

# Kathleen M. Quinn, MD: Visionary in Child Forensic Psychiatry

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Kathleen Quinn was raised on a small family farm in northern New Jersey. Her family had a flock of sheep, as well as vegetables for sale and family use. Her father worked as a milkman, and later as a landscaper. Waking up at 2 a.m. to go on the milk route with him and deliver milk to walk-up apartments taught Kathy the lesson to work hard in school to increase her own opportunities. Or, as her father would say, “Diplomas, diplomas, diplomas.” Kathy’s father had not obtained diplomas himself due to his dyslexia. She explained, “His strength was analyzing people,” a strength that would become one of her strengths too. At their dinner table, he would regularly recount his observations of his customers in the affluent Short Hills neighborhood where he cut lawns.

Kathy’s own interest in biology and then medicine was fostered on the family farm. Her mother kept animal antibiotics in the refrigerator and would administer them to the sheep as needed. Although Kathy’s mother had no veterinary training, she also assisted in difficult lamb deliveries. Her heroine had been Madame Curie. Uniquely for their time, Kathy’s parents never made a distinction between what she could achieve as compared with her younger brother.

As Kathy’s father’s reading improved, together as a family they read *Arrowsmith*,<sup>1</sup> the Sinclair Lewis novel about a physician’s struggle between academic



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prestige and treating a deadly outbreak of the plague. An admired high school biology teacher was also an inspiration to a possible teaching career. The only law Dr. Quinn remembers being exposed to growing up was *Perry Mason*.<sup>2</sup>

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As a first-generation college student, Kathy was uncertain of where to apply to college. But Kathy and her family knew that Cornell had an excellent Agriculture School (and sheep flock). Thus, in 1967, she enrolled at Cornell, ultimately majoring in biochemistry and declaring a pre-med major. With a large number of pre-med students (and the Vietnam lottery in play), nearly all her courses had several hundred students. To explore her commitment to medicine further, she worked as an aide in her local New Jersey hospital for two summers and in a research lab at Cornell during her third summer. Her rigorous coursework, including graduate-level courses in biochemistry, aided her in being accepted to Harvard Medical School, where only approximately one out of five students were women.

The classes at Harvard Medical School were also large; the teaching was all lecture-based with little contact with faculty. Dr. Quinn describes, “I was on track to becoming a pediatrician when serendipity intervened.” She learned that a new elective, child and adolescent psychiatry, was being offered at a local community mental health center. She signed up, thinking this experience would make her a better pediatrician. (Harvard at the time did not consider psychiatry a core rotation.) “Having the opportunity to learn about family dynamics and connect with children and parents was a revelation,” which led her to take more psychiatry electives and to change career goals. She found herself particularly drawn to community health efforts, and she subsequently trained at Cambridge Hospital in both Adult and Child and Adolescent Psychiatry (CAP).

Dr. Quinn’s first exposure to the courts and mental health was during a rotation in her CAP fellowship, which involved performing custody and juvenile justice evaluations and writing reports in Middlesex County Superior Court. After completing her training, Dr. Quinn and her husband Russ (a scientist and educator) moved to Cleveland in 1982. It was suggested that she speak with Dr. Phillip Resnick due to her having court experience. Resnick had recently started a forensic psychiatry fellowship, which at the time took one fellow each year. After showing him work samples of her forensic reports and talking about her interest in the intersection between psychiatry and the law, Dr. Kathleen Quinn became “Resnick Fellow #4”—the first woman he trained as well as the first child and adolescent

psychiatrist. Dr. Quinn completed her forensic fellowship at Case Western in 1983.

Dr. Quinn recalls, “I knew I was in for a very different training experience in the first week when I drove with him and the graduating fellow to a southern Ohio town where Resnick was to testify. Each of us had his report, and all the way on the trip there we were alternately ‘cross-examined’ on the issues. It was the beginning of the most intensive and formative year of training I have ever had. I learned to be a better writer, to defend my opinions, and to master the diagnoses of DSM III, as well as the relevant legal concepts.”

Resnick describes Dr. Quinn as having been a “very bright” trainee and explained that she easily grasped forensic psychiatric principles he taught early in her fellowship “because of how her mind worked.” Words that came to mind in describing Dr. Quinn included “a quick study” and “striking excellence.”

Attorney Frank Hickman, who has taught in the Case Western fellowship since its inception, described an immediate close connection of their two families. Hickman recalls that Dr. Quinn testified as an expert in *Knable v. Bexley City School District*,<sup>3</sup> a case which went up to the Sixth Circuit and which may be considered a landmark. The outcome provided strong affirmation about the importance of Individualized Education Plans (IEPs). Dr. Quinn was also involved in assessing child abuse cases.

During her fellowship year, and for a decade afterward, Dr. Quinn worked as a consultant in the Juvenile Court and Domestic Relations Court in Cleveland as well as in Criminal Court. Dr. Quinn describes that child forensic psychiatrists are “drawn to be more helpers.” She enjoyed the additional complexity of involvement in forensic cases involving children and their families. In 1983, Dr. Quinn was awarded a National Institute of Mental Health Development Grant to further her academic focus on child and adolescent psychiatry and to develop a series of lectures on these topics. Supportive mentors at this time included Drs. Diane Schetky and Elissa Benedek, both pioneers in child forensics who were generous with their time. Dr. Quinn has written academically about child forensic topics, including child sexual abuse evaluations, competency to be a witness, ethics questions in child forensics, and juveniles on trial.<sup>4–8</sup>

Child forensic fellows from Case Western spent time rotating with Dr. Quinn for decades, and

Resnick described her generosity with her time teaching. Dr. Pamela McPherson, Associate Professor of Psychiatry and Behavioral Health at Louisiana State University Health Sciences Center, describes “hitting it off immediately” with Dr. Quinn and bonding over their forensic work and concern for children and adolescents. McPherson completed her forensic fellowship at Case Western in 1992. While in Cleveland, she spent a couple days per week working with Dr. Quinn. McPherson recalls, “What I remember most about her is her ability to be completely present . . . . Whatever we were doing, she was 100 percent present . . . . What a gift any time with her was.” Dr. Quinn took McPherson with her on trips across the United States, giving presentations, attending meetings, and completing assessments. Toward the end of McPherson’s fellowship year, Dr. Quinn took a Department of Justice case about mental health services at a juvenile facility in Montana. Before traveling west, hours were spent in the Case Western Law School library (before the Internet) to understand the law’s present state regarding conditions of confinement for juveniles. McPherson describes that her own personal forensic focus has remained on the conditions of confinement in juvenile justice. She credits Dr. Quinn’s acceptance of that case, and mentoring her in understanding the law underpinning these civil rights cases, as critical in the course of her career. On a personal level, McPherson describes Dr. Quinn as “an incredible role model . . . being so accomplished academically yet still being so personable with trainees and present for her family.”

Dr. Charles Scott completed his forensic psychiatry fellowship at Case Western in 1996, learning from Drs. Resnick and Quinn. Scott is currently Chief, Division of Psychiatry and the Law, at University of California, Davis Medical Center. Scott recalls that one of the reasons he was interested in training at Case Western was to work with Dr. Quinn, who was, at that point, one of the few forensically trained child and adolescent psychiatrists, a pioneer in the field. During his fellowship year, he and Dr. Quinn completed evaluations at the juvenile detention center, violence risk assessments in youth, and child custody and parental termination evaluations through the court. Scott describes that Dr. Quinn, in training him to write youth forensic reports, “reminded me to always speak to a youth’s unique path, unique stressors, and unique outcome.”

During the 1995 Seattle AAPL meeting when Dr. Quinn was one of the teachers in the review course, it was a special surprise when Dr. Quinn took Scott aside and invited him to use her extra ticket to a game in the American League Championship Series between the Cleveland Indians and the Seattle Mariners. Scott saw another aspect of her, an enthusiastic Indians supporter, in one of his favorite AAPL memories. Scott describes that Dr. Quinn “played a substantial role” in his interest in child forensic psychiatry, and, after his fellowship, she continued to provide guidance and mentorship.

Dr. Quinn explains that the greatest challenges in her professional life were about putting together a manageable career involving her love of both forensics and child and adolescent psychiatry. During her first decade out of training, she worked in the three local courts but always maintained a part-time clinical practice at one of the academic hospitals. Private forensic cases and work for the Civil Division of the U.S. Department of Justice surveying conditions in juvenile justice facilities were also part of the mix. In the juvenile cases she assessed, Dr. Quinn was often struck by how early intervention with evidence-based behavioral health measures might have allowed the young person to avoid ever becoming involved with the justice system.

Dr. Quinn’s work in AAPL began as she was completing her forensic fellowship. Resnick describes that she was “very thoughtful” in her work at AAPL. She served as Chair of the Membership Committee, then Councilor, then Vice-President. Kathleen M. Quinn, MD, then served as AAPL’s 18th president in 1991–1992. During her year as president, a major development was moving the AAPL Central Office from Baltimore, Maryland to Connecticut. The October 1992 annual AAPL meeting was in Boston, a homecoming for Dr. Quinn. Her presidential speech had the theme of using stories, real or fiction, to illustrate the history of child forensics as well as dispel some of the myths surrounding each of the cases and describing current trends in child forensics.

Dr. Quinn describes that, as the first woman serving as President of the Academy, “I found the other senior members and executive director to be very supportive. I was comfortable in being in meetings where I was often the only female psychiatrist, as there had been few women in my medical school class or in my higher-level science courses at Cornell.” At the time she became President of AAPL,

she had two preschoolers, long hours, and frequent work trips.

As one of only a few women and mothers in the field of forensic psychiatry, balancing her dual role was important. Dr. Quinn recalls that her growing children would be aghast to see yet another FedEx truck in the driveway delivering bankers' boxes full of records, work for later in the evening. Resnick recalls Dr. Quinn "talking about her being first a mother and second a forensic psychiatrist."

The year of Dr. Quinn's presidency was the same year as McPherson's aforementioned forensic fellowship training. McPherson recalls Dr. Quinn's incredible energy level: "She was extremely organized. She had a lot of balls in the air and juggled them perfectly. She would work long days, spend time with her children in the evening, watch the late night news, then write until sometime in the morning. She approached the balance intentionally, and I am grateful that she shared that valuable lesson with me." McPherson recalls that, minutes before giving her presidential address, Dr. Quinn's children had been running around her legs, hiding in her skirt, and having a wonderful time, and then, completely calm and presidential, Dr. Quinn addressed AAPL members, a portrait of grace.

By 1994, Dr. Quinn was recruited to join the medical staff of the Cleveland Clinic full-time with an opportunity to join their child and adolescent psychiatry fellowship program, and by 2000 she became their Training Director. This decision meant that she stepped away from an active forensic practice but took with her the tools and skills of forensics (including close reading, searching for collaterals, intensive interviewing, and detailed report writing) into her own clinical work and, moreover, in her training of residents and medical students. Fortunately, I was one of those Case Western medical students taking a child and adolescent psychiatry elective in 1998. The time she spent and the attention to teaching she provided for us students stood out, and observing her interactions with patients was a unique experience, showing keen intellect and empathy for their vastly different situations.

Dr. John Hertzler served as chief fellow in Child and Adolescent Psychiatry at the Cleveland Clinic in 1998–1999 and is presently Division Chief of Child and Adolescent Psychiatry at University Hospitals Cleveland Medical Center. He describes that Dr. Quinn, along with teaching about child and

adolescent psychiatry "model[ed] the intangibles necessary to truly become a clinician." A lasting impression was "the way Dr. Quinn balanced obtaining integral information to make a diagnostic formulation along with establishing a therapeutic relationship with patients, families, and caretakers." He also describes an "indelible image . . . [of] the common sighting of Dr. Quinn greeting her patients by the elevator after hours [for late appointments] when nobody else was around."

Dr. Joseph Austerman completed his fellowship training as chief fellow in Child and Adolescent Psychiatry at the Cleveland Clinic in 2007 and currently serves as the Clinic's Director of Child and Adolescent Psychiatry. He describes Dr. Quinn as "the matriarch of [the program] . . . Her ethos permeates the whole culture . . . [we] feel this responsibility to live up to her expectations." Austerman expresses that Dr. Quinn has a "larger than life presence but at the same time maternalistic . . . a suffragette, a calm demeanor, but this incredibly quick wit and intelligence and dogged determination . . . a trailblazer." Austerman describes that Dr. Quinn is as at home discussing Harry Potter, gardening, and the Red Sox as she is discussing changes in policy and legal standards in the 1950s, and their effects on deinstitutionalization and beyond. She has served as a role model to many, balancing psychiatric practice and leadership and family life.

Dr. Quinn retired from clinical work in 2014. She wore a Professor McGonagall costume to her retirement party. Retirement has given her the time to combine her two passions, gardening while listening to baseball games. The last part of her career has been to become active both on the Admissions Committee and as a Physician Advisor in the relatively new Cleveland Clinic Lerner College of Medicine (CCLCM), a five-year program to train physician-scientists. This is a curriculum based on interactive seminars and problem-based learning, a far cry from the traditional medical school experience she had. The CCLCM program emphasizes developing the tools for life-long learning and reflection. With no grades or exams, promotion is based on the writing of portfolios demonstrating mastery of competences such as Research and Scholarship, Medical Knowledge, Professionalism, and Communication, and citing evidence from electronic assessments from faculty and peers. Since 2008, she has served as a CCLCM Physician Advisor to up to 13 students

each year. With CCLCM's small class size (of 32) and innovative curriculum, it has been gratifying to her to see this next generation have a very different medical school experience.

Dr. Quinn describes having had three major chapters to her career, as a forensic psychiatrist, as a child psychiatrist, and finally as a mentor to medical students. Throughout her career, she has had an emphasis on teaching. She considers her legacy to be the many child psychiatrists who practice primarily in northeast Ohio, and who have worked to optimize the development of children and teens so that, hopefully, they never see the inside of a courtroom.

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