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Educating the Forensic Psychiatrist

Historically, the forensic psychiatrist has been a physician with a special interest in medicolegal aspects of psychiatry, sometimes but not necessarily supplemented by individual study, specialized training, and appropriate experience. Even today, any physician is free to declare himself a forensic psychiatrist and to deliver forensic psychiatric services with no specialized training or supervision, though few non-psychiatrists would do so, and most psychiatrists would at least read a few books on what they believe to be the subject.

That is, of course, a wholly unsatisfactory state of affairs, but one which cannot be directly remedied owing to the custom of licensing physicians to practice medicine and surgery without formal regulatory restraint on the nature of their practices. For most branches of medicine, restraint is exercised informally, with physicians referring patients only to specialists whose training and credentials are acceptable. Referrals in forensic psychiatry, however, come largely from attorneys and judges, who may be less able to evaluate a physician's credentials. Moreover, occasionally it is not expertise that is sought but a particular opinion.

Quite apart from the frauds and "hired guns" are those fully trained psychiatrists with a subspecialty interest in forensic psychiatry. It is on this group that this presentation focuses, with the intention of describing for other forensic scientists the education of general psychiatrists, existing training programs in forensic psychiatry, an ideal training program, and current manpower and training needs.

General Psychiatric Training

The first training requirement for a forensic psychiatrist is general psychiatric training. The prospective psychiatrist must earn a bachelor's degree and a doctorate in medicine before entering residency training in psychiatry. Although the internship requirement was suspended for several years, it is now necessary for those who hope to become certified by the American Board of Psychiatry and Neurology to complete a year of clinical work, after medical school, that is either a full internship or that includes an intern-like rotation in medicine or pediatrics. Following this first postgraduate year, the physician enters a three-year residency program in general psychiatry. During these years, the resident typically conducts a supervised hospital practice in adult inpatient and outpatient psychiatry, general hospital consultation psychiatry, and child psychiatry.

Residency programs vary considerably in specific content, though they must meet certain standards in order to be approved by the American Medical Association. Moreover, individual residents sometimes devote two years to research in place of one year of traditional residency and sometimes circumvent specific rotations that are part of the typical training

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program. Despite these sources of variability, residency training usually requires supervised experience in the evaluation and treatment of patients with a wide variety of disorders. Classroom instruction proceeds concurrently with clinical instruction and takes the form of lectures, courses, and seminars. Although most programs offer classroom instruction in certain branches of psychiatry, the content of the instruction and the emphasis placed on attendance and participation vary widely.

During these years of college, medical school, internship, and residency, a period usually lasting twelve years or more, the trainee may have little or no exposure to forensic psychiatry or other branches of legal medicine. At the other extreme are those few individuals who develop an early interest in forensic psychiatry and, with or without encouragement, manage to devote up to a year of college, a year of medical school, and a year of residency to relevant studies and clinical electives.

Forensic psychiatry has usually been so peripheral to the mainstream of general psychiatry that few psychiatrists have received sufficient training in forensic psychiatry in the course of their general psychiatric training to qualify them as fully trained forensic psychiatrists. In most residency programs, the resident not only must initiate any contact with a potential mentor in forensic psychiatry, but also must negotiate or manipulate hours away from other assignments to pursue this special interest. Those with sufficient skill and motivation do so, however, and sometimes pursue graduate study in law, criminology, or other relevant fields on their own initiative.

Training Programs in Forensic Psychiatry

According to Sadoff [*1*], formal training programs in forensic psychiatry did not exist in the United States prior to 1960, and forensic psychiatrists were either self-taught or had apprenticed themselves to other experienced forensic psychiatrists. Formal programs training two to six psychiatrists annually began to develop in various academic centers in 1960, usually supported by the National Institute of Mental Health (NIMH). Only one of these programs, that headed by Seymour Pollack at the University of Southern California, has continued to receive support from NIMH. A few of the early programs have managed to survive the withdrawal of federal funds or to be resurrected after a period of mummification, mostly by contracting with state or local agencies for the delivery of services to pretrial defendants or prisoners. The nature of such contracts has driven the training programs largely toward the tasks of conducting pretrial evaluations of defendants' competency to stand trial and criminal responsibility, conducting aid-to-sentencing evaluations, and providing psychiatric treatment to offenders.

As Robitscher [*2*] and Sadoff [*1*] have emphasized, however, there is far more to forensic psychiatry and the broader field of psychiatry and law than these criminal issues. Comprehensive training in forensic psychiatry must include experience with commitment procedures, domestic relations problems, psychiatric disability evaluations, guardianship and other civil competency issues, psychiatric malpractice litigation, and the formulation of legislation affecting psychiatric practice. Moreover, "the compleat forensic psychiatrist," as described by Robey and Bogard [*3*], has additional competence in teaching and research and the ability to communicate effectively with laymen as well as professionals.

Of the ten training programs in forensic psychiatry known to me (Table 1), few even attempt to provide such comprehensive training. Several emphasize criminal cases to the exclusion of all else, and only two or three require teaching and research activities on the part of trainees. These deficits reflect the unfortunate fact that funding is most readily available for processing criminal cases and least readily available for teaching and research. In nearly any program a trainee would be encouraged to teach and conduct research on his or her own time or with independent financial support. Each program does have a unique character, however, usually reflecting the interests of the faculty. In our program at McLean Hospital,

TABLE 1—*U.S. fellowship programs in forensic psychiatry.*[a]

Training Center	Location	Director
Center for Forensic Psychiatry	Ann Arbor, Mich.	Elissa P. Benedek, M.D.
Harvard Medical School	Boston, Mass.	Park Elliott Dietz, M.D., M.P.H.
The Menninger Foundation	Topeka, Kans.	Herbert C. Modlin, M.D.
New York University	New York, N.Y.	Henry C. Weinstein, M.D.
Rush Medical College	Chicago, Ill.	James L. Cavanaugh, Jr., M.D.
Temple University	Philadelphia, Pa.	Melvin S. Heller, M.D.
University of Maryland	Baltimore, Md.	Jonas R. Rappeport, M.D.
University of Pennsylvania	Philadelphia, Pa.	Robert L. Sadoff, M.D.
University of Southern California	Los Angeles, Calif.	Seymour Pollack, M.D.
University of Virginia	Charlottesville, Va.	Richard J. Bonnie, L.L.B.

[a]Based on personal communications.

for example, we place a high premium on the efficient completion of a heavy clinical workload in order to provide fellows with both the wide experience they require and the time for them to pursue research and other scholarly activities.

Ideal Fellowship Training in Forensic Psychiatry

The model for subspecialty training in medicine in the United States has become the one- or two-year fellowship during which the fellow occupies a status and bears responsibilities intermediate between those of residents and those of faculty members. In most medical and surgical subspecialties, fellows are expected to run clinics, deliver services to patients, teach residents and students, and conduct original research. They are paid salaries approximating those of a chief resident or junior faculty member. Fellowships, like other aspects of medical training, are rarely evaluated in a meaningful way, but this mode of training is used in teaching hospitals throughout the United States and is widely considered to be the appropriate way to train subspecialists.

The ideal fellowship in forensic psychiatry would follow a similar model and would provide the comprehensive training mentioned above. The fellow would devote approximately 30 h per week to supervised case evaluation, report writing, and testimony; would select at least one law school course in criminal law, torts, evidence, or mental health law and at least one sociology course in deviance, criminology, or delinquency; would teach psychopathology to law students, attorneys, or citizens groups; would prepare at least one review article for publication; and would conduct at least one quantitative study. At least 50% of the fellow's clinical time would be devoted to civil cases, including domestic relations and psychiatric disability evaluation. Moreover, the fellow would be on call at all times for medicolegal emergencies and consultation [*4*]. Finally, the forensic psychiatry fellow should have contact with other forensic scientists, a task most efficiently conducted through attendance and participation in the Annual Meeting of the American Academy of Forensic Sciences. Such a fellow would be extremely busy, and that is as it should be, for medicine demands energy and commitment if one is to fulfill both one's moral duty to patients and one's scholarly duty to advance the state of knowledge.

Manpower and Training Needs

Every issue of *Psychiatric News* carries advertisements for well-paid forensic psychiatry positions, and many secure mental hospitals and prisons have difficulty recruiting psychiatrists. That these positions remain vacant may have more to do with the nature of the posi-

tions than the availability of trained personnel, but the vacancies nonetheless indicate a ready market for forensic psychiatrists.

Anyone who has the opportunity to review forensic reports or hear testimony from a sizable number of psychiatrists can attest to the inadequate performances that sometimes represent the only expert opinion offered. Unintelligible, unscientific, misinformed, and irrelevant reports and testimony fail to serve the ends of justice, can work against the interests of patients or other parties, and are a disgrace to the field of psychiatry. There is an obvious need for training of those who submit such evidence, though they may be unaware of their inadequacies.

Perhaps the most compelling argument for the establishment of more stable and comprehensive fellowship programs is the increasing participation of psychiatrists in courtroom proceedings as patients' rights become more salient and commitment and guardianship criteria more stringent. Although these changes have been used in arguing for forensic training for all psychiatrists and against subspecialty fellowships in forensic psychiatry, the fact remains that those who train general psychiatrists must get their own training somehow, preferably in a thorough and comprehensive manner.

Existing fellowship programs in forensic psychiatry have the capacity to train only some 16 forensic psychiatrists in the United States each year. Although one might debate whether or not more positions are needed, it is certainly clear that 16 per year is not an excessively high figure. Given the small number of programs involved, the cost of upgrading the quality and comprehensiveness of the programs would not be great. The most comprehensive programs, such as that at the University of Pennsylvania, survive only by virtue of personal sacrifice and persistent bush-beating on the part of the program directors, whose talents and time might be better invested in the substantive aspects of training.

A stable financial base cannot come directly from the large-scale consumers of forensic psychiatric services such as courts and correctional institutions without pulling the program too strongly into the direct delivery of a limited range of services. Trainees need to devote part of their time to academic activities and require financial support for this, just as faculty members need support for the time they spend teaching.

In order to upgrade most existing programs, all that would be essential would be half-time salary support for two or three fellows and one faculty member, full-time salary support for a secretary for academic work, and a modest budget for travel and supplies. Even with current, high overhead rates this would amount to only some $100 000 per year for each program supported.

Surely forensic psychiatry, like other forensic sciences, is a national resource worth reasonable maintenance and development. The responsibility for maintaining and developing this resource is no longer being borne by NIMH, and it appears logical that it should instead be borne by the United States Department of Justice. The 1980 estimated budget of the Department of Justice is twice that of the entire Alcohol, Drug Abuse, and Mental Health Administration, according to the latest figures from the Office of Management and Budget [5]. By my calculations, a one million dollar per year investment in support of ten forensic psychiatry fellowship programs would amount to 0.04% of the 1980 estimated budget of the Department of Justice, or 0.2% of the 1980 estimated budget of the Law Enforcement Assistance Administration.

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