

The Business Aspects of Forensic Psychiatry

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If a psychiatrist completes a forensic psychiatry fellowship or decides to add forensic psychiatry to a clinical practice, what business principles might add to the chances of a successful venture? How can this be accomplished given the changes in medical economics? Faulkner recently challenged forensic psychiatry to step boldly into the 21st century with clear strategic processes.¹ He and Bloom previously outlined six requirements that medical systems must fulfill to respond adequately to the forces at work in our new health-care era.² The first of these requirements is for organizations to be effective, efficient, and responsible.¹ In fact, history has taught us that no medical specialty has survived that lacked face validity (does the medical specialty provide an objective service or treatment in the real world?) or that failed to maintain fiscal integrity (can the physician make a living practicing the specialty?). Tanay has reminded us that less than a handful of American psychiatrists practice full-time forensic psychiatry and most members of the American Academy of Psychiatry and the Law devote less than 20 percent of their practice to forensic matters.³ Thus, forensic psychiatry usually is an "add on" specialty. Most forensic psychiatrists develop a clinical practice first and then increasingly add forensic psychiatry as a segment to that practice. On the other hand, forensic psychiatry fellowships and graduates are increasing in numbers. As a result of increasing forensic referrals, unique business chal-

lenges arise from mixing clinical psychiatry with forensic psychiatry.

The Need for Business Acumen

Most forensic psychiatrists are operationally competent but lack strategic vision. Physicians are not routinely educated in business principles and business strategies are not part of medical curricula. Generally, forensic psychiatrists focus too much on short-term function and do not have a longer-term view of their practice. The practice of clinical psychiatry is based on providing service to a patient who then pays out-of-pocket or through a third-party insurance plan. On the other hand, forensic psychiatry places the practitioner into the position of an agent. The forensic psychiatrist generally functions as an independent medical evaluator and is compensated based on market forces and competition rather than by governmental or third-party payment schedules.

When one discusses the application of business principles to forensic psychiatric practice, the listener tends to get glazed eyes. The principles being discussed produce anguish in most people. Change creates initiative overload in the practitioner, and often, organizational chaos in her practice. This in turn produces resistance to change. Abrahamson has studied the impact of change on organizations and companies. He suggests that overall change can be managed with an approach called dynamic stability. Essentially, dynamic stability is a process of continual but relatively small change efforts that involve the reconfiguration of existing practices and business models rather than the creation of new ones.⁴ Changes should be small and incremental and par-

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celed into the practice at strategic moments to improve performance of the practice but at the same time avoid stressing the practice by making radical changes.

Most forensic psychiatrists will find that by systematically following accepted business principles, the likelihood of producing a successful practice is enhanced. The following schema should apply within various forensic psychiatric practice models from academic settings to sole practitioner private practice: develop a strategic vision; define the "heart-beat of the practice"; write a mission statement; write a business plan; operationalize the tactics; and review operations yearly.

Strategic Thinking

Before moving forward, the forensic psychiatrist should develop a cognitive map of the business strategy.³ Strategic thinking is not the same as strategic planning. Strategic thinking is a process of thought occurring within the forensic psychiatrist and the key people around him or her that helps determine the "look" or "vision" of the forensic psychiatric practice at some point in the future. From a defining standpoint then, strategic thinking is the form of thought processing within the mind of the forensic psychiatrist, the strategist, used to shape and clarify the future strategic profile of the practice. Strategic thinking is different from both strategic planning and operational planning. Strategic thinking is the framework for the strategic and operational plans. Strategy is the "what" of the process while operations are the "how."⁵

Generally, there are three questions to be answered by the forensic psychiatrist as he or she develops a strategic vision: (1) how does the "look" or "vision" of the forensic practice translate itself into physical evidence; (2) where is this forensic psychiatric practice going; and (3) what will this practice look like in the future?

The forensic psychiatrist must review the strategic plan of a new practice or the existing plan of a current practice to find physical indicators that enable the practitioner to make the following analyses and decisions: (1) its current services and types of cases evaluated; (2) the types of people needed to be drawn to the practice to provide skilled positions; (3) the customers (lawyers, institutions, courts, businesses, etc.) served; (4) the competitors to the practice in forensic and clinical psychiatry; (5) vendors who supply the

practice (such as those supplying psychological services, laboratory services, or brain imaging); (6) the market segment in which the practice will compete; (7) the budget for monies intended for investment in the practice; and (8) the facilities and physical plant used to provide services.

One should analyze a future forensic psychiatry practice to determine a reflection of the practice's strategy, direction, and eventual outlook. There are four items that, if analyzed, should enable the forensic psychiatrist to make a reasonable assessment of the accuracy of his or her strategic vision: (1) the nature of the services and evaluations to be provided by the forensic practice; (2) the nature of those who will hire the psychiatrist; (3) the nature of the areas of litigation support or forensic issues that will be served; and (4) the nature of the geographic areas in which the practice will compete.

The functions of the psychiatric practice respond to input and output elements. The input elements that will drive the practice include capital, employees, specific forensic psychiatric skills, physical plant and facilities, and the technical elements used in the practice of forensic psychiatry such as psychological testing, brain imaging, etc. Outputs of the practice that lend themselves to measurement are earnings, profits, and dividends.

As the forensic psychiatrist improves his or her ability to develop a strategic vision and improve strategic thinking, there are a number of important questions that must be asked. Most forensic psychiatrists will perform an inaccurate analysis of these questions by stating only what services they plan to offer. The most important questions to ask are in the negative: (1) which forensic psychiatric services will not be offered; (2) which customer groups will not be served; (3) which forensic areas or areas of litigation support will not be sought; and (4) in which geographic areas will the practice not compete?

Thus, the most important analytical element the forensic psychiatrist should understand is what the strategic vision does not lend itself to. The forensic psychiatrist should not compare his or her practice to other forensic psychiatric practices. Rather, the forensic psychiatrist should proactively make comparisons to the "vision" or "profile" of the future practice he or she wishes to build. In terms of operationalizing the strategic vision, the forensic psychiatrist will conduct two activities that are dynamic and will alter the "look" of the practice over time. These include the

following: (1) the resources and monies allocated to the practice and (2) which forensic psychiatric opportunities to pursue and which ones not to pursue. The forensic psychiatrist may wish to use a written model to display the elements of his or her strategy.⁶

Strategic Areas of the Practice

Generally, every organization, including a forensic psychiatry practice, is composed of 10 important strategic areas.⁵ All 10 of these elements are present in most business organizations. These usually include the following:

1. The services provided by the forensic psychiatric practice—These may include evaluations of criminal responsibility, capacity to stand trial, or employment law. The potential areas served are infinite and thus should be delineated explicitly.

2. The users of the forensic psychiatric services—These can include lawyers, judges, governmental agencies, forensic hospitals, and a large array of other forensic customers.

3. The categories of services provided—One may choose to restrict the practice entirely to issues of employment law or one may take a more general approach and accept criminal, personal injury, and administrative law cases. Again, the potential categories are almost limitless.

4. The capabilities and skills of the individual forensic psychiatrist—These will be determined by the experience, training, and individual ability of each forensic psychiatrist.

5. Technological know-how within the practice—Some forensic psychiatrists will understand the medical-legal issues of forensic psychiatry and debate those expertly but operationally be capable only of taking a history and performing a face-to-face mental status examination, whereas other forensic psychiatrists will be more skilled and able to lend themselves to physical examinations, utilization of psychological testing, usage of brain imaging, and complex literature searching.

6. The marketing methods—These may be as simple as the listing of one's name and practice area within a governmental database or telephone directory to the complex representation of skills and experience on an internet web site.

7. The work product to be distributed—In general, this is a simple one-to-one distribution to the person who hires the forensic psychiatrist. Usu-

ally, this is performed by submitting a report or by testimony.

8. The natural resources of the practice—These include databases, forensic literature searching abilities, the forensic practice library, and ancillary personnel used by the forensic psychiatrist to prepare the work product.

9. Growth of the practice—The forensic psychiatrist may choose to take a fixed number of cases monthly and thus allow for no growth; whereas, others may have a specific goal of enlarging the practice over time.

10. The fiscal integrity of the forensic psychiatric practice—Those who work for government agencies or on fixed salaries often overlook this point. However, even they are involved in budgetary review or revenue production if fees are charged for their services. For those in private practice, revenue and profit are the *sine qua non* of maintaining the health of the practice.

The Strategic Heartbeat of the Practice

Each forensic practice, whether made up of a single practitioner or multiple forensic psychiatrists, will unconsciously develop a unique personality based on one single element of the business that dominates over all other elements of that business. The strategic heartbeat or driving force is the one most strategically important element to the forensic psychiatric business and must be identified and conceptualized. For instance, the strategic heartbeat might be family court evaluations in one practice or employment violence risk assessment in another. Profit is never the strategic driving force or "heartbeat" for a forensic psychiatric practice. Profit is the result of the psychiatrist's strategy, not the objective. Profit is how one keeps score in business and it tells the practitioner how well he or she is performing at the strategy.

Articulating the Business Concept

Once the strategic portions of the forensic practice have been conceptualized and written, the forensic psychiatrist must then produce the cognitive map of a concise business concept. Most successful business leaders in the United States formulate a mission statement to satisfy this function. A mission statement is synonymous with strategy, business concept, mission, mandate, or charter. The forensic psychia-

trist should be able to carry the mission statement in her head and the mission statement should not be longer than a paragraph. For instance, the mission statement might be "The Lexington Forensic Institute will be recognized as the region's leading provider of forensic neuropsychiatric assessment." The ability of a businessperson, in this case a forensic psychiatrist, to execute a business strategy is generally inversely proportional to the length of the mission statement. Although this may seem overly simplistic, people do not implement properly what they do not understand. Moreover, people do not implement what they are not committed to. Thus, the development of a complex business plan for a forensic psychiatric practice can fail merely by poor articulation of the mission statement.

Many forensic psychiatric practitioners have a strategy for their practice, but they fail to involve key people within their practice in the strategic development. Subordinates often do not understand the mission statement or the rationale behind the strategic vision and spend more time questioning what is being done than implementing action. Business experience teaches us that no strategy will work if a couple or a few members of the practice are not committed to its success. Participation, although it can be time-consuming, breeds commitment. If the forensic psychiatrist's key employees are allowed to help construct the strategic plan and mission statement, then they are very likely to buy into it. It becomes as much their strategy as that of the forensic psychiatrist. However, a cardinal rule is that no one can predict how long a strategic advantage, once articulated and operationalized, will last. Moreover, the more complicated the business, the simpler strategic rules should be.⁷ The future need for adjustment to the strategy is a given and should be discussed openly.

Developing a Business Plan

No business venture should be undertaken without a business plan. The forensic psychiatrist does not need a master's in business administration to develop and implement a business plan. If one lacks the experience necessary to develop a business plan, consultation with one's accountant should easily provide a structured product. The business plan can be divided into the following parts: a cover page; a contents page; an executive summary; structure and organization of the business; analysis of strengths, weaknesses, opportunities, and threats to the busi-

ness; the markets and marketing strategies for the forensic psychiatric practice; profit performance; and financial projections.

Whether in practice for 10 years or initiating a forensic practice after fellowship training, a business plan is an essential tool. It enables one to define goals and allows one to measure performance against those goals. Even more important, it forces the forensic psychiatrist to take an objective look at the practice so that it can be better developed and made more productive.⁸

If the forensic psychiatrist will write a plan, he or she will be gratified with the logic of the potential for the practice and will be educated in the organizational structure necessary to make the business plan succeed. The cover page and contents page of the plan are self-evident. The executive summary should be completed last. All information should be brief and by performing this part of the plan last, it enables the forensic psychiatrist to synthesize and distill all the other parts of the plan into a summary statement. The executive summary should describe the purpose of the business plan, describe the specific forensic psychiatric services to be provided, and describe the market potential for forensic psychiatric services in the practitioner's geographic area. Furthermore, the summary should highlight how the practice will be marketed, what management skills are available from other team members in the forensic practice, and it should identify major financial projections for the next three years. If external funding is needed, this should be described, and an exit strategy should be formulated for use if the forensic psychiatrist decides to leave the practice of forensic psychiatry or fails to develop a viable practice.

The structure and organization section of the business plan should first describe the economics of forensic psychiatry within the practitioner's geographic area. Trends in the practice of forensic psychiatry should be noted and possible legal, ethical, and professional problems should be stated with a description of how they will be handled should they arise. The structural map of the forensic practice should further describe the history and background of the individual forensic psychiatrist practice or the group or academic practice and it should identify the current owners of the practice, the current location, form of business organization, and any licensing required if necessary. The products or forensic services should be described and a marketing analysis should

be explained. One should compare his or her forensic services with the forensic psychiatric competition in the market area.

The analyses of strengths, weaknesses, opportunities, and threats to the practice were noted previously in the Strategic Thinking section. This separate analysis of forensic psychiatric business strategy should be completed and then summarized within the business plan. The business plan should clearly state financial projections, and cash flow should be projected by month for the first year until a positive cash flow is maintained. Thereafter, projections should be made for cash flow annually for five years. One can use his or her accountant at this point to project year-end income statements and balance sheets. An attempt should be made to determine the break-even point and return on investment from necessary capital needs to develop the forensic practice. Furthermore, the amount of funds needed to either begin or advance the forensic practice should be stated and the business plan should specify as closely as possible what the funds will be used for. The plan should describe how one would obtain the capital and how one would repay it if it were borrowed.

The Tactics of Forensic Psychiatric Practice

Once the forensic psychiatrist has produced a strategy, developed a strategic "vision," defined the "heartbeat" of the practice, established a mission statement, and written a business plan, it is necessary to put these principles to work. Although strategy can be conceptualized as the art of planning or method, tactics are the art of employing available means to accomplish an end. The tactics described here might well take an individual practitioner five years to implement fully into his practice. However, these can be added at various strategic points within the development of the forensic practice and as noted previously, this will still maintain a dynamic stability.⁴ The following tactics have been tested and accrue optimal benefit to the forensic psychiatric practice (these tactics have been tested during 22 years of forensic psychiatric practice including more than 10,000 forensic evaluations leading to a report or testimony): (1) provide human interaction to users of forensic services; (2) practice an objective medical model; (3) show superior skills in detecting deception; (4) quantify the mental status examination; (5) use structural and functional brain imaging where

appropriate; (6) apply technology to improve productivity and accuracy; (7) produce user-friendly reports; (8) provide clear contractual communication with clients; (9) provide clear instructions for examinees; (10) establish an internet web site; (11) meet weekly with staff to prepare an evaluation of each case; (12) continually develop one's communication skills; (13) keep clinical skills at a superior level; and (14) review practice financial data monthly and at year-end.

Of all the tactics noted, users of forensic psychiatric services rate human interaction as the most important factor. In other words, people do not like talking to voice mail or a computer when discussing complex issues where a human can be made available. If possible, the liaison between the forensic practice and the potential client should include a human answering the telephone and scheduling examinations. Moreover, that person should be trained to provide as much information as possible to the potential user of the forensic psychiatric services. From a business standpoint, it is not productive for the psychiatrist to perform these functions and divert his or her professional skills into time-consuming clerical functions.

When a lawyer uses a forensic psychiatrist in court, he or she wants the jury or fact finder to understand that the psychiatrist is first a medical doctor and second a psychiatrist. The forensic psychiatrist can enhance this perception greatly by practicing within an objective medical model enhanced by special forensic skills. Bradford and Glancy⁹ note that in Canada, forensic psychiatrists have gained the respect of peers and the public at large by developing unique clinical skills separate from their clinical colleagues. Practicing medical model psychiatry will demonstrate these skills best. For example, when evaluating claims of organic mental disorders or brain injury, the psychiatrist should perform or have performed a neurological examination where appropriate within the context of the overall forensic psychiatric examination. The psychiatrist should make judicious use of laboratory tests to rule out, for instance, hypothyroidism or to detect drugs of abuse in the urine. Measures of height, weight, and vital signs are important in presenting an objective medical evaluation, even by a psychiatrist. Special skills in evaluation of violence, sexual perversion, or other areas distinct from clinical psychiatry should be developed if appropriate for the strategic "vision" of the practice. The forensic psychiatrist should make every effort to look like a med-

ical doctor, act like a medical doctor, and speak like a medical doctor. Medical professionalism should be projected always.

One of the unique skills forensic psychiatrists should present to others is the ability to detect deception in those persons feigning a mental disorder in a forensic context. The psychiatrist should distinguish clearly between cognitive distortion (poor cognitive effort or malingering) and psychological distortion (defensiveness, symptom magnification, or malingering) within the context of his forensic psychiatric examination. Use of a psychologist can enhance the examination by administering instruments such as those mentioned in *Structured Interview of Reported Symptoms*,¹⁰ or MMPI-2 or MMPI-A¹¹ for the measurement of psychological distortion and by using the Test of Memory Malingering,¹² Victoria Symptom Validity Test,¹³ or Portland Digit Recognition Test¹⁴ to detect cognitive distortion.

In 1891, British physicist Lord Kelvin wrote,

When you can measure what you are speaking about, and express it in numbers, you know something about it; but when you cannot measure it, when you cannot express it in numbers, your knowledge is of a meager and unsatisfactory kind: it may be the beginning of knowledge, but you have scarcely, in your thoughts, advanced to the stage of science.¹⁵

Mental status examinations, when performed within a forensic context, generally should be quantified for the fact finder. The mental status examination as taught within psychiatric residencies is a qualitative examination that is nonstandardized (no standard rules for administration and no standard rules for interpretation) and has weak reliability. However, even with its weaknesses, it is an integral part of the psychiatric examination and fundamental to the deep structure of the psychiatric profession, much like the physical examination is to the internist. It should always be performed by the psychiatrist. To improve the validity of the psychiatric examination in a forensic setting, it may be important to quantify and confirm the mental status examination by judicious application of adjunctive psychological testing. A forensic psychiatrist testifying in court generally should be able to state the reading level and the intellectual capacity of a person he or she has examined and likewise should be able to state that simple quantifiable screening was performed to determine whether or not organic factors were present in the mental status examination (e.g., as determined by the Mini-Mental State Examina-

tion).¹⁶ By way of illustration, there is no other way to determine whether or not an examinee has a memory disorder as claimed unless memory is tested objectively in a valid and reliable manner. The routine mental status examination is inadequate in detecting the multiple elements of auditory and visual memory or the ability to learn information. Allegations of brain injury are best evaluated both by standardized neuropsychological means and by appropriate brain imaging.

The forensic psychiatrist should use structural or functional brain imaging where appropriate. We are medical doctors and we are making measurements of brain function in most instances. In general, for a purely psychological legal claim, brain imaging is not warranted. However, this general rule is becoming subject to change because there is a plethora of evidence emerging, for instance, that poorly treated hypertension can lead to memory disorders or behavioral changes and potentially increase the risk of Alzheimer's-like pathological changes in the brain. Could the poorly controlled hypertensive patient claiming depression from alleged workplace harassment have a medical explanation for his or her depression? Psychopharmacological responses to treatment may be limited because of periventricular brain alterations from a variety of medical conditions. Could allegations of psychiatric malpractice in the treatment of depression be explained by lack of response to antidepressants due to neuropathology? Structural brain abnormalities producing mental signs or alteration of treatment response often can be detected by magnetic resonance imaging in these examples. As another demonstration, if a 75-year-old person claims memory changes after a closed head injury in an automobile accident, could it be better explained by coincident Alzheimer's disease or Binswanger's dementia? Positron emission tomography or magnetic resonance imaging might assist the practitioner in differentiating the question.

Significant technology is now available to the forensic psychiatrist both to improve the productivity of one's practice and to improve the accuracy of reporting assessments. For instance, word processing should be used for the generation of forensic psychiatric reports. This will enable the practitioner to put templates into the word processing system for each of the various models of forensic reports that the psychiatrist intends to produce. This systematizes the reporting of data and enables the forensic psychiatrist

to improve methodology of reporting. It also reduces time and will improve the quality of reports by making their production less onerous for the psychiatrist. It is very easy to place the subject headings of the report into templates, provide descriptions of psychological testing by templates, provide descriptors of functional and structural brain imaging by templates, and to insert diagnoses in DSM-IV-TR format by templates. Significant software now exists so that the person responsible for providing liaison with forensic psychiatric clients can schedule examinations and consultations by computer. Computer scheduling will assist the forensic psychiatrist in printing out the entire week's schedule each Friday evening or Monday morning, enabling planning for the upcoming week. Moreover, this allows scheduling to become centralized because it is best that the forensic psychiatrist not keep his or her own schedule but rather delegate scheduling to the person who is interacting with the users of forensic services to speed communication and enhance productivity.

To prevent professional and ethical lapses, it is paramount that contractual communication be clear and effective. For instance, it is recommended that once the examinee is scheduled for a psychiatric office visit, a contractual letter should be sent immediately to the person requesting services. This letter should clearly state the date of the examination, the cost for the examination, and when payment is expected. It is wise to inform the person contracting for services that the forensic psychiatrist is not hired until the payment is received. Psychiatrists often are uncomfortable with these kinds of financial relationships but, clearly, this is one area of divergence between the practice of forensic psychiatry and the practice of clinical psychiatry. Acceptance of the retainer fee before examination insures that the psychiatrist will be paid, seals the contractual arrangement, and allows the psychiatrist unlimited objective latitude. Because the psychiatrist has been paid before the examination, he can be absolutely objective and straightforward with regard to conclusions drawn from the examination without fear of financial impact.

A second letter should be sent that gives clear instructions for examinees. This can be delivered to the examinee's lawyer or agent for distribution to the examinee. The letter should contain directions to the office of the forensic psychiatrist; instructions for getting a good night's sleep before examination; recommendations concerning what prescribed medications are allowed; and an estimation of the length of

the examination. Examinees often are not told that a psychiatric examination may last all day and they present to the examination assuming that it requires one-half hour or an hour to complete. Also, making the examination user-friendly for the examinee helps develop rapport and enhances the quality of the data obtained from the examinee.

Nothing irks users of forensic psychiatric services more than reports that are not to the point, contain rambling discourse, show poorly connected logic, and/or are sloppily written. Where possible, forensic psychiatric reports should contain subject headings and user-friendly descriptions of complicated sections. For instance, when reporting the face-to-face mental status examination, it may be of assistance to the nonmedical reader to include a paragraph that describes what a mental status examination is and what it is designed to show. If psychological testing is included in the forensic psychiatric report, it is helpful to write descriptors of the specific test instruments, what they are purported to measure, and then in a tabular or graphic fashion, present the data. For example, when reporting an intelligence test, it is helpful to the reader to describe what the intelligence test measures and to produce the scores of the individual subtests as well as the standard IQ scores. Similar descriptors can be used for other psychological tests used in the forensic evaluation.

Establishment of an internet web site by a forensic psychiatrist may be controversial. Clearly, at some level, it is a form of advertising. However, if it is done tastefully, it can enhance the productivity of the forensic psychiatric practice and ease the process for the clients of the psychiatric services and those being examined. For example, the web site can contain the schema for the elements of the various categories of forensic examinations that a forensic psychiatrist may perform. When a prospective client calls the forensic psychiatrist's office, the scheduling person can easily refer the potential client to a web site where she can download information about the methodology of examinations performed. Moreover, the forensic psychiatrist can post a *curriculum vitae* summary on the web site to enable the prospective user to learn more about his qualifications. Directions to the practice location can be listed so that examinees or their agents may download them. A web site enhances communication between the forensic psychiatrist and the user of his services. It also reduces the need for office personnel to collect data and informa-

tion to send to prospective users of forensic psychiatric services because it is quite easy for individuals merely to click on the web site and obtain what information they find useful. Juries today understand that web sites are an integral part of any leading-edge business, contrary to what a cross-examining attorney may imply.

The business functions of the forensic practice can be enhanced by weekly meetings with staff to prepare for upcoming evaluations. Even in a small forensic psychiatric practice, the productivity will be improved by such a meeting. It is recommended that incoming cases be reviewed to determine whether complete records have been received. A strategy for the future forensic examination based on the medical-legal questions to be answered should be developed at this time. The need for psychological testing or brain imaging can be determined and scheduled beforehand. Thus, when the examinee reports to the forensic psychiatrist's office, all parties involved in the evaluation, from the receptionist to the forensic psychiatrist, fully understand the nature of the examination and how it will proceed. Moreover, by engaging in weekly meetings, the internal communication of the practice is improved and quality is enhanced.

The forensic psychiatrist should continually develop oral and written communication skills. The message will be lost if the messenger is an ineffective communicator. If the psychiatrist is not naturally blessed with such skills, it is wise for him to obtain training from a communications specialist and, if necessary, a writing specialist. This can be done easily and with limited cost. For instance, the forensic psychiatrist can use his taped video depositions for critique by a communication expert. This is a rapid way to quickly improve communication skills and see disturbing mannerisms or lapses of oral skill that otherwise would not be noticed by the forensic psychiatrist. Use of these techniques can be even more effective for psychiatrists whose first language differs from the language used in the geographic area.

Bradford and Glancy have critiqued the unique skills needed by a forensic psychiatrist.⁹ Forensic psychiatry requires clinical psychiatric skills to be honed to the highest level. This mandates continuing education in attempt to improve one's clinical skills throughout his or her forensic career. Forensic psychiatrists are medical doctors first, psychiatrists second, and forensic psychiatrists last. A forensic psychiatrist may not be effective in testimony or forensic

assessment skills if he allows a degradation of clinical skills such as mental assessment, psychiatric diagnosis, psychopharmacology, ancillary testing or knowledge of the myriad pathological states that may affect mental status.

Finally, one must continually review financial performance within the practice. It is recommended that the practice manager or accountant prepare monthly financial statements to be reviewed by the forensic psychiatrist or appropriate person if practicing in a group practice. Without continual financial review, it is difficult to maintain the oversight necessary to insure the fiscal integrity of the practice. It is further recommended that the financial aspects of the practice be monitored by computer with appropriate accounting software for managing a single practitioner or group practice. At year-end, the financial data should be reviewed by all persons who have responsibility for the financial health of the practice. This should be incorporated with the overall review of the clerical and assessment portions of the practice and necessary modifications should be made at this time.

Conclusion

Forensic psychiatry is a challenging and exciting field. Its future remains unlimited. However, its best practice can and should be enhanced by the appropriate application of business principles. Whether leaving fellowship training to enter forensic psychiatric practice, adding a forensic component to a clinical practice, or expanding an existing forensic psychiatric practice, the psychiatrist should begin with a strategic plan and "vision." At its completion, the strategic heartbeat of the practice should be defined and the mission statement articulated. Strategy should be incorporated into a business plan. The strategies and plans should be operationalized through the tactics necessary to practice forensic psychiatry effectively. The forensic psychiatric business and assessment practices should be reviewed annually.

Many forensic psychiatrists may feel the suggested tasks and strategies are onerous and beyond them. That need not be so. By taking a long view, allowing five years for implementation of the principles discussed, and seeking the wise counsel of others, the forensic psychiatrist can develop a sound business model that will produce an effective and rewarding lifetime of forensic psychiatry practice.

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