Comprehensive Survey of Forensic Psychiatrists: Their Training and Their Practices

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Practitioners of forensic psychiatry have come under intense scrutiny lately, partly because of the furor surrounding the Hinckley verdict but also as a consequence of growing controversy over the nature and future development of forensic psychiatry. This article does not address the question of the role of psychiatrists in the highly visible criminal justice system but rather inquires into the direction that training of forensic psychiatrists should assume. Beginning in 1979, the American Board of Forensic Psychiatry certified the first formally accredited forensic psychiatrists.[1] This certification focused on applicants' substantial experience in forensic psychiatric activities as a primary component of qualification. For the next few years, this emphasis on experience must continue to occupy a large portion of the certification process. As yet there is no accreditation system for training programs.[2]

Recently, however, there has been movement toward developing recognized training programs in forensic psychiatry, which may lead to reliance on a standardized fellowship-based introduction to forensic psychiatry.[3] Standards for such a fellowship program have been developed by Richard Rosner's Committee on Accreditation cosponsored by the American Academy of Forensic Sciences and the American Academy of Psychiatry and the Law.[4] These standards, which include a didactic curriculum and supervised clinical experience, will be discussed in this article. What will the components of this training need to be? To help answer this vital question, we may look to the experience and characteristics of current practitioners; we may ask what training might best qualify forensic psychiatrists to perform their work.

In 1978 and 1979, a survey of forensic psychiatrists was conducted under the sponsorship of the National Institute of Mental Health (NIMH) with the intention of producing an NIMH guide of such psychiatrists available for service to community mental health centers. Along with the basic information needed to produce this guide, the survey requested respondents to include demographic data such as age, sex, minority status, and data on training and on the specific activities of their practices. To preserve anonymity, surveys were recorded on keypunch cards; this article is the result of a computer-assisted analysis of the anonymous data. Our analysis is thus a by-product, and the structure of our analysis by necessity follows the specific organization of the survey. Because the survey was not specifically designed to support our analysis, not all questions

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arising during the analysis of the data are answered therein. Useful inferences may be drawn, however, beyond what might have been drawn independent of the survey.

Representativeness of Data

The population for the survey was selected in several ways. First, deans of 163 law schools were asked to suggest names of forensic psychiatrists. Second, chairmen of 136 psychiatry departments in university based hospitals were contacted with a similar request. From these referrals, a list of prospective respondents was assembled, and surveys were sent to these individuals. Questionnaires were sent to approximately 300 psychiatrists identified by the law school deans and psychiatry department chairmen. In addition, questionnaires were sent to 618 members of the American Academy of Psychiatry and the Law, 24 teachers of legal medicine identified from the *Law Teachers Guide,* 39 members of the Section on Psychiatry of the American Academy of Legal Medicine. In total, 1,450 questionnaires were mailed, followed by reminders and other follow-up. The 293 questionnaires returned comprise the data base for this study (293 surveys of 1,450=20.2 percent were returned). Due to the nature of the process of assembling the original list, respondents seem to be among the more prominent forensic psychiatrists. Nearly 90 percent of those completing surveys reported active practice of forensic psychiatry as foremost in their activities.

According to current American Psychiatric Association (APA) estimates, the 293 respondents represent approximately one-third of those psychiatrists reported to be practicing forensic psychiatry as their primary field and approximately one-eighth of those psychiatrists indicating forensic involvement as either their primary or secondary field of interest. This comparison suggests that our sample is biased in the direction of academically involved and full-time forensic psychiatrists. The results should, therefore, be interpreted as reflecting data not from all psychiatrists who conduct forensic activity but rather from those who maintain active involvement.[5]

Demographic Characteristics

Two hundred eighty-three respondents (96.5 percent) were males, while only 7 (2.5 percent) were females (3 respondents failed to list their gender). Two hundred seventy individuals (92 percent) responded "no" to a question asking whether they were members of a minority group, while only 5.5 percent responded affirmatively. The mean age of the respondents was 47 ($\pm$11 years). From these basic demographic characteristics, it is clear that the average practitioners of forensic psychiatry are white, middle-aged males. This finding suggests the need for an affirmative action plan in the recruitment of psychiatrists for forensic training programs. That this need is great is demonstrated by the over-representation of minority group members in the activities of forensic psychiatrists.

As their designated profession, 91 percent listed medicine only, 2 percent

listed medicine and law, 2 percent listed medicine and psychology; the remaining group was composed of respondents listing other combinations. Within the mental health profession, 53 percent listed general psychiatry as their specialty, 26 percent listed forensic psychiatry, while 21 percent listed a number of other psychiatric and psychological specialties. The average percentage of the psychiatrist's time spent in forensic activities was 37 percent (± 30), with 6 percent of the respondents reporting 100 percent of their time devoted to forensic work. Therefore, even among the group who reported forensic psychiatry as their specialty, only a few psychiatrists engaged in purely forensic activities. This result, along with the high percentage of respondents giving general psychiatry as their specialty, tends to confirm Park Dietz's contention that "'forensicity' is a continuous variable distributed unevenly over the entire population of psychiatrists."[6]

Services Performed

A good deal can be learned about the nature of the practice of forensic psychiatry from the analysis of the specific activities of the psychiatrists reported in the surveys. It is not surprising that approximately 75 percent of those surveyed reported their engaging in court-related evaluation, diagnosis, and testimony. The courtroom continues to be the primary focus of the activities of many forensically involved psychiatrists. In addition, 70 percent of the respondents indicated they engaged in criminal proceedings as a part of their practice.

Training

From the preceding figures one may reach a number of conclusions about the characteristics of forensic psychiatrists and the nature of their practices, all of which should be considered by those interested in the future of forensic psychiatry. What remain to be elucidated, however, are specifics of the training of forensic psychiatrists. As the basic criteria for certifying these psychiatrists moves from experience to training, it is important that the training be structured with the lessons of older psychiatrists' experiences in mind. In this way, training programs can be tailored to include the benefits experience while allowing room for modifications that will keep the training of forensic psychiatrists in line with the demands of our society.

Most frequently cited as the source of training for the survey group was personal study and experience, which 90 percent of the respondents listed. This figure undoubtedly is related to the small number of recognized training programs extant over the past decades. Until these programs become more prevalent, most psychiatrists will continue to receive their forensic training "on the job." More than half the psychiatrists reported having received forensic training within their residency training programs. These individuals have not received substantial training in most cases, since even today forensic training is either offered as an elective or is included in the form of a brief introduction in most residency programs. Less than one third of the psychiatrists indicated they had received training in an informal preceptorship, in formal training outside a uni-

Table. Comparison of Results of Survey and Standards* for Fellowship Programs in Forensic Psychiatry

Results	Standards
Categories of Activities	
Criminal Proceedings Mean = 70% (Largest value)	Didactic Core Curriculum: 1. Criminal Forensic Psychiatry 2. Basic Issues in Law 3. Minimum of 25 hours of training on Acquisition of Legal Information (including civil & criminal procedures) Supervised Clinical Experience: 1. 1 year, at least 10 clinical case assessments in criminal forensic psychiatry 2. At least 3 written reports of assessment of criminal offenders
Civil Proceedings 1. Civil Commitment Mean = 46 percent Civil Competence Mean = 45 percent	Same as above for Civil Forensic Psychiatry except written report each for Civil Commitment and Civil Competence assessment Also, case assessment under Legal Regulation of Psychiatry for Civil Commitment
2. Personal Injury Mean = 62 percent Domestic Relations Mean = 51 percent	Same as for 1, and written report each
Services Performed	
Court Testimony Mean = 75 percent	Supervised Clinical Experience: 1. Testify in court on at least 5 clinical case assessments 2. Witness at least 10 in-court appearances by forensic psychiatrist
Court Evaluation, Diagnosis Mean = 74 percent	Evaluation: Didactic Core Curriculum: Civil and Criminal Psychiatry Supervised Clinical Experience: 1. Minimum of 10 cases for assessment under Legal Regulation of Psychiatry 2. Case assessment under Criminal and Civil Psychiatry Diagnosis: Didactic Core Curriculum: Civil and Criminal Forensic Psychiatry Supervised Clinical Experience: 1. At least 10 clinical case assessments, each in criminal and civil forensic psychiatry 2. At least 3 written reports for assessment of criminals and 4 for civil cases

(continued on next page)

versity, or in law courses. The resident must demonstrate a great deal of initiative to pursue a special interest in forensic work on his/her own, often arranging hours away from other assignments and initiating contact with a mentor.[7]

The above figures confirm the relative lack of impact of forensic training programs on the training of current forensic psychiatrists. At present, there are only fifteen or so such programs still in operation, few of which offer comprehensive training to psychiatrists.[8] The present fellowship programs in forensic psychiatry have the capacity to train only 96 psychiatrists a year.[9] Clearly, there is need for the development of more comprehensive programs as an option for psychiatrists desiring this training. The establishment of standardized training

Results	Standards
Consultation — Patient's Attorney Mean = 72 percent	Supervised Clinical Experience: Under Criminal Forensic Psychiatry
Treatment Mean = 63 percent	Didactic Core Curriculum: Section on Correctional Psychiatry Supervised Clinical Experience: At least 25 hours of experience in Correctional Psychiatry
Hospital Admission, Treatment Mean = 46 percent	Supervised Clinical Experience: Among the minimum of 10 case assessments under Legal Regulation of Psychiatry If not possible, seminar case review
Neurological Examination Mean = 40 percent Psychological Testing, Consultation Mean = 37 percent	Supervised Clinical Experience: A minimum of 5 cases for assessment, including organic brain syndromes and neuropsychiatric testing under "Special Issues in Forensic Psychiatry"
Consultation — Your Attorney Mean = 34 percent	No Training
Activities within Forensic Psychiatry	
Practice Mean = 89 percent	From 15-25 hours/week for 1 year in supervised clinical experience
Teaching Mean = 64 percent Research/Writing Mean = 44 percent	Some Training: Exposure to senior teachers and teaching to various groups 1. Scholarly review of clinical study suitable for publication in journal 2. Research project requiring at least 2 months' full-time work 3. Preparation of videotape or film, practice manual, and annotated bibliography 4. Accessibility to libraries
Minority Composition of Practitioners: "No" = 92 percent	No training in ethnic and cultural issues

**A Report by the Joint Committee on Accreditation of Fellowship Programs in Forensic Psychiatry: Standards for fellowship programs in forensic psychiatry. Bull Am Acad Psychiatry Law 10:285-92, 1982*

and certification would greatly simplify the task of those who must judge the qualifications of an expert forensic psychiatrist.

Toward this end of developing standards of training for certification is the development of standards for fellowship programs in forensic psychiatry. These standards were developed by Richard Rosner, MD and his joint committee. The standards conform closely to the comprehensive model of an ideal fellowship program suggested by Dietz.[10] See the Table for comparison of results of the present study and these standards. In general, standards correspond to the services performed and activities within forensic psychiatry:

1. There is an adequate didactic core curriculum and supervised clinical experience for criminal and civil proceedings, which include court evaluation and diagnosis.

2. Supervised clinical experience for treatment, hospital admissions, and neurological and psychological examinations is provided.

3. The practice of forensic psychiatry involves 89 percent of activities, and

there are 15 to 25 hours per week for one year of supervised clinical experience required for certification.

4. The standards provide for research and some teaching experience.

However, the results of the present survey indicate the standards could be improved in the following ways:

1. Results showed that court testimony constituted 75 percent of the services performed. Since this percentage is so high, perhaps there should be more than five opportunities for the fellow to testify in court. Also, as suggested by Barbara A. Weiner, JD, it might be instructive for him/her to take a trial advocacy course at the law school in which the fellow receives feedback on his/her performance during a mock trial.[11]

2. The survey also demonstrated that consultation with the patient's attorney accounted for 72 percent of the services performed. This percentage is high; perhaps more consultation experience should be provided. Richard Rosner concurs with this suggestion.[12] One limitation of the training programs is that the trainee often works with legal aid lawyers whose case load is heavy and who have minimal time to work with the trainee. Although the survey did not study collaboration with judges, psychologists, psychiatric nurses, social workers, and other professional and paraprofessional personnel, the standards are limited in this type of experience. As suggested by J. Richard Ciccone, MD, this variety of active consultation is desirable.[13]

3. Teaching accounted for 64 percent of the activities performed by a forensic psychiatrist, also a high percentage. It may be advisable for the standards to be more specific on how much and what type of teaching is involved in the fellowship program. The development of the teacher ought not to occur just when a formal course is added to the curriculum, but "time-limited groups with interdisciplinary representation" also should be formed, according to David J. Barry, MD.[14]

4. The standards do not provide any training in administration, which constituted 38 percent of the forensic psychiatrist's activities, a relatively high percentage. Park Dietz found that a forensic psychiatrist is significantly more likely to engage regularly in administration than a nonforensic psychiatrist; there was no significant difference between the two in direct patient contact, consultation, teaching, and research.[15] In light of these findings, it would be desirable for the fellowship programs to provide training in this area.

5. The present study indicated 92 percent of the forensic psychiatrists were not from minorities. There is a large demand for black forensic psychiatrists, but it has been difficult to get them into training programs.[16] Therefore, it is desirable to establish affirmative action programs for future minority forensic psychiatrists, especially blacks. Also, ethnic and cultural issues ought to be included in the didactic curriculum.

6. Two other additions to the standards not studied in the survey would be (a) to have clinical supervision under not one but two forensic psychiatrists to get another viewpoint. This suggestion was made by J. Richard Ciccone, MD.[17] (b) A child and family therapist should be actively involved in the training program, though the standards do not specify this involvement.

For both current and future practitioners of forensic psychiatry, there is need

for a system of continuing education to maintain high levels of competence in these psychiatrists' practice. In our survey, nearly 80 percent of the respondents indicated they had received an average of 25 ($\pm$21) hours of continuing education during the year before the survey was conducted. Unfortunately, we were unable to establish the nature of this course work and assume it took the shape of AMA certified continuing education seminars and meetings. Notice, however, that approximately 20 percent had no further continuing education.

It must be pointed out that any training program in forensic psychiatry is limited in its offerings due to the nature of the forensic psychiatrist's work. For example, for cases involving large sums of money, lawyers prefer a senior psychiatrist rather than a trainee to testify. This limitation is also true for competence cases. Moreover, there are few opportunities for the trainee to testify in such cases because they are settled mostly out of court.[19]

Self-training is still the dominant approach to education and training in forensic psychiatry. This independent study is accomplished through readings, participation in continuing medical education programs, and the acquisition of supervised work experience in a balanced series of psychiatric-legal settings. For the busy practitioner of general psychiatry, such part-time study would be more convenient. A full-time fellowship program represents a more realistic alternative for doctors who are finishing their residencies. It is easier to continue in the student's role than to return to it after an absence. To those whose ends would be served by a fellowship program, however, such an alternative would be a more effective and efficient learning experience than self-training. The superiority of a fellowship program would derive from the close supervision and integrated didactic curriculum.[20]

Conclusion

The data from our survey-analysis indicates the need for development of a comprehensive program of training for forensic psychiatrists. Expansion of current programs would provide our society with a greater number of board-certified, thoroughly trained, forensic psychiatrists with standardized credentials. Such an expansion is essential for the advancement of the profession's standards and would provide those involved in the judicial process and the lay public with a greater degree of confidence in the reliability of forensic psychiatrists than is currently the case. Two crucial components of this expansion would be recruitment of young psychiatrists expressing an interest in forensic psychiatry and recruitment with a special focus on affirmative action for women and minority candidates.

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