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Use of a Television Crime-Drama Series to Promote Legal Understanding in Mentally Ill, Incompetent Defendants: A Pilot Study*

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ABSTRACT: Videotaped material is used for educational purposes in many areas of medicine. In forensic facilities, programs designed to restore competency to stand trial (CST) in incompetent, mentally ill defendants have utilized videotaped courtroom proceedings as learning tools. This pilot study reviewed the progress of incompetent defendants ($N = 15$) who participated in a program that utilized videotaped segments of the television crime-drama "Law & Order", among other techniques, to promote CST in individuals deemed unfit to stand trial. The authors hypothesized that participation in at least one cycle of the Competency Restoration Group (CRG)'s curriculum would be associated with improvement in the areas of understanding, reasoning and appreciation. In order to assess whether the group was beneficial to the patient's treatment goal of competency restoration, patients were screened using the MacArthur Competence Assessment Tool-Criminal Adjudication (MacCAT-CA) prior to starting the group and after completing a cycle of the group's curriculum. The Wilcoxon signed ranks test was employed to analyze the results from the pre- and post-group MacCAT-CA testing. The tests yielded significant ($p < 0.005$) post-test differences in the hypothesized direction for each of the three subsections: Understanding, Reasoning, and Appreciation as well as a significant post test improvement in the total MacCAT-CA scores. These results suggest that a didactic program, using a popular crime drama series, can be effective in facilitating learning in competency restoration programs. Limitations of this study include its lack of a control group and small population.

KEYWORDS: forensic science, forensic psychiatry, criminal competence, competency restoration, video instruction, legal education

In the United States, competence to stand trial (CST) evaluations are the most common referrals of defendants for mental health services (1). The involvement of psychologists and psychiatrists in assessing CST is guided by statutory law (2). A state's standard for defining competency is virtually always patterned after the U.S. Supreme Court's definition in *Dusky v. United States* (1960) (3).³ Many states additionally require that the deficits noted in the Dusky standard be the product of a mental disease or defect (4). The most common underlying cause for deficits in competency-related abilities is the presence of psychotic symptoms, followed by mental retardation (5).

Once a criminal defendant is found incompetent to stand trial (IST), he is typically hospitalized in a secure facility for treatment to restore CST. In forensic hospitals, treatment planning for IST defendants should address the underlying reasons the person was found to be incompetent (6) and eliminate or reduce symptoms that interfere with standing trial (7). The typical method of

treatment for individuals designated incompetent to stand trial is psychotropic medications (5). Competency restoration programs can also be multi-disciplinary in nature, aimed at addressing both the underlying mental impairment and the psycho-legal educational needs of the patient. Educational methods can include group and individual therapies, mock trials, role-playing, legal education, and viewing videotaped courtroom proceedings.

A few studies have attempted to measure the efficacy of various competency restoration programs. In a controlled study using three comparison groups ($N = 26$ subjects), Bertman found that individualized, deficit-focused programs were effective, but were not significantly better than legal rights educational groups (5). Two uncontrolled studies described competency restoration programs that used a didactic group program (7,8). However, neither study attempted to empirically measure the effect of this intervention.

The use of visual media to augment learning has been shown to be successful in many areas of medical education, including diabetic teaching, emergency life support training, breast self-examination, reporting of adverse drug reactions, and infection control (9-15). Grisso noted that videotapes of trial proceedings have been useful in evaluating and educating defendants concerning competency abilities and that the value of such an approach would be to promote understanding in a context similar to actual trial events they might encounter (4).

This study reviews the progress of patients who participated in the Competency Restoration Group at the Rochester Regional Forensic Unit in Rochester, NY. The Competency Restoration Group (CRG)

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³ The test must be whether he [the defendant] has sufficient present ability to consult with his attorney with a reasonable degree of rational understanding and a rational as well as factual understanding of the proceedings against him.

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is a psychoeducational group that utilizes videotaped presentation, group discussion, and legal rights education to promote adjudicative capacity in patients found incompetent to stand trial. Approximately half of the CRG curriculum involved the viewing of videotaped segments of the television series "Law & Order."

"Law & Order" is a widely popular crime drama that has been shown to accurately portray criminal legal procedures in New York. Several legal consultants assist in making the content reflective of actual legal proceedings, including a district attorney, police officer, and forensic psychiatrist (16). Since the show began in 1990, over 300 episodes have aired. "Law & Order" is television's longest-running current drama series.

The expected result of our investigation is that participation in at least one cycle of the CRG's curriculum will be associated with improvement in the areas of understanding, reasoning, and appreciation, as reflected by improvements on MacArthur Competence Assessment Tool-Criminal Adjudication (MacCAT-CA). In addition, it may be possible to identify types of patients who do not respond well to the group, and develop other treatment strategies to restore their adjudicative capacity.

Methods

Participants

Under code 730 of New York Criminal Procedure Law (CPL), defendants found incompetent to stand trial for felony charges are committed to forensic facilities for treatment to restore CST. All RRFU patients designated as such were invited to participate in this study. The study period was November 2002 through June 2003. Subjects were invited to participate in the CRG after at least one week of hospitalization. This served as a minimum stabilization period, during which time acute psychiatric problems could be addressed.

During the study period, 100% of the CPL 730 population at the hospital participated in the CRG. Since the program was considered a core treatment group for all CPL 730's, patients who did not consent to the study were still in the group, as non-study participants. Only one of the members refused to be a study participant. One of the 17 participants was discharged before a second screening could be completed. Another participant was thought to have a primary diagnosis of malingering and was dismissed from the study.

The final study participant sample consisted of 15 patients who were adjudicated CPL 730 by the state of New York. The ethnic demographics of the group are as follows: seven participants (46.67%) were African American; seven (46.67%) were Caucasian; and one (6.67%) was "other" (Turkish Muslim). 20% of the participants were female and 80% male.

A chart review of each participant revealed that five participants (33.33%) had a diagnosis of Schizophrenia, Paranoid Type; two (13.33%) had a diagnosis of Schizophrenia, Disorganized Type; two (13.33%) had a diagnosis of Schizophrenia Undifferentiated Type; five (33.33%) were diagnosed as having Schizoaffective Disorder; and one (6.67%) had Psychotic Disorder, NOS. None of the participants carried a diagnosis of mental retardation. One participant was diagnosed with Borderline Intellectual Functioning, in addition to having a primary psychotic disorder.

All participants were charged with felony offenses. 83% were charged with violent felony offenses; 17% were charged with non-violent felony offenses.

This study was approved by the New York State Forensic Institutional Review Board (IRB) and the Rochester Psychiatric Center IRB. A consent form was read to all CPL 730 patients who par-

ticipated in the CRG and informed consent was obtained by either a social worker or registered nurse. Participation in the study did not alter the patient's treatment at RFU in any way. Subjects were instructed that by giving consent, they were allowing the data to be used in presentations or publications, with information that identifies them personally removed.

Treatment Procedures

Treatment consisted of one-hour group sessions twice a week. The CRG curriculum was covered in 12–15 hourly sessions and repeated in a rotating fashion. The curriculum was designed so that participants could enter at any phase of the group and be exposed to the entire content within eight to ten weeks. Group size was approximately eight patients, on average.

A syllabus was designed that detailed the objectives, methods, and review questions for each session. Participants were provided with copies of the syllabus as well as handouts on various aspects of New York criminal procedure law. The curriculum content was modeled after the 13 capacities outlined in the McGarry Assessment Instrument (17):

1. Appraisal of available legal defenses
2. Unmanageable behavior
3. Quality relating to attorney
4. Planning of legal strategy, including guilty plea to lesser charges where pertinent
5. Appraisal of role of:
 - a. Defense Counsel
 - b. Prosecuting Attorney
 - c. Judge
 - d. Jury
 - e. Defendant
 - f. Witnesses
6. Understanding of court procedure
7. Appreciation of charges
8. Appreciation of range and nature of possible penalties
9. Appraisal of likely outcome
10. Capacity to disclose to attorney available pertinent facts surrounding the offense including the defendant's movements, timing, mental state, and actions at the time of the offense
11. Capacity to challenge prosecution witnesses realistically
12. Capacity to testify relevantly
13. Self-defeating versus self-serving motivation (legal sense)

Group sessions typically began with a brief overview of the previous session's content. Members were assigned, on a volunteer basis, to provide these summaries. The goals and objectives of the present session were then outlined by a group leader. Next, a videotaped "Law and Order" segment was shown, lasting between 30–45 min. During this time, segments were often paused to facilitate discussion or answer questions. Since participants could enter the group at any phase of the rotating curriculum, segments were not viewed in the same order by all subjects. Of the total group education time, slightly more than half was devoted to viewing the videos.

The remaining 15 to 30 min involved group discussion, and the group leaders' role was mainly to guide the discussion process and ask questions about the material. Sometimes role-playing methods and hypothetical legal proceedings were used as learning tools during this section.

Each group was led by one of the co-authors. Additionally, two social workers and a master's level registered nurse served as

co-leaders for the group sessions. Each co-leader underwent a training process that involved individual supervision with the primary author, directed readings on criminal competence and New York CPL, and observing several CRG sessions.

Upon completion of one cycle of the group's curriculum, participants were given the choice of either leaving the group, or staying on, electively.

Videotaped Material

Approximately thirty episodes of "Law & Order" were videotaped, including three episodes of a "Law and Order" spin-off program called "Crime and Punishment" which aired highlights from an actual criminal trial. A crime drama series was chosen over videotapes of actual trials because we reasoned that the former would more interesting to the group participants.

Each episode of "Law & Order" follows a consistent formula that can be divided into two parts:

In the *pre-trial phase*, the commitment of a crime (usually homicide) is discovered, then investigated by New York City Police detectives, and a suspect is detained. Suspects are interviewed by detectives (often with counsel present). Legal proceedings portrayed during this part include indictments, reading of Miranda rights, and arraignments. Also represented during this pre-trial phase are plea arrangement discussions, jury selection proceedings, and pre-trial motions (including requests for competency and sanity examinations). Routinely defendants are examined by forensic psychiatrists and psychologists during this part.

The *trial phase* begins with the opening arguments to the jury and also includes: eyewitness and expert witness testimony, cross-examination of witnesses, admission of evidence, jury instruction and deliberation, and closing arguments. Often expert witnesses are portrayed, including mental health experts during this part. The trial phase concludes with the reading of the verdict by the jury foreperson.

After viewing each episode, the authors indexed them according to relevant CST topics. Hence the group leaders could choose, from a library of videotapes, the episodes, which were relevant to the particular goals and objectives of the session. If a single episode contained several relevant vignettes, then it was viewed in its entirety. Otherwise, vignettes from a few episodes were presented during the session.

Competency Rating Instrument

In order to assess whether the group was beneficial to the patient's treatment goal of competency restoration, patients were screened using the MacCAT-CA prior to starting the group and after completing a cycle of the group's curriculum. These measures were conducted by the co-authors.

The MacCAT-CA is unique among competency instruments because of its extensive use of hypothetical data regarding an alleged violent crime (18). Defendants are presented with details of the hypothetical case and asked to make decisions based on the information given. There are three sections of the instrument: Understanding, Reasoning, and Appreciation. The first section, Understanding, is intended to correspond to the Dusky concept of factual understanding. The second and third sections, Reasoning and Appreciation, are intended to measure the Dusky concept of rational understanding. The Reasoning section also addresses Dusky's con-

TABLE 1—Understanding subsection of the MacCAT-CA (n = 14).⁴

MacCAT-U _{2nd}	MacCAT-U _{1st}	MacCAT-U Scores	Rank of Absolute Differences
13	7	6	12
15	13	2	2
15	10	5	10.5
4	1	3	6
9	2	7	13
14	12	2	2
12	8	4	8.5
10	7	3	6
13	4	9	14
5	3	2	2
15	12	3	6
12	12	0	(Eliminated)
12	7	5	10.5
11	9	2	2
6	10	-4	-8.5

Positive rank sum = 94.5⁵ (p = .0034).⁶

sult with counsel prong. The MacCAT-CA has been well validated by previous studies and is growing in popularity in the forensic psychiatric and psychologic community (18,19). CRG participants were also administered a Brief Psychiatric Rating Scale (BPRS) prior to entering the group and after completing one cycle (20). The mean total BPRS score for participants entering the CRG was 51.7 and the mean total BPRS for participants after completing an entire cycle of the curriculum was 46.1.

Statistical Analysis and Results

The Wilcoxon signed ranks test was employed to analyze the results from the pre- and post-group MacCAT-CA testing. The non-parametric statistic was chosen due to the small sample size and the potential violations of the assumptions of normality. The null hypothesis was that there was no difference between the pre-treatment and post-treatment test scores. The alternate hypothesis was that the post-treatment test scores would be significantly higher than the pre-treatment test scores. The Wilcoxon signed ranks tests yielded significant post-test differences in the hypothesized direction for each of the three subsections: Understanding (Table 1), Reasoning (Table 2), and Appreciation (Table 3) as well as a significant post test improvement in the total MacCat-CA scores (Table 4).

Discussion

Although primarily a pilot investigation to review the progress of patients in the CRG, this study suggests that a didactic program, using a popular crime drama series, can be effective in facilitating learning in competency restoration programs. These findings should be interpreted cautiously, since there exist other possible factors that could have accounted for the observed improvement in MacCAT-CA scores. The participants received usual treatment from their physicians and other care providers while participating in this study and there was a modest reduction in mean BPRS for group completers. Clinical improvement, as a result of pharmacologic

⁴ "n" represents the total number of scores where there was a difference between pre-group and post-group scores. Wilcoxon Signed Rank Tests.

⁵ Since our alternate hypothesis is one-sided, a one-tailed test of the null hypothesis is implied and the sum of positive ranks was used as the test statistic (T+).

⁶ The p-value in Tables 1-4 represents the probability that the critical value is equal or greater than the sum of positive ranks.

TABLE 2—Reasoning subsection of the MacCAT-CA ($n = 15$).

MacCAT-R _{2nd}	MacCAT-R _{1st}	_ MacCAT-R Scores	Rank of Absolute Differences
10	6	4	12
13	12	1	3
11	9	2	7.5
7	2	5	13.5
5	4	1	3
12	11	1	3
9	6	3	10.5
13	7	6	15
11	9	2	7.5
4	2	2	7.5
14	15	-1	-3
9	7	2	7.5
10	5	5	13.5
14	11	3	10.5
8	9	-1	-3

Positive rank sum = 114 ($p = .0004$).

TABLE 3—Appreciation subsection of the MacCAT-CA ($n = 13$).

MacCAT-A _{2nd}	MacCAT-A _{1st}	_ MacCAT-A Scores	Rank of Absolute Differences
5	3	2	1.5
10	12	-2	-1.5
11	5	6	11
0	0	0	(Eliminated)
5	0	5	9
4	7	-3	-4.5
11	3	8	13
6	3	3	4.5
4	7	-3	-4.5
7	0	7	12
12	9	3	4.5
8	8	0	(Eliminated)
7	3	4	7
11	6	5	9
12	7	5	9

Positive rank sum = 80.5 ($p = .0067$).

TABLE 4—Total MacCAT-CA Scores ($n = 13$).

MacCAT-Total _{2nd}	MacCAT-Total _{1st}	_ MacCAT-Total Scores	Rank of Absolute Differences
28	16	12	8.5
38	37	1	1.5
37	24	13	10.5
11	3	8	4.5
19	6	13	10.5
30	30	0	(Eliminated)
32	17	15	13
29	17	12	8.5
28	20	8	4.5
16	5	11	7
41	36	5	3
28	27	1	1.5
29	15	14	12
36	26	10	6
26	26	0	(Eliminated)

Positive rank sum = 91 ($p = .0001$).

management and other psychosocial interventions, could account for some of the observed improvement in competence related abilities.

Other limitations of this study include its lack of a control group and small population. A control group comprised of individuals receiving traditional legal education methods and/or treatment-as-usual would have strengthened this study. Also, the lack of a control group prevented the screening measures from being performed in a blinded fashion. The small study population raises concerns about the power of the statistical analyses, or roughly how large a study's population (n) would need to be in order for a statistically significant result to exist. Such a power calculation would also require specifying how large an effect that participation in the Competency Restoration Group would need to have on a defendant's competency-related-abilities in order to be clinically meaningful.

Three of the study participants did worse on the MacCAT-CA Appreciation subsection after completing the group. These individuals did better on the post-group Understanding subsection after completing the group. Compared with the pre-group screening, two of the individuals performed better on the post-group Reasoning subsection and in the other individual, the post-group Reasoning subsection score did not change. Since the Appreciation subsection is more sensitive to an individual's psychotic or distorted beliefs about the criminal system (18), it is possible that these three individuals had residual symptoms of psychosis at the time of the post-group screening. This possibility is supported by the fact that the mean BPRS for these participants at the time of their post-group screening was 54.7, which is higher than the mean post-group BPRS for all the participants, which was 46.1.

The next direction would be to construct a controlled study comparing restoration programs using Law and Order videotaped material to a didactic program using more traditional educational methods.

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References

1. Grisso T. Evaluating competencies: Forensic assessments and instruments. 2nd rev. ed. Boston: Kluwer, 2002.
2. Bloom JD, Rogers JL. The legal basis of forensic psychiatry: Statutorily mandated psychiatric diagnoses. *Am J Psychiatry* 1987;144:847-53. [\[PubMed\]](#)
3. Dusky v. United States, 362 U.S. 402 (1960).
4. Grisso T. Competency to stand trial evaluations: a manual for practice. Sarasota, FL: Professional Resource Exchange, Inc., 1988.
5. Bertman LJ, Thompson JW, Waters WF, Estupinan-Kane L, Martin JA, Russell L. Effect of an individualized treatment protocol on restoration of competency in pretrial forensic inpatients. *J Am Acad Psychiatry and Law* 2003;31:27-35.
6. Davis DL. Treatment planning for the patient who is incompetent to stand trial. *Hosp Community Psychiatry* 1985;36(3):268-71. [\[PubMed\]](#)
7. Pendleton L. Treatment of persons found incompetent to stand trial. *Am J Psychiatry* 1980;137(9):1098-100. [\[PubMed\]](#)
8. Brown DR. A didactic group program for persons found unfit to stand trial. *Hosp Community Psychiatry* 1992;43(7):732-33. [\[PubMed\]](#)
9. Smith CE. Clinical trial of interactive and videotaped educational interventions reduce infection, reactive depression, and rehospitalizations for sepsis in patients on home parenteral nutrition. *JpEN J Parenter Enteral Nutr* 2003;27(2):137-45. [\[PubMed\]](#)
10. Townsend RN. ATLS-based videotape trauma resuscitation review: education and outcome. *J Trauma* 1993;34(1):133-38. [\[PubMed\]](#)
11. Taylor JA. Effectiveness of an educational intervention in modifying parental attitudes about antibiotic usage in children. *Pediatrics* 2003;111(5 Pt 1):E548-54. [\[PubMed\]](#)

12. Todd KH, Braslow A, Brennan RT, Lowery DW, Cox RJ, Lipscomb LE, Kellermann AL. Randomized, controlled trial of video self-instruction versus traditional CPR training. *Ann Emerg Med* 1998;31(3):664–69.
13. Janda M. [Impact of videotaped information on frequency and confidence of breast self-examination](#). *Breast Cancer Res Treat* 2002;73(1):37–43. [\[PubMed\]](#)
14. Morgan SA. Development of a videotape on adverse drug reactions. *Am J Hosp Pharm* 1990;47(6):1340–42. [\[PubMed\]](#)
15. Glasgow RE. A brief office-based intervention to facilitate diabetes dietary self-management. *Health Educ Res* 1995;10(4):467–78. [\[PubMed\]](#)
16. <http://www.nbc.com/Law&Order/about/index.html>; accessed November 4, 2003.
17. McGarry L. Competency to stand trial and mental illness. New York: Jacob Aaronson, 1974.
18. Rogers R, Grandjean N, Tillbrook CE, Vitacco MJ, Sewell KW. [Recent interview-based measures of competency to stand trial: a critical review augmented with research data](#). *Behav Sci Law* 2001;19:503–18. [\[PubMed\]](#)
19. Otto RK, Poythress NG, Nicholson RA, Edens JF, Monahan J, Bonnie R, Hoge SK, Eisenberg M. [Psychometric properties of the MacArthur Competence Assessment Tool-Criminal Adjudication](#). *Psychol Assess* 1998;10(4):435–63.
20. Overall JE, Gorham DR. The brief psychiatric rating scale. *Psychol Rep* 1962;10:799–812.

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