

Residency Curriculum in Forensic Psychiatry

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The authors describe the development of a curriculum in forensic psychiatry in a general psychiatric residency training program. Educational objectives for both knowledge and skills are presented. The authors detail training experiences at each level of psychiatric residency, including electives available for fourth-year residents. They encourage other training programs to share similar reports with a view toward the development of standards in the training of residents in forensic psychiatry.

The field of forensic psychiatry is expanding rapidly (1, 2) as forensic matters impinge increasingly on psychiatry from both a regulatory and a clinical practice standpoint.

In the regulatory area, the psychiatrist must be familiar with the changing concepts in civil commitment (3) and the increased recognition of the hospitalized patient's rights. In the area of confidentiality, pressures are mounting as peer review agencies and third-party payers demand increasing amounts of information on patients' diagnoses and treatment. Psychiatrists must be familiar with the doctrine of informed consent as it applies to clearer definitions of the doctor-patient contract. There are also problems of increased malpractice risks for psychiatrists as ethics are more carefully drawn (4) and treatment decisions closely scrutinized.

In clinical practice, forensic psychiatry has become visibly involved in the legal system. Psychiatrists are intimately involved in criminal law determinations in the areas of competence to stand trial, legal responsibility at the time of the alleged crime, and sentencing. Psychiatrists are often mandated to render opinions in cases involving dangerous offenders or sexual psychopaths. With the reemergence of the death penalty, psychiatrists are being asked by courts to determine the accused's potential for rehabilitation and, possibly, his

or her competency to be executed (5). Testimony in civil court is also expanding as civil actions increasingly define mental damage as compensable. The same trends hold in the field of workman's compensation (6). Child welfare is an important area, with testimony frequently called for in dependency and delinquency hearings. Most psychiatrists are receiving requests for child custody evaluations as divorce rates rise.

In sum, it is not unusual for psychiatrists in any type of clinical practice to be involved with forensic determinations throughout their careers. Despite the rapid changes in the field of forensic psychiatry, training in this area has, until recent years, been peripheral to residency training. Most forensic psychiatry was learned experientially in the private sector. This is not to say that forensic training has been unavailable to psychiatric residents. Barr and Suarez (7) in 1965 optimistically described the availability of forensic training in 57 of 64 psychiatric residencies surveyed. Centers have developed for the postresidency training of forensic psychiatrists at the University of Southern California, the University of Maryland, and other centers. The American Academy of Forensic Psychiatry, founded 10 years ago by a small group of forensic psychiatrists, now lists over 600 members, publishes a journal, holds regular scientific meetings, and recently helped develop and implement a specialty board examination in forensic psychiatry sponsored by the American Academy of Forensic Sciences. At a recent meeting of the American Academy of Forensic Psychiatry, Sadoff (8, 9) described the growth of training programs in forensic psychiatry.

The current edition of the *Directory of Accredited Residencies* outlines the following requirements for educational programs in the field of forensic psychiatry:

Training in forensic psychiatry must involve more than solely didactic instruction. It should include supervised clinical experiences such as consultative work with judges, attorneys, police, probation officers, and other professionals in the legal field, and wherever possible, actual experience in courtroom testimony. (10, p. 361)

The specific objective of this paper is to describe the development of a forensic psychiatry curriculum within the Department of Psychiatry at the University of Oregon Health Sciences Center. The department is responsible for training 24 psychiatric residents over a 4-

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year training period. Other responsibilities include teaching and supervision of 4 child psychiatry fellows and 115 medical students per class.

The forensic training program at the center developed out of the community psychiatry training program (11, 12). Within the past two years we have evolved a separate training curriculum in forensic psychiatry for medical students, psychiatric residents, and child fellows. Educational objectives and evaluation have been developed for adult psychiatric residents. This paper will outline the component parts of training in forensic psychiatry.

EDUCATIONAL OBJECTIVES

Educational objectives for residents in adult psychiatry, including both knowledge and skill objectives, are as follows:

Knowledge. By the end of the residency period of four years the resident will demonstrate knowledge in the following areas, with appropriate application to clinical areas.

1. The Oregon civil commitment statute.
2. The recent national changes in civil commitment, including ability to discuss right to treatment, right to refuse treatment, least restrictive environment, due process protections, as well as important court decisions in these areas.
3. The literature on the prediction of dangerousness.
4. The recent literature on criminal behavior of mentally ill persons.
5. Competency to stand trial in a criminal hearing.
6. The history of the "insanity defense," including the specific tests, the McNaughten and Durham rules and the American Law Institute Test and its variations in the Oregon Code and in the Ninth Federal District.
7. Psychiatric involvement in the death penalty.
8. Psychiatric involvement in civil law, torts, contracts, and wills.
9. Informed consent as it relates to issues of psychiatric practice and malpractice.
10. Family law, including issues related to divorce, child custody, and the termination of parental rights.

Skills. By the end of the residency period of four years the resident will have the skills to perform the following tasks:

1. Conduct precommitment evaluations and make determinations regarding the patient's dangerousness and ability to care for himself under Oregon statutes.
2. Serve as a court examiner as defined by Oregon's civil commitment statute.
3. Evaluate at least one person charged with criminal behavior and make determinations about competency to stand trial and responsibility for the alleged crime under Oregon statute.

4. Present the court with a properly written forensic psychiatric report.

5. Participate in moot court as an expert witness in family law matters.

6. Demonstrate practical knowledge of informed consent in the application of psychiatric therapies.

TEACHING SETTINGS AND APPROACHES

As in most training programs the major focus in the first two years is on inpatient psychiatry. The main forensic area emphasized in this period is civil commitment. Residents in their first weeks of training are exposed to careful discussion of the Oregon civil commitment laws. All of our residents, during their first two years of training, rotate through the emergency room of the hospital and serve a rotation on the psychiatric crisis unit. The crisis unit is a 12-bed acute intensive care psychiatric treatment service which maintains five precommitment "emergency-hold" beds. In both the emergency room and crisis unit residents are constantly exposed to patients who are in precommitment phases of the legal process of civil commitment. Forensic psychiatry has been introduced as one of the content areas in a weekly seminar for first- and second-year residents on these services. The forensic component begins with a didactic seminar on the major changes in the field of civil commitment over the last 10 years. Landmark cases are reviewed. The concepts of right to treatment, right to refuse treatment, and least restrictive environment are discussed. In the remaining forensic sessions residents are asked to present cases that demonstrate difficult legal-psychiatric issues. Residents are encouraged to attend civil commitment hearings as observers. Any legal-psychiatric issues that arise in the normal course of work are discussed with appropriate faculty. These issues have included subpoenas for testimony in civil and criminal cases involving patients treated in the emergency room or on an inpatient service.

During the third year of residency the residents have their major block of eight didactic lectures on forensic psychiatry. Civil commitment has been heavily discussed in previous lectures and is not emphasized in these didactic seminars. The major content areas are psychiatry and criminal law, torts, contracts, wills, and medical-legal issues related to patient-doctor privilege, confidentiality, informed consent, and malpractice. Several of the seminars are co-taught with members of the faculty of the Northwestern School of Law. Also during the third year residents spend six months in the community psychiatry training program. During this time, residents are expected to participate as court examiners during the commitment hearing phase of the civil commitment process (13).

During their fourth year, residents have an opportunity to spend six months on electives of their own

choice. Several electives are available in forensic psychiatry. A recently negotiated elective allows the resident to evaluate persons charged with misdemeanor offenses who are being defended by the Multnomah County Public Defender's Office. Since persons charged with misdemeanors are rarely evaluated by psychiatrists, these defendants were both readily available and in need of forensic psychiatric evaluations. Residents perform evaluations requested by the Public Defender's Office on issues related to competency, responsibility, and, in some cases, sentencing. These evaluations and the subsequent reports are carefully reviewed in supervision. On occasion residents have the opportunity to testify in either the guilt or penalty phase of the hearings.

Other available electives include a placement with the Multnomah County correctional facility. This gives the resident the opportunity to work in a short-stay county facility that has many problems similar to those recently described by Petrich (14). There is also a placement at the secure treatment unit of the Oregon State Hospital. This unit primarily serves all persons found not responsible by reason of mental disease who require hospitalization.

Finally, there is a placement at the Family Court Service of Clackamas County. This is a court-related service that deals with families facing marital dissolution. Residents working in this setting have the opportunity to become familiar with family law, especially in relation to divorce, child custody, and visitation.

Family and juvenile law is the subject of a seminar offered every other year to adult residents and child psychiatry fellows. This seminar, which was recently described by Cohen and associates (15), has both a didactic and a moot court experience.

There is also a monthly forensic seminar for senior residents, graduate mental health nursing students, and community mental health social work students. This seminar focuses on areas of the student's choice and involves intensive study of one of several areas of forensic psychiatry. This year the seminar has focused on termination of parental rights, juvenile law as it applies to delinquency and dependency, confidentiality in the mental health clinic, and a recently enacted Oregon death penalty statute.

EVALUATION

Forensic seminars, rotations, and supervisors are evaluated by each resident. Residents are also evaluated on each rotation by their supervisors. Each year all residents participate in an oral "mini-board" examination and in written comprehensive psychiatric examinations. These examinations are similar to those administered by the American Board of Psychiatry and Neurology. The written examination covers the

knowledge objectives listed previously for forensic psychiatry.

CONCLUSIONS

We have summarized the organization of the forensic psychiatry training program offered by the Department of Psychiatry at the University of Oregon Health Sciences Center. The electives we have described are becoming popular with the residents. This year three of our senior residents elected a placement at the Public Defender's Office. One resident is participating in research on the civil commitment of American Indians. Another is studying the functioning of the Psychiatric Security Review Board, which has jurisdiction over all individuals found not responsible for criminal conduct by reason of mental disease. In past years residents have participated in all electives described.

It is our hope that this paper will stimulate other similar reports and lead to an exchange of ideas on the development of curricula in this emerging area of psychiatry.

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