3} and was instrumental in drafting and revising the AAPL Ethics Guidelines for the Practice of Forensic Psychiatry.⁴

He takes a deft and nuanced approach in reconciling absolutist positions (e.g., "Forensic psychiatry is not subject to ethical considerations" and "It is impossible to practice ethical forensic psychiatry") in order to guide forensic psychiatrists in their quest to provide truthful, objective, and useful consultation to various entities while practicing ethically. In addition, he has strived to inspire forensic psychiatrists to search out the best or least detrimental course of action, rather than merely encouraging them to adhere to a minimum standard (i.e., "What do I need to do, or not do, to avoid sanctions?"). Finally, he has attempted to teach forensic psychiatrists and general psychiatrists dealing with forensic challenges to be more comfortable with ambiguity, avoid the tendency to oversimplify complex matters, and examine carefully the risks and benefits of different courses of action. The task has not been easy, because of the systems and contexts in which much of our work is performed, which tend to favor categorical determinations and to dislike continuous/spectrum explanations, uncertainty, and acknowledgments of data that are unsupportive of one's opinion. Despite, or perhaps because of, the difficulty of the task, he has embraced it and made significant positive strides in advancing the ideals that he teaches.

Like virtually all of my AAPL colleagues, I'm excited and delighted that Dr. Weinstock has finally become President of our organization, one to which he's contributed so much. He is an extraordinary mentor and intellectual leader in the field of forensic psychiatry, and under his leadership, our organiza-

tion continues to be in good hands. Over the course of his Presidency, I'm hoping that he will help us examine areas that we may not want to examine (but should) and that his legacy among AAPL members will be a richer, more complex, and more nuanced approach to forensic psychiatry. In other words, "Gray is O.K.," a phrase with which I'm sure he would agree.

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