

Standards for Fellowship Programs in Forensic Psychiatry

A Report by The Joint Committee on Accreditation of Fellowship Programs in Forensic Psychiatry

Academic Affiliation

The Fellowship Program in Forensic Psychiatry should be built upon the foundation of a residency program in psychiatry that has been accredited by the Accreditation Council for Graduate Medical Education.

Director of the Program

The Director of the Fellowship Program in Forensic Psychiatry should be an experienced forensic psychiatrist. By the year 1983, the Director must be certified by the American Board of Forensic Psychiatry. The Director should hold a faculty position at the medical school that operates the underlying residency program in general psychiatry; his or her rank in that program should be at the level of Assistant Professor or Clinical Assistant Professor at the minimum.

Faculty of the Program

It is important that Fellows have exposure to more than one perspective in forensic psychiatry, so that at least one member of the faculty (i.e., in addition to the Director) should be an experienced forensic psychiatrist. It is not necessary, although it is highly desirable, that this person be certified by the American Board of Forensic Psychiatry. It is necessary that this person is also on the faculty of the medical school that operates the underlying residency program in general psychiatry, but he or she need not be of professorial rank.

The Joint Committee on Accreditation of Fellowship Programs in Forensic Psychiatry is co-sponsored by The American Academy of Forensic Sciences (Psychiatry Section) and The American Academy of Psychiatry and the Law.

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An attorney must be part of the faculty of the Fellowship Program in Forensic Psychiatry, although (in deference to the requirements for medical school faculty appointments) that attorney need not be a formal member of the faculty of the medical school that operates the underlying residency program in general psychiatry.

An experienced forensic psychologist should be a member of the consultants available to the Fellowship Program, although that person need not be a formal member of the faculty of the Fellowship Program. It is desirable, but not required, that the forensic psychologist be certified by the American Board of Forensic Psychology.

An experienced child and adolescent psychiatrist should be a member of the consultants available to the Fellowship Program, although he or she need not be a formal member of the faculty of the Fellowship Program. It is desirable, but not required, that the consultant be certified by the American Board of Psychiatry and Neurology in the sub-specialty of Child and Adolescent Psychiatry.

It is recommended, but not required, that a family systems therapist, preferably a psychiatrist, be available as a consultant to the Fellowship Program. It is not necessary that the therapist be a formal member of the faculty of the Fellowship Program.

Management by Objectives

The Fellowship Program should have a clear statement regarding the desired outcome of its training. A formal statement should be made of the goals, the objectives, the methods, and the mechanism for the assessment of the effectiveness of the training program. An assessment of the effectiveness of the program in meeting its own objectives, and the relevance of those objectives for the goals of the program, should be made annually. Based on that assessment, the program's goals, objectives, and methods should be reviewed annually by the Director and the program faculty, with the aim of increasing the program's effectiveness, if necessary by the modification of those goals, objectives, and methods.

Didactic Core Curriculum

The didactic core curriculum represents that body of information and skills that is to be communicated to the fellow by means of lectures, seminars, demonstrations, and formal teaching. The subjects to be included are:

Civil Forensic Psychiatry including, at minimum, conservators and guardianships, child custody determinations, parental competence, termination of parental rights, child abuse, child neglect, psychiatric disability determinations (e.g., for social security, workers compensation, private insurance coverage), testamentary capacity, psychiatric negligence and malpractice, personal injury litigation issues.

Criminal Forensic Psychiatry including, at minimum, competence to

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stand trial, competence to enter a plea, testimonial capacity, voluntariness of confessions, insanity defense(s), diminished capacity, sentencing considerations, release of persons who have been acquitted by reason of insanity.

Legal Regulation of Psychiatry including, at minimum, civil involuntary commitment, voluntary hospitalization, confidentiality, right to treatment, right to refuse treatment, informed consent, professional liability, ethical guidelines.

Special Issues in Forensic Psychiatry including, at minimum, the history of forensic psychiatry, assessment of dangerousness, amnesia, organic brain syndromes, neuropsychiatric assessment, forensic uses of hypnosis/amytal/polygraphy, psychopathic or sociopathic or antisocial personalities, the role and responsibilities of forensic psychiatrists.

Correctional Psychiatry including, at minimum, approaches to the treatment of incarcerated persons, administrative considerations in the operation of a treatment program in a secure setting, rape and sexual problems in a secure setting, gradations of security within the correctional system, psychological aspects of inmate riots, history of correctional psychiatry, ethical issues in a secure setting.

Basic Issues in Law including, at minimum, the nature of law and its foundations in case law/common law/statutes/administrative regulations, the structure of the federal and state court systems, use of a law library, theory and practice of punishment, basic civil procedure, basic criminal procedure, jurisdiction, mens rea, responsibility, tort law, legislative processes, equal protection.

Landmark Cases including, at minimum, the cases specifically listed in the syllabus of the American Board of Forensic Psychiatry.

Supervised Clinical Experiences

The fellow should spend a minimum of 15 hours, but not more than a maximum of 25 hours, each week in supervised clinical experiences. Emphasis should be placed on meeting the educational needs of the fellow, rather than on the service needs of the constituent clinical components of the Fellowship Program.

In the course of the fellowship year, each fellow should have performed a minimum of thirty clinical case assessments in the areas of civil and criminal forensic psychiatry, at least ten of those assessments in the civil area and at least ten in the criminal area. A written case report should be required in at least twenty-five of those thirty assessments. Related to these thirty assessments, the fellow should have the responsibility/opportunity of testifying in court on at least five cases. In addition, the fellow should have an opportunity to witness at least ten in-court appearances by a forensic psychiatrist. Among the written reports that the fellow prepares in the course of the training year there should be, at the minimum, three assessments related to aiding the court in the sentencing of criminal offenders, one

assessment in a domestic relations case, one civil commitment assessment, one personal injury assessment, and one civil competency assessment.

Criminal Forensic Psychiatry experiences should include male and female adolescents and adults covering a variety of ages. Incarcerated defendants and defendants on bail, i.e., persons seen both as inpatients and outpatients, should be available for assessment. Evaluations should encompass such issues as the competence of the defendant to stand trial, competence to confess, criminal responsibility, and post-conviction reports in aid of sentencing by the Court. Opportunities should be provided for consultation with lawyers, probation officers, judges. Written reports should be drafted to conform to the special requirements of forensic psychiatry and training should be provided in report writing.

Civil Forensic Psychiatry experiences should include such cases as child custody, termination of parental rights, child abuse, child neglect, spouse abuse, assessment of psychiatric impairment in cases for Social Security/Workers Compensation/private insurance coverage, civil commitment.

Legal Regulation of Psychiatry experiences should provide the fellow with a minimum of ten cases for assessment. Preferably the fellow should do the assessments himself or herself. However, if that is not possible, intensive seminar case review, averaging two hours per case for ten cases, may be substituted. The cases should include civil commitment, and it is recommended that such other cases as confidentiality, patients' rights, professional liability, and ethical issues also be included (if need be, by the use of seminar case reviews). It would be desirable for the fellow to assess patients who are refusing their medication, are contesting their involuntary hospitalization, and whose capacity to provide competent/voluntary/informed consent is at issue.

Special Issues in Forensic Psychiatry should provide the fellow with a minimum of five cases for assessment including examples of potential or present dangerousness, psychopathy, organic brain syndromes, neuropsychiatric testing, and double-agent ethical problems. While it is preferable for the fellow to examine the cases, if that is not possible, then an intensive seminar case review may be substituted, averaging two hours per case for five cases.

Correctional Psychiatry experiences, at minimum should occupy twenty-five hours in the course of the training year. Among the clinical settings that are appropriate for the fellow to experience are state and federal prisons, municipal and federal and state detention centers, court detention areas for persons awaiting arraignment/hearing/trial, secure court clinics, secure areas for persons contesting involuntary hospitalization, secure units for persons who have been acquitted by reason of insanity.

Clinical Supervision should be in addition to the didactic program. It should be scheduled weekly and be provided by a forensic psychiatrist. Where appropriate to the case material, supplemental supervision (in addition to that provided by the forensic psychiatrist) may be provided by a forensic psychologist, child psychiatrist, or family systems therapist.

Library Resources

The following publications should be part of the core library.

Textbooks

American Psychiatric Association: *Clinical Aspects of the Violent Individual*. Washington, DC, American Psychiatric Association, 1974

Bromberg W: *The Uses of Psychiatry in the Law: A Clinical View of Forensic Psychiatry*. Westport, CT, Quorum Books, 1979

Brooks A: *Law, Psychiatry and the Mental Health System*. Boston: Little, Brown and Co, 1974. Also, obtain the *1980 Supplement* to the text, by the same author, same publisher, with the same title

Cleckly H: *The Mask of Sanity: An Attempt to Clarify Some Issues about the So-called Psychopathic Personality*. St. Louis, C.V. Mosby Co, 1976

Goldstein A: *The Insanity Defense*. New Haven, Yale University Press, 1967

Goldstein J, Freud A, Solnit A: *Beyond the Best Interests of the Child*. New York, MacMillan Publishing Co., 1973. Also obtain the companion volume, *Before the Best Interests of the Child*, by the same authors and the same publisher

Halleck S: *Law in the Practice of Psychiatry: A Handbook for Clinicians*. New York, Plenum Publishing Co., 1980

Keiser L: *Traumatic Neurosis*. Philadelphia, J.L. Lippincott Co.

Leedy J: *Compensation in Psychiatric Disability and Rehabilitation*. Springfield, IL, Charles C. Thomas Co, 1971

Rosner R: *Critical Issues in American Psychiatry and the Law*. Springfield, IL, Charles C. Thomas Co, 1982

Sadoff R: *Forensic Psychiatry*. Springfield, IL, Charles C. Thomas Co, 1975

Schetky D and Benedek E: *Child Psychiatry and the Law*. New York, Brunner/Masel, 1980

Slovenko R: *Psychiatry and Law*. Boston, Little, Brown & Co., 1973

Stone A: *Mental Health and Law: A System in Transition*. New York, Jason Araonson

Ziskin J: *Coping with Psychiatry and Psychological Testimony*, 3rd ed. Venice, CA, Law and Psychology Press

Reference Books

Allen, Ferster, Rubin: *Readings in Law and Psychiatry*, rev. ed., Baltimore, Johns Hopkins University Press, 1975

American Medical Association: *Guides to the Evaluation of Permanent Impairment*. Chicago, American Medical Association, 1971

Curran WJ, McGarry AL, Petty CS (Eds.): *Modern Legal Medicine, Psychiatry, and Forensic Science*. Philadelphia, F.A. Davis Co., 1980

Curran WJ, Shapiro ED: *Law, Medicine, and Forensic Sciences*, 2nd ed Boston, Little, Brown and Co., 1970

Glaser D (Ed.): *Handbook of Criminology*. Chicago, Rand-McNally, 1974

Holder AR: Medical Malpractice Law. New York, John Wiley & Sons, 1975

Laboratory of Community Psychiatry, Harvard Medical School: Competency to Stand Trial and Mental Illness. New York, Jason Aronson, 1974

Rada RT (Ed.): Clinical Aspects of the Rapist. New York, Grune & Stratton, 1978

Radzinowicz L, Wolfgang ME (Eds.): Crime and Justice (3 vols.). New York, Basic Books, 1971

Spitz WU, Fisher R (Eds.): Medicolegal Investigation of Death: Guidelines for the Application of Pathology to Crime Investigation. Springfield, IL, Charles C. Thomas, 1973

Wadlington W, Waltz JR, Dworkin RB: Cases and Materials on Law and Medicine. Mineola, NY, Foundation Press, 1980

Waltz JR, Inbau FE: Medical Jurisprudence. New York, The Macmillan Co., 1971

Research Monographs

1. Gunn J, Robertson G, et al: Psychiatric Aspects of Imprisonment. New York, Academic Press, 1978
2. Guze SB: Criminality and Psychiatric Disorders. New York, Oxford University Press, 1976
3. Lewis DO, Balla DA: Delinquency and Psychopathology. New York, Grune & Stratton, 1976
4. Mednick S, Christiansen KO: Biosocial Bases of Criminal Behavior. New York, Gardner Press, 1977
5. Mohr JW, Turner RE, Jerry MB: Pedophilia and Exhibitionism. Toronto, University of Toronto Press, 1964
6. Monroe RR: Episodic Behavioral Disorders. Cambridge, Harvard University Press, 1970
7. Robins LN: Deviant Children Grown Up. Baltimore, Williams and Wilkins Co., 1966
8. Roesch R, Golding SL: Competency to Stand Trial. Urbana, IL, University of Illinois Press, 1980
9. Simon RJ: The Jury and the Defense of Insanity. Boston, Little, Brown and Company, 1967
10. Steadman HJ: Beating a Rap? Defendants Found Incompetent to Stand Trial. Chicago, University of Chicago Press, 1979
11. Steadman HJ, Cocozza JJ: Careers of the Criminally Insane: Excessive Social Control of Deviance. Lexington, MA, Lexington Books, 1974
12. Thornberry TP, Jacoby JE: The Criminally Insane: A Community Follow-up of Mentally Disordered Offenders. Chicago, University of Chicago Press, 1979
13. West DJ: Murder Followed by Suicide. Cambridge, Harvard University Press, 1967

Training in Law

Included in the core didactic curriculum in forensic psychiatry, the fellow must be provided with a minimum of twenty-five hours of formal training devoted to acquisition of legal information. Among the essential elements to be addressed are foundations and sources of law, the structure of the court systems, use of a law library, criminal procedure, civil procedure, theory and practice of punishment, responsibility, jurisdiction, due process, and mens rea.

The attorney on the faculty of the training program should have particular responsibility in the development and presentation of the legal segment of the formal educational program. Elective opportunities for legal learning are recommended as a supplement to the training provided by the attorney on the faculty. Such opportunities may be found in law school courses, consultation with Public Defenders and Prosecutors, consultation with the law departments of hospitals, governmental agencies, and guest lectures from visiting private practitioners of law.

Training in Research

The training program should provide the fellow with basic skills in research in forensic psychiatry, such that the fellow learns to obtain and critically evaluate published research findings in the sub-specialty and such that the fellow is equipped to make some contribution to the scholarly or scientific development of forensic psychiatry.

The fellowship training program must include a research requirement for completion of its course. Suitable research projects include a scholarly review or a clinical study suitable for publication in a refereed journal, participation in ongoing externally funded research at a level of effort equivalent to at least two months of full-time work, production of a videotape or film suitable for presentation at a major national meeting, production of a practice manual in some selected area of forensic psychiatry, preparation of an annotated bibliography on some topic in the sub-specialty.

The training program must include the resources that would make such research possible. These include, at minimum, accessibility to a major medical library, accessibility to a major law library and accessibility to at least one behavioral science research resource (e.g., computer processing, a programmable calculator, a one-way mirror observation room, videotape equipment, endocrine assays, psychotropic drug assays, electroencephalography, computerized tomography, polygraphy, penile plethysmography, or a medical examiner's office).

Training in Teaching

The training program must provide opportunities to foster the fellow's development as a teacher of forensic psychiatry. Such opportunities should be consistent with the fellow's acquisition of the essential knowledge and skills of the sub-specialty, so that the bulk of the fellow's teaching should be

scheduled after the fellow has received basic training in forensic psychiatry. It is recommended that the fellow have exposure to senior teachers in the field, who can provide effective role models.

Among the suitable teaching opportunities are: teaching basic psychiatry to lawyers, probation, and correction officers; teaching residents in general and child psychiatry; teaching forensic psychiatry to parole and police officers; teaching relevant topics to non-psychiatric physicians (e.g., professional liability, informed consent, confidentiality).



For further information about the Joint Committee on the Accreditation of Fellowship Programs in Forensic Psychiatry, contact either The American Academy of Forensic Sciences (Psychiatry Section), 225 South Academy Blvd, Colorado Springs, CO 80910 or The American Academy of Psychiatry and the Law, 1211 Cathedral St, Baltimore, MD 21201. □