

## **Accreditation of Fellowship Programs in Forensic Psychiatry: A Preliminary Report**

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At the October 1979 annual meeting of the American Academy of Psychiatry and the Law, it was first formally proposed that a Committee be established to develop standards for post-graduate Fellowship training programs in psychiatry and the law and to develop an accreditation procedure for such programs. This will report on the initial activities of the Committee and some of the standards that are currently under consideration.

The members of the Committee are all experienced forensic psychiatrists and experienced educators.<sup>1</sup> They have organized themselves into sub-committees on specific aspects of training, to develop criteria that should be met by any Fellowship program worthy of accreditation. Sub-committees on core curricula, clinical experiences, faculty qualifications, accreditation processes, library resources, law school liaison, research training, training to be educators, and the outcome of training are all active and have prepared preliminary reports.

Support for the Committee has come from both the American Academy of Psychiatry and the Law and from the Psychiatry section of the American Academy of Forensic Sciences. This amount of activity and encouragement can be understood in the context of several simultaneous forces. On the one hand, forensic psychiatry is a rapidly growing and, frankly, potentially lucrative field at this time. On the other hand, with over fifteen Fellowship training programs in psychiatry and the law that exist (at least on paper), it is very difficult to know what is meant when a psychiatrist states that he is a graduate of a post-residency training program in forensic psychiatry. Each of the Fellowship programs has its own unique qualities, both in assets and liabilities, and there is no uniform set of criteria against which the various programs can be measured. In theory, almost any group of psychiatrists could set up a program, call it a post-graduate Fellowship, and be in business. Even worse, the American Board of Forensic Psychiatry has no means of assessing the credentials of persons who claim to be graduates of

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Fellowship programs and who request two years credit (toward the five-year experience requirement of the Board) for one year of Fellowship training. There is no shared understanding as to what should be in an adequate forensic psychiatry Fellowship, in contrast to general agreement regarding what should be in an adequate Fellowship in child and adolescent psychiatry, cardiology or thoracic surgery.

As presently envisaged, there would be three steps in any formal accreditation effort. First, uniform standards would have to be developed for all aspects of Fellowship training in psychiatry and the law. These standards would have to be reviewed, revised and accepted by AAPL and AAFS. Second, the final standards would have to be considered, perhaps revised and endorsed by the American Board of Forensic Psychiatry. The main practical force behind the standards would come from the Board refusing to accept requests from graduates of non-standard Fellowship programs to be given two years experience credit for one year of Fellowship training. This will provide a major motivation for directors of all programs to up-grade their training to make it consistent with the standards. Third, a formal accreditation system would have to be developed, so that directors of Fellowship programs could apply to AAPL and AAFS for official review of their programs and obtain a certificate of accreditation. Alternatively, it may be possible for AAPL and AAFS to obtain the assistance of the Liaison Committee on Graduate Medical Education (LCGME), the organization that provides accreditation to all major specialty Residency training programs, in implementing and funding the formal process of reviewing and accrediting Fellowships in forensic psychiatry.

The Committee's preliminary report on standards was prepared in April 1981 and submitted to the executive council of AAPL for review and initial commentary. While it is not possible to present that report in its entirety in this article, an over-view will be offered.<sup>2</sup>

### **Core Curriculum**

The sub-committee on core curriculum is headed by Dr. Howard V. Zonana from the Yale University forensic psychiatry program. He notes, "Any curriculum will consist of a balance of information presented through clinical experience, assigned readings and seminars. In order to organize the content I have arbitrarily divided the material into the following areas.

A. Forensic Psychiatry — The use of psychiatric concepts and expertise to resolve legal issues

B. Legal Regulation of Psychiatry — The legal definition of the rights and responsibilities of patients, practitioners and hospitals

C. Special Psychiatric and Legal Literature — Those areas of the legal psychiatric literature which indirectly relate to the specific issues in A. and B. but which form the core material which a psychiatrist working in this area should be familiar with

#### D. Basic References

General Texts . . .

Journals . . .

E. Updated List of Legal Cases Listed by the American Board of Forensic Psychiatry . . .”

### **Clinical Experiences**

The sub-committee on clinical experiences is headed by Dr. J. Richard Ciccone from the Rochester Medical School forensic psychiatry program. He notes,

The Fellowship Program should be able to build on skills and abilities which have been developed during the completion of an approved residency program in psychiatry. . . . Among the psychiatrist's skills which can be further developed during the fellowship are the following:

A. Conduct the clinical interview . . .

B. Clinical reasoning . . .

C. Mature clinical judgment and decision making . . .

The clinical portion of the curriculum must provide experiences in three major areas of forensic psychiatry: criminal; civil; and the areas in which the law directly speaks to the practice of psychiatry either by legislation, regulation or litigation. . . .

Clinical experiences in and of themselves will be of only limited value unless there is adequate supervision provided for the fellow. Therefore, the fellowship program must include regularly scheduled supervision, as well as participation in teaching rounds . . .

The supervision of the fellow's clinical experiences can best be provided by a forensic psychiatrist who will provide the guidance and information that the fellow needs as he progresses through his fellowship and, very importantly, a role model. It is advisable for the fellow to have the opportunity to have supervised clinical experiences with a second forensic psychiatrist. This will help diminish the fellow's emerging from his training with a singular view of how to proceed as a forensic psychiatrist. . . . The fellow should have the opportunity to work with an attorney in understanding the thinking and needs of the legal system. It is desirable that a Child Psychiatrist and a Family Therapist should be available for the fellow who is conducting assessments of children and families.

### **Faculty Qualifications**

The sub-committee on faculty qualifications is jointly headed by Dr. Robert L. Sadoff of the University of Pennsylvania forensic psychiatry program and Dr. Phillip J. Resnick of the University of Cleveland's forensic psychiatry program. They have recommended that the Director of the Fellowship program should be an experienced forensic

psychiatrist, that the Director should be certified by the American Board of Forensic Psychiatry (this provision would not be implemented before 1983, at the earliest), and that additional members of the faculty include an experienced forensic psychologist, an attorney and a child psychiatrist. At minimum, the Director should be a member of the senior faculty of a medical school's department of psychiatry.

### **Library Resources**

The sub-committee on library resources is jointly headed by Dr. Jonas R. Rapoport of the University of Maryland's forensic psychiatry program and Dr. Park E. Dietz of the Harvard University forensic psychiatry program. They have developed a core library list of thirteen essential textbooks, twelve basic reference books and thirteen fundamental research monographs.

### **Legal Aspects of Training**

The sub-committee on legal aspects of training is headed by Dr. James Cavanaugh of the Rush-Presbyterian-St. Lukes Medical Center's forensic psychiatry program. His report, in cooperation with Barbara A. Weiner, J.D., notes,

At a minimum, any Fellowship Program should have an attorney as a very active part of the Program. The attorney should meet on a formal basis with the Fellow to discuss the legal issues. . . . the following exposures are essentials to a well run, broad program:

1. Courses at a Law School. Courses in Criminal Law, Mental Health Law and Negligence would be very desirable.
2. Participating in the Trial Advocacy Course of the Law School . . .
3. Speakers Program: law, like medicine, is filled with many specialties. Having practicing attorneys speak on criminal law, malpractice, workers compensation, person injury, etc., is more useful than any courses from the law school . . .
4. Formal Affiliations which will give the Fellow court experience: any program should be designed so the Fellow will be given the opportunity to do court ordered evaluations and to testify. This exposure should be in the civil as well as the criminal area.

### **Research Training**

The sub-committee on research training is headed by Dr. Park E. Dietz of the Harvard University forensic psychiatry program. He notes that the minimal criteria for accreditation should include:

- (1) Accessibility to a major medical library.
- (2) Accessibility to a major law library.
- (3) Accessibility to at least one of the following behavioral science research resources: (a) computer processing, (b) a programmable calculator, (c) a one-way mirror observation room, (d) videotape equipment, (e) endocrine assays, (f) psychotropic drug assays,

(g) electroencephalography, (h) computerized tomography, (i) polygraphy, (j) penile plethysmography, (k) a medical examiner's office.

(4) A research requirement for the completion of the fellowship.

### **Training to be an Educator**

The sub-committee on training in education is headed by Dr. David J. Barry of the University of Rochester's forensic psychiatry program. He notes, "An essential component of any post residency training program in forensic psychiatry is a continuing series of opportunities designed to foster the fellow's development as a teacher. . . . The content of the fellow's teaching experience may be as diverse as the many forensic programs providing this training. An ideal opportunity arises in the first or second year residents' introductory experience in forensic psychiatry. . . . In programs not affiliated with a university, the fellow may teach in a continuing seminar offered to psychiatrists and lawyers engaged in forensic work in the community. Probation, correctional, parole and police officers have welcomed our offers to teach them in a variety of formats."

### **The Outcome of Training**

The sub-committee on the outcome of training is headed by Dr. Seymour Pollack of the University of Southern California's forensic psychiatry program. He notes that, "The *ideal* outcome of a specialty education and training program in forensic psychiatry is, of course, a reflection of the philosophy of the specialty program and its values, insofar as these, themselves, reflect the operational role/function of the ideal forensic psychiatrist." He then goes on to describe the ideal product of his own program.

Three elements epitomize this ideal which is characterized by the acronym, CLT, for the three features of clinician (C), logician (L) and tactician (T). . . . Guidelines for developing clinical opinion making in psychiatry and in structuring clinical inferences that hold the highest level of professional confidence must be articulated and should become a part of the forensic psychiatrist's everyday approach to his clinical practice. Such development is especially important for the psychiatric-legal interview. . . . (T)he extent to which the forensic psychiatrist has developed into a good logician . . . is featured by the psychiatrist's ability to analyze the clinical-legal issue, crystallize the psychiatric-legal inquiry, organize and articulate meaningful assumptions that stand as fundamental conditions basic to subsequently developed relevant questions and present these materials in the psychiatric-legal report. . . . The third element that characterizes the ideal forensic psychiatrist reflects the need to be persuasive in presenting professional materials and opinions for probative purposes. . . . In the development of his tactical skills, the forensic psychiatrist must develop

the ability to exercise maximum persuasiveness for his professional position and opinion, but nevertheless avoid presenting a partisan image of advocacy for one or another of the legal adversaries.

### **Training in the United Kingdom and Canada**

The sub-committee on training in the United Kingdom and Canada is jointly headed by Dr. Selwyn M. Smith and Dr. John M. Bradford of the Royal Ottawa Hospital's forensic psychiatry program. They note,

The situation with regard to Forensic Psychiatry in Canada is not as well developed as in the United Kingdom. Academic centers of Forensic Psychiatry exist in Toronto, Ottawa, Montreal, Calgary and Vancouver. There is no recognized, formal accredited training in Forensic Psychiatry and perhaps what is more disturbing is that . . . very few if any of the 'Forensic Psychiatrists' have undergone any formal academic training themselves, but have built up their knowledge through experience in relation to the various positions that they hold.

### **Ongoing Activities**

It is not possible, in the frame of this over-view, to detail the contents of the extensive sub-committee reports, nor to cite the discussions between the various members of the committee on the feasibility of implementing the standards in the near future. These have been merely truncated summaries of work in progress.

One aim of the committee is to obtain the widest possible input from the membership of AAPL and AAFS. To that end, panel discussions at the annual conventions of each organization have been planned, and this paper may be regarded as background reading for those presentations. Those persons who are unable to attend the panels are invited to share their reactions and suggestions by writing to the chairman or to the heads of the sub-committees. It is anticipated that the final report of the committee will be summarized in a subsequent issue of the *Bulletin* of AAPL.

### **References**

1. The current members of the Committee on the Accreditation of Fellowship Training Programs in Psychiatry and the Law are: Dr. David Barry, Dr. Elissa Benedek, Dr. Harvey Bluestone, Dr. John Bradford, Dr. James Cavanaugh, Dr. J. Richard Ciccone, Dr. Park Dietz, Dr. Mark Mills, Dr. Thomas Mould, Dr. Joseph Palombi, Dr. Seymour Pollack, Dr. Jonas Rapoport, Dr. Phillip Resnick, Dr. Richard Rosner (Chairperson), Dr. Robert Sadoff, Dr. Selwyn Smith, Dr. Henry Weinstein and Dr. Howard Zonana.
2. Preliminary Report on Standards, April 24, 1981, to the Officers and Executive Committee of the American Academy of Psychiatry and the Law, from Dr. Richard Rosner on behalf of the Committee on Accreditation of Fellowship Training Programs in Psychiatry and the Law, unpublished typescript. All of the quotations in this paper are drawn from the sub-committee reports contained in the Preliminary Report on Standards.