

A Fish Out of Water? A Psychiatrist in a Law School

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In spite of not a little animosity between many psychiatrists and lawyers, a number of psychiatrists are on law school faculties. This number is not large, but it probably totals a few dozens in the 130 or so approved law schools. This paper will discuss this seemingly "fish out of water" work of psychiatrists, emphasizing my law school clinic and classroom experience over the last several years at the School of Law of Washburn University in Topeka.^{1,2} Psychiatric treatment services and continuing legal education in a law school setting are both largely excluded from the scope of this paper. Nonetheless, much of what is said here will apply to continuing legal education work in which a psychiatrist might take part.

Legal Education: Classroom and Clinical

Legal education has a circuitous history.^{3,4} The instruction of lawyers initially was predominantly an apprenticeship system, then just over a century ago it began to move progressively to the university. Important in this transition was the leadership of Dean Christopher Langdell of the Harvard Law School. He is largely credited with introducing the case method of instruction wherein the textbooks are comprised primarily of appellate opinions. "The lawyer's training was to be provided by the mental process involved in the analysis, synthesis and distinction of appellate opinions, honed through the 'Socratic' method of classroom teaching which created a dialog between student and teacher designed to elicit the underlying reasoning and principles involved."^{5,6} The students prepare for class by studying and distilling the cases assigned for the class. By 1900 the classroom/case method of instruction all but did away with the apprenticeship system for becoming a lawyer.

This movement to the law schools and the case method of instruction improved the overall quality of legal education, but it had serious inadequacies. It completely removed "flesh and blood" clients from consideration in legal education, and it contributed little to a graduating

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lawyer's ability to work with clients and "practice law." It meant that a law school graduate could "put up a shingle" without significant understanding of the human aspects of how a case got to a trial court. And, it gave the impression that a lawyer's work was largely "legal reasoning" for appellate court appearances whereas such legal reasoning is a small percentage of the usual lawyer's tasks. (The contrasts here with medical education and training hardly need pointing out.)

These problems were appreciated by many legal educators, and various attempts were made at rectification. By the early 1960's there was increasing concern about lawyer's professional responsibilities in the ethical practice of law and in the broader social responsibilities of the legal profession. These concerns were encouraged by growing interest in the poor in the "War on Poverty" and by Supreme Court cases underscoring the need for counsel — *Gideon v. Wainwright*⁷ in 1963 in felonies, and *Argersinger v. Hamlin*⁸ in 1972 in misdemeanors. This widespread need for counsel was consistent with a belief that law students should be introduced to the issues of professional responsibility in settings where law is practiced and not only studied.

By the late 1960's modifications in legal education began to be significantly introduced. State supreme courts began to adopt student practice rules commonly allowing senior law students to practice law under supervision, and the Council on Legal Education for Professional Responsibility (CLEPR) substantially funded clinical legal education activities associated with law schools. Much of the clinical education occurred in law school legal clinics, but some took place in "farm-out" programs such as in legal aid offices, in prosecutors' offices, and with the private bar. In both the law school clinics and in the farm-out settings law students earned academic credit while representing clients under supervision. By the 1974-75 academic year, 103 of 125 surveyed American Bar Association-approved law schools had some type of clinical legal education program.⁹

CLEPR monies have now all been assigned, and clinical legal education appears well entrenched even though it does not have the status of the clinical components in medical education. In the average law school the clinical component is an elective that offers a semester or less of academic credit.

By no means has this marriage of classroom and clinical legal education been completely compatible. Although the relationship sometimes is mutually affectionate, more often it is a living together with varying degrees of tolerance.¹⁰ Classroom law faculty usually have the higher status — and sometimes salaries — within law schools. They often express opinions such as that there is too much law to learn to use valuable law school time for "practical" things that can easily be gotten after graduation, and that law school funds are too limited to use on expensive, faculty-intensive clinical education.

Washburn Law School

Washburn Law School is one of two law schools in Kansas. It has a total enrollment of about 600 students in its three-year program. Its classroom program is similar to that in most accredited law schools. With CLEPR financial help the law school began in-house and farm-out clinical programs in 1970, and it has continued to strongly support clinical legal education ever since.

Law student interns in the in-house clinic represent approximately 1000 indigent clients per year with faculty supervision. Clients with a variety of civil and criminal legal problems are represented, including large numbers of cases of driving offenses, divorces, child custody, civil commitment, guardianship, juvenile problems, and various misdemeanor criminal cases; felony cases are usually excluded, and fee-producing litigation is not undertaken because it would compete with the private bar. By graduation about one-third of the graduating class will have spent part of a semester in the clinic, and about another quarter will have earned some credit in the farm-out program.

Rationale for a Psychiatrist's Involvement in a Law School

Psychiatrists have considerable knowledge to offer to legal education. This knowledge includes: (1) information from being educated and trained in an analogous profession,¹¹⁻¹⁴ (2) knowledge of human relationships, including attorney-client relationships and their distortions and pathology,¹⁵⁻¹⁸ and (3) more specific knowledge, such as on psychiatric evaluations for competency to stand trial, criminal responsibility, testamentary capacity, civil commitment, and guardianship.^{19,20}

A law school is an intriguing place where a psychiatrist, although an outsider, is allowed to "rub shoulders" with professionals in a related field in a way not available in many other settings. This work can be an important way for a psychiatrist to make a contribution to the perennial dialog on the often strained relationships between psychiatry and law and psychiatrists and lawyers.^{21,22}

The route of my involvement in law school work warrants mentioning. In 1974 the then clinical director, Professor Donald Rowland, asked the Menninger Foundation for assistance with the psychological aspects of the attorney-client relationship, and with the emotional tensions therein. His request was considered one for a special kind of community consultation. The request was directed to me since I was doing community consultation work for Menninger's at the time. Also, in a variety of clinical settings I was treating similar indigent people to those whom the legal clinic represented; occasionally we had both worked with the same person, *e.g.*, in civil commitment cases, child custody cases, and court diversion for possessing marijuana. A contract was soon agreed upon. At the time, exactly what I would do was tentative, but my work as described herein in the legal clinic quickly evolved, and

eventually my duties spread to classroom teaching.

The faculty I have worked with most closely have, of course, been people with an interest in psychiatry. This interest in psychiatry has been strongly stimulated by the nature of the legal education work, but sometimes also by personal or family experiences with psychiatrists. This stimulation of interest by personal involvement is comparably seen in some psychiatrists' and psychiatric residents' interest in law school work being stimulated by personal experience with attorneys in the family or in litigation.

The Psychiatrist in Classroom Teaching

Although my involvement in law school work began in the legal clinic, I will discuss classroom teaching first since it is the less complex setting. There are a large number of law school courses in which a psychiatrist can make major contributions, for example, mental disability law, domestic relations law, criminal legal procedures and law, juvenile law, and evidence.²³ Some psychiatrists have taught their own law school courses (e.g., B. Diamond at the University of California at Berkeley, and A. Watson at the University of Michigan), whereas others have been co-teachers with an attorney (e.g., J. Katz at Yale²⁴), as has been my experience. Law students — and faculty — can have considerable hesitancy in accepting a psychiatrist as a law school teacher, but when the teaching is shared and the attorney-teacher is open to the input of the psychiatrist-teacher, the students seem more accepting.

The course I currently co-teach (with Professor Raymond Spring) is on mental disability law — civil commitment, guardianship, patients' rights, and so on. It is a junior or senior year elective course; we have had about 25 students enrolled in each of its offerings. As important as being able to bring psychiatric didactic knowledge to such a course is the ability to bring experience with the types of situations discussed in the course, including in the various institutional settings. Also, it has been useful for the class to visit the local state hospital and my substance-abuse unit at the Veterans Administration Medical Center to talk with patients about the legal (and therapeutic) aspects of their hospitalization. The students are usually quite impressed to hear from patients how acceptable and helpful they find their treatment even if they were initially coerced into it.

The classroom process in this course has been quite interesting. Near the beginning of the course we discuss such cases as *Donaldson v. O'Connor*²⁵ and *Jackson v. Indiana*,²⁶ and the difficulty of predicting dangerousness for civil commitment. With this material the students tend to feel that the mental health system is abusive and self-serving. Later when we discuss *Tarasoff v. Regents of Univ. of Calif.*²⁷ the students are forced to struggle more with the issue of the liberty of someone possibly dangerous versus their confinement in a psychiatric setting. The students then begin to acquire a deeper appreciation of the societal

role of civil commitment. They also see that there are no easy solutions to this difficult problem of the liberty versus confinement of someone who is mentally ill and may be dangerous.

The Psychiatrist in Clinical Legal Education

A law school legal clinic provides an opportunity for the use of many types of psychiatric knowledge and skill. I will discuss consultation and group work and mention some miscellaneous areas.

Consultation Work

There are opportunities for a variety of types of consultation in the legal clinic ranging from those primarily directed to helping the legal educational process, to helping the client, to helping the program itself.²⁸⁻³⁰ The most frequent types of consultation at Washburn are to provide general help to the intern in understanding and working with the client, providing specific but limited medical and psychiatric information, and helping to obtain answers to specific but broad psychiatric questions in the cases. This work is performed primarily through discussions with the interns and clinic faculty and reviewing material in the case file; occasionally the clients are seen. With the limited consultation time available it is generally more useful to work with the interns and faculty, especially since psychiatrists in practice in the community are available to address the usual forensic psychiatric questions.

Some clients are difficult to understand and represent, and the legal intern can be assisted in approaching such clients. A recurrent example is the client who, eagerly and angrily asking for a divorce, does not follow through as eagerly. Through discussion with the intern about the client's motivations the intern learns what such a client might really want and need—careful listening, legal counseling, referral for marriage counseling, and so on. Juveniles are also often difficult clients to represent. A recent example was a minimally communicative boy of fifteen with a truancy and custody problem. His guardian *ad litem* and I met with the boy to try to elicit a more thorough history so that the intern could better determine how to proceed. In the interview we learned that the boy was largely rejected by his mother, and we saw that he was depressed, distrustful, and rebellious. This information helped the intern to work with the youth.

Sometimes it is primarily or largely the intern's personal apprehensions that are addressed. One woman intern was concerned lest a client charged with lewd and lascivious behavior (exhibiting himself) might exhibit himself to her or be even more sexually aggressive. She was helped to understand the client's behavior and was reassured that a repeat of the exhibitionism or more sexually aggressive behavior with her would be quite rare. A more unusual recent case was that of a mentally retarded man who was charged with criminal damage to the

property of a female social worker after he had previously been overdependent on another female social worker who was tragically killed. The female intern was afraid of both the client's potential aggression to and over-dependency on her. With discussion that included information on structuring the attorney-client relationship she was assisted in walking a careful professional line with this client.

Some consultations require addressing a fairly narrow issue such as the effect of drinking alcohol after taking diazepam, or the significance of medical terms in a report for a social security disability appeal. A recent specific question on the effects of anticonvulsants on a field sobriety test was not answered until the client was seen, a client who took barbiturates for their anticonvulsant effects. The client was charged with driving while intoxicated although there were only minimal objective signs noted on the arresting officer's field sobriety test; the client refused to take a breath-alcohol test. The client was examined for these minimal signs of intoxication on his usual dose of anticonvulsant medication to see if that elicited the same minimal nystagmus, slurring of speech, and so on, found by the arresting officer. The client did not show such signs of intoxication on his usual dose of barbiturates, and so this avenue in the case had to be abandoned.

Many of the cases are helped by answers to specific but broad psychiatric questions about the client, although again carried out usually by discussions with the intern and/or clinic faculty and by reviewing available material. For example, civil commitment and guardianship cases raise questions about the psychiatric evaluation performed by the state hospital or other psychiatrist and about the legal criteria involved. There is often a need here for the interns to learn not to get unnecessarily involved in psychodynamics and unimportant diagnostic subtleties. Additionally, the interns can be aided in asking the appropriate cross-examination questions, such as those regarding dangerousness, the ability of a patient/client to take care of himself or herself, and alternatives to hospitalization.

Psychiatric evaluation of the client is of use in many cases, and information can be given as to which community psychiatric providers can do the evaluation and what specifically to ask of them. Custody and juvenile cases are often helped by such an evaluation; in the custody cases the evaluation helps determine who might be most appropriate for custody, and in juvenile cases the evaluation can suggest a disposition with psychiatric treatment.

The consultations have offered some interesting opportunities for role-playing. One opportunity was with a jailed client with borderline intelligence who had — against the intern's counsel and to his own detriment in being kept in jail — given the judge a "piece of his mind" and was about to do so again. I played the judge and the client and intern played themselves while we role-played the client's upcoming court appearance. The client practiced behaving more appropriately,

including addressing his concerns and opinions quietly to his intern. Subsequently during the trial the client applied what he had learned and was released.

Another role-playing session was with an intern who is the daughter of a senior attorney in a large law firm. She was apprehensive about an approaching trial and the cross-examination of an expert witness who was also a senior attorney. The approaching trial had the obvious psychodynamics of a daughter-father confrontation, but instead of discussing those, we examined written material the expert witness had submitted and found some biases in it. Then I role-played the senior attorney while the intern cross-examined me. She thus acquired more comfort in her cross-examining role and felt better prepared and more at ease in the trial.

Group Work

The legal clinic is also an excellent place for a psychiatrist to work with law students as a group to foster their legal education and training. Several group methods for legal educational purposes have been described in the literature.³¹⁻³⁸ These include group dynamics³⁹ and a group approach focusing on videotapes of attorney-client interviews conducted by interns in the group.⁴⁰

A group dynamics-type of method focusing on the interaction in the group still leaves the need to apply the learning about the group to the legal education and training context, which is not an easy job. An attorney-client interview approach looking at interview videotapes focuses directly on the attorney-client relationship and the interns' feelings and reactions to clients, but in a group setting the method can meet with much resistance including complaints of intrusion on one's privacy. The group method a person uses needs, of course, to be consistent with personal theoretical biases and the setting in which the work is performed; my preference at Washburn has been for a learning group approach.

A learning group approach keeps a primarily legal education and training focus while attending carefully to the group process. The primary material discussed in the group is the cases and clients the interns are representing, and concerns or difficulties they are having with these cases and clients. The types of cases and clients brought up and the difficulties the interns are having with them are handled in a matter-of-fact way and as a possible metaphor for or expression of the group's feelings and concerns. The extent to which a case or client for discussion might be a group metaphor or expression is assessed by considering the group's feeling tone at the time. When the material presented by the group members does appear to be an expression of group concern or apprehension, the case and client material is worked with to try to allay some of the group concern. This is similar to the use of metaphors in therapy, except that in these groups the goal is not

therapy but facilitating legal education and training. When the group feeling tone is more neutral, the discussion is handled in a more exclusively matter-of-fact way. The groups are also an appropriate place for brief didactic presentations on topics relevant at the time, e.g., "what is alcoholism?"⁴¹

The group meetings are fifty minutes long. When the intern group has not been larger than about 15 members we have had one group and met about ten times during the semester. When the class is larger two groups are formed and we meet six or seven times during the semester. I have either led the group alone or co-led it with a psychiatric resident or faculty attorney, most recently the current clinical director, Assistant Professor Michael Kaye.

Most of the discussion focuses on various aspects of broadly defined attorney-client relationships and problems therein. A recurrent problem is the intern's desire for "good" cases that can be "won" versus acceptance of the realities of bread and butter legal work in which doing good quality representation is not contingent on "winning." Other common problems are clients who are deceptive, those who are asking for what is not or does not seem to be legal help, and cases where the client's eagerness for addressing his or her legal problem does not match the eagerness of the intern. Discussions on more personal aspects of the attorney-client relationship are also usually quite fruitful, e.g., on whether there are male-female relationship characteristics to the attorney-client relationship, and is it appropriate to get intimately (sexually) involved with clients? Although the response to this latter question seems obvious to a mental health worker, it is not so to legal interns or some lawyers in spite of an ethical canon which states that a lawyer should exercise independent professional judgment on behalf of a client.⁴²

I am interested in the developmental stages of groups — and individuals — such as the legal interns, and these groups are an appropriate place on which to focus on these stages while also handling the other material discussed here.⁴³ The interns are in a crucial transitional experience between being classroom oriented and book-bound to being practicing, graduated attorneys. In the clinic they start with an eager developmental stage of *orientation* with high expectations which almost invariably leads to a more demoralized and frustrated stage of *dissatisfaction* — the "bursting" of the Perry Mason bubble." The dissatisfaction needs to be resolved (*resolution* stage) so that the interns can move to a more comfortable stage of *production*. Finally, as the semester ends, there is a *termination* stage with an ending of the clinic experience and saying goodbye to clients either in closing the cases or transferring them to new interns who experience their own *orientation* stage.

These stages can be attended to in the group by appropriate acknowledgement ("You all seem in the dumps; how are your cases

coming?") and discussions, such as on realistic expectations. A brief lecture on the developmental stages and related morale during such an experience can also be helpful. Towards the end of the semester we discuss closing and transferring cases and saying goodbye to clients.

Miscellany

There are a number of other types of work that a psychiatrist can do in a legal clinic, such as teaching or co-teaching interviewing techniques, although this can be done as a regular classroom course.⁴⁴ One of the psychiatric residents who had previously been a resident in the clinic was hired to assist a faculty attorney with our interviewing course. The course included didactic material and videotaped, staged, attorney-client interviews conducted by each student in the class. The psychiatric resident discussed the videotaped interviews with each student individually, focusing on the student's interviewing methods and generally avoiding more personal dynamics. In a trial techniques course there are a number of ways that a psychiatrist can assist, such as with *voir dire*, but to this date all that has been done at Washburn is to use psychiatric residents as the expert witnesses in mock trials.

Problems of a Psychiatrist in a Law School

Crossing into another area of work such as a law school has its problems which must be dealt with adequately. Fitting in or being accepted is perhaps the main problem. I doubt that a psychiatrist could "sell" himself or herself to a law school if faculty were not prepared to "buy" — prepared by their recognition of the usefulness of a psychiatrist's contribution. My entry occurred through the legal clinic where the faculty and interns recognized that there were clients who were difficult to represent because a satisfactory attorney-client relationship was hard to establish and maintain. Also, some client's cases raised obvious psychiatric questions, such as custody and civil commitment cases. Additionally, outside CLEPR monies were initially available to help fund my work and that of a social worker (Donald Frey, MSW) who taught interviewing techniques for a few years. From the start it has required continuing effort to maintain adequate relationships with the clinical and classroom law school faculty and for my work to develop into a regularly budgeted position. Effort to maintain relationships is all the more necessary in that I have a part-time, non-tenured position.

The topic of the degree of acceptance is part of the broader subject of the relationship between psychiatry and law and psychiatrists and lawyers — a subject that could warrant many a paper in itself. Suffice it to say here that my acceptance by the law faculty has been quite amicable. With the students ambivalent acceptance occasionally comes out in sometimes-more-sometimes-less good-natured comments like, "Watch out or he'll read your mind!" or more subtly communicated

apprehensions. Such communications need to be handled with equanimity and appropriate, minimally defensive comments.

The negative reception from some law students is often not subtle in the anonymous evaluations of my work the students complete at the end of each semester. Although the current classroom teaching is very well received, and the clinical work usually has been favorably received, this is not always the case. Even when the average evaluations are favorable, there are strong negative exceptions, and a few very bad evaluations have a tendency to psychologically neutralize even very good ones — at least temporarily. The lowest evaluations have come from some of the interns in the clinic groups. It is very difficult for some law students, now turned interns, who have become accustomed to the many hours of classroom and book work in the casebook method to see what “use” a discussion-focused group can be. Here it is the law students-interns who are “the fish out of water.”

This leads into another possible problem area in such work, namely, the need to be comfortable in one’s professional role and not feel particularly defensive. Unlike the use of a psychiatrist as an expert witness where he or she is accepted as such for a particular legal issue, in a law school setting the request for a psychiatrist’s expertise is not explicitly defined and is not based on legal requirements for specific psychiatric input — for example, there is no statutory requirement for a psychiatrist’s contribution in legal education as there is in evaluations for competency to stand trial.⁴⁵

Because of defensiveness — or for other reasons — a psychiatrist in a law school might attempt to impart more knowledge than is wanted in a particular facet of the work. Rather than demonstrate all the psychiatric knowledge one has on a subject, it is more important to assess what will be useful for legal educational purposes at a particular time and do one’s best to impart that amount. Although this is well-known to psychiatrists from work in other settings, a couple of law school examples will help to make it explicit for this setting. In consulting with interns the information wanted is usually that amount and type most directly relevant to representing the client and facilitating the attorney-client relationship. Accordingly, much material on the client’s or intern’s psychodynamics is usually out of place. In teaching mental disability law, lengthy lecturing on psychiatric treatment is out of place, but a brief overview is quite helpful. Conversely in this course, extensive material on assessing and predicting dangerousness can be quite appropriate.

Any psychiatrist in a law school immediately learns of his or her ignorance about the law and legal education, and this ignorance must be remedied. One could obtain a law degree, but it is necessary to function not so much like a lawyer that one’s psychiatric skills are largely lost. A number of the psychiatrists who work in law schools have not obtained a law degree (including B. Diamond, J. Katz, A. Stone, and A. Watson).

One can enroll in or audit law courses and read legal literature, including that on legal education.⁴⁶ Usually the more one learns about a profession the easier it is to respect and appreciate the profession and be accepted in return.

Another aspect of a psychiatrist's law school work is being a role model for the law faculty and students as to what is a psychiatrist. Also, of course, I am a role model for the psychiatric residents who work with me. Psychiatric residents, as might be expected, are less comfortable with their roles in the law school and with putting themselves in an ambivalently accepted situation. With supervisory help they learn to do so more easily.⁴⁷

Part of a psychiatrist's role is, of course, as a provider of psychiatric treatment services. Requests for such help in a law school setting are to be expected, though they are rare. These requests need to be addressed very carefully; they are usually best handled with referral to respected and well qualified colleagues, maintaining appropriate concern for the outcome without being excessively intrusive.

Miscellany

Psychiatric Residents in the Legal Clinic

The legal clinic is one of the consultation-type placements available to Menninger School of Psychiatry residents. On a few hours per week basis the residents can do consultation work and assist in/or lead the groups. Besides learning these skills the residents get a better understanding of the law and of an attorney's work; a period in the legal clinic also helps a resident see what another profession thinks of psychiatrists. One resident commented that it helped her learn to conceptualize and explain psychiatric problems with less jargon, and another resident said that it helped her feel like an expert who actually had something to offer.

I have found the supervision of the residents gratifying from many points of view. One of these has been work with their various biases and apprehensions about attorneys that are, of course, similar to the biases of many of our psychiatric colleagues. Fortunately, the psychiatric residents I see in the legal clinic usually are more open to modifying their biases! There is probably some resident self-selection here, but a positive working relationship with lawyers and law students has a neutralizing effect on misconceptions and apprehensions. The residents have been at least as well received in the legal clinic by interns and faculty as I have, that is, generally favorably, but with some exceptions.

Psychiatrists in Legal Education and Training Course

At the 1979 and 1980 American Psychiatric Association annual conventions I directed a half-day course entitled, "Psychiatrists in Legal Education and Training." Two outstanding pioneers in this work, B. Diamond and A. Watson, were co-faculty. The course reviewed the

process of legal education and discussed some characteristics of law students, for example, that they are bright and intellectually oriented, but often at the expense of the emotional side of their personalities. We then discussed the types of contributions we had each made to legal education (see references), with Drs. Diamond and Watson flavoring the presentations with anecdotes from their many years of experience.

In 1979 the course was filled with twenty-five participants and was very well received; in 1980 it was sparsely attended but equally well received. We may have temporarily exhausted the number of psychiatrists attending the annual conventions who are sufficiently interested in this select subject!

Closing Comments

I have found my work in the law school gratifying in many ways, especially in being able to aid in the education, training, and development of members of another major profession, and in expanding my own professional horizons. I find it a welcome and stimulating change from the usual psychiatric clinical and educational settings where the greater part of my professional time is spent.

This work would appear to make a significant contribution to the relationship of our two professions. Over the last several years I, a psychiatrist, have assisted in the education and training of several hundred Kansas lawyers, perhaps twenty percent of the new lawyers in Kansas in this period of time. I cannot assume that the result of this input has always been significant and lasting, but the evaluations collected at the time the teaching, consultation or group work was done have been generally quite positive. I attribute this less to myself personally than to the fact that a psychiatrist interested in legal education does have something to offer. Although a psychiatrist may appear to be a "fish out of water" in a law school, he or she can be quite at home there and make an important contribution.

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 40. *Supra*, note 36. This method and one closer to my own can be seen on videotapes available through Dr. Andrew Watson at the University of Michigan.
 41. For more details on the method see *supra* notes 2 and 38, and Lacoursiere RB: A group method to facilitate learning during the stages of a psychiatric affiliation. *Int J Group Psychother* 24:342-351, 1974
 42. *Code of Professional Responsibility and Code of Judicial Conduct*. American Bar Association, August, 1978
 43. *Supra* notes 2, 41, and especially 38
 44. Possible materials for such a course include: Bellow G, Moulton B: *The Lawyering Process: Materials for Clinical Instruction in Advocacy*. Foundation Press, Mineola, NY, 1978; Binder DA, Price SC: *Legal Interviewing and Counseling: A Client-Centered Approach*. West Publishing, St. Paul, 1977; Freeman HA, Weithofen H: *Clinical Law Training: Interviewing*

- and Counseling. West Publishing, St. Paul, 1972; Watson AS: The Lawyer in the Interviewing and Counseling Process. Bobbs-Merrill, Indianapolis, 1976
45. Kans Stat Ann 22-3302, 1977
 46. Among materials helpful for learning about the work of a lawyer are Bellow and Moulton, and Freeman and Weihofen, *supra*, note 44. For material on legal education generally the Journal of Legal Education is an excellent place to start; *see also* Gillers, *supra*, note 11.
 47. This area of being accepted and comfortable with one's role in a law school is comparable to the situation of psychiatrists functioning as consultants in various non-psychiatric settings, such as in elementary schools, with public health nurses, in police departments, *etc.*