

Teaching Forensic Psychiatry to Psychiatric Residents

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This study outlines current trends in the education of psychiatric residents in forensic psychiatry. As general psychiatrists are more frequently confronted with issues pertaining to psychiatry and the law, residency training in these areas becomes increasingly important. In order to study the educational experience of psychiatric residents in forensic psychiatry, a survey was sent to all residency training directors in the United States and Canada. The findings of the study included a description of didactics and experiential rotations in forensic psychiatry, the background of those teaching forensics, inclusion of key topics in the curriculum, and the training directors' opinions of both the importance of forensic education and the inclusion of these specific topics in the curriculum.

In the past, only a few psychiatrists chose to be involved in forensic issues. Today few psychiatrists can afford to ignore medicolegal issues. Psychiatrists have to deal with the explosion of complex legal regulations, which include civil commitment, the right to refuse treatment, informed consent, confidentiality, Tarasoff warnings, and heightened concern about professional liability. In addition, psychiatrists are asked increasingly to become involved in civil legal issues (e.g., personal injury, guardianship, child abuse,

and custody determinations). In the criminal arena, courts have identified psychiatric evaluations as a right of the defendant.¹ Furthermore, the mentally ill are more often found in correctional institutions; in 1993, the National Alliance for the Mentally Ill (NAMI) estimated that there were approximately 30,700 seriously mental ill persons in U.S. jails and prisons.²

Several authors have discussed the importance of teaching forensic issues both in psychiatric training,³⁻⁷ and in medical school.⁸⁻¹⁴ Forensic psychiatry fellowship training has become formalized.^{15,16} A review of the literature indicates that there have been few attempts to determine how residency training programs prepare trainees for managing legal issues that arise in general psychiatric practice and none since 1973.

In 1956, Stroller¹⁷ conducted a survey

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of forensic teaching in medical schools and departments of psychiatry in the United States and Canada. Of 87 programs, 58 replied, and it was found that approximately 60 percent gave or plan to give lectures during some or each year of training. Didactic programs ranged from 2 to 16 hours per year. Stroller found that most residencies indicated that they provided practical experience, primarily civil commitment, and over 50 percent provided consultations to the courts.

In 1965, Barr and Suarez¹⁸ surveyed law schools, medical schools, and university-affiliated psychiatric residency training programs in the United States. In this survey, 86 psychiatry department chairs were asked for a description and estimate of the number of hours of didactic lectures and seminars in forensic psychiatry. Of the 64 (74%) responding programs with a psychiatric residency, 11 percent offered no courses in forensic psychiatry. In programs that did, 47 percent provided 1 to 20 hours, and 42 percent offered more than 20 hours of course work, which appeared to be divided equally over all years of training.

In 1974, Sadoff *et al.*¹⁹ conducted a survey of 91 university medical centers. They received 83 (91%) responses. Of the responses, 81 percent indicated they offered interdisciplinary teaching in psychiatry and the law for medical students, interns, and residents; 53 (64%) centers provided lectures specifically in forensic psychiatry. The lectures were typically cooperatively taught by general psychiatrists, forensic psychiatrists, law professors, attorneys, and judges.

Are we adequately training psychiatric

residents to negotiate the interface between psychiatry and the law? The following vignette illustrates one of the many ways in which general psychiatrists may come face-to-face with a legal issue.

J.G. is a fourth-year psychiatric resident in a large university training program. He is in his last month of training when he receives a subpoena to testify at a child custody hearing. J.G. had evaluated and treated the child's mother on an inpatient psychiatric unit some three years ago. In passing, he mentioned the subpoena to a forensic psychiatrist. A discussion ensues. J.G. had planned to go to court prepared to testify that the mother was not fit to parent. He explained that she had been diagnosed with borderline personality disorder and, in his opinion, this adversely affected her ability to care for her child.

In our opinion, J.G. failed to consider several important medicolegal issues. First, he was prepared to take the stand and testify against his former patient without considering the issues of confidentiality and privilege. Second, he did not consider that his evaluation of this former patient did not include a formal assessment of her ability to parent. Finally, his last contact with this patient was three years ago. Even if he completed a child custody evaluation at that time, he could hardly comment on her capacity to parent in the present.

In recognition of the growing need to educate psychiatrists about legal issues that impinge upon their field, the American Council of Graduate Medical Education (ACGME) has required accredited psychiatric residency training programs to provide some education in law and psychiatry. These requirements include: "familiarity with the legal aspects of psychiatric practice" and "experience in forensic

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and court evaluations under the supervision of a psychiatrist.”²⁰ The requirements are vague enough to allow wide latitude in their implementation. This study attempts to describe the nature of forensic experiential rotations and formal didactics in psychiatric training programs in the United States and Canada. We hope the results will provide useful suggestions for psychiatry residency programs that either do not provide teaching in sociolegal issues or wish to expand their existing curricula.

Methods

A two-page, six-item survey was mailed to all residency training directors of general psychiatry programs listed with the American Association of Directors of Psychiatric Residency Training (AADPRT). It was designed to elicit information about the nature and extent of experiential rotations and didactics in psychiatry and the law. The surveys contained questions about program size, and the description of forensic lectures and rotations. The residency training directors were also asked to indicate whether various forensic topics are covered in their program’s curriculum. In addition, the training directors were asked to give their opinion on the importance of including

various forensic topics in general residency training curriculum. Copies of the survey may be obtained by contacting the authors.

Results

After two mailings, 150 of the 191 program directors returned the survey, giving a response rate of 78.5 percent. The programs were divided into three groups by size: small (19 or fewer residents), medium (20 to 40 residents), and large (41 or more residents). The average size of all programs responding was 28.5 residents. The range of all programs was 2 to 120 residents. There were 41 programs in the “small” program group with an average of 14.9 residents; 84 programs in the “medium” group with an average of 28.1 residents; and 21 programs in the “large” program group with an average of 56.4 residents. Four programs did not report the number of residents.

Forensic Rotations As displayed in Table 1, 123 (82%) programs indicated they offer a rotation in forensic psychiatry and 27 (18%) stated they did not. Of the 123 programs with rotations, 43 (35%) have mandatory rotations, and in 80 (65%) the rotation is optional. We did not ask if the rotation is one which must be selected from among others or is a “pure”

Table 1
Programs Offering Forensic Rotations

		Small (<20) n = 41	Medium (20–40) n = 84	Large (>40) n = 21	Size Unknown n = 4
Mandatory	n = 43	13 (31.7%)	29 (34.5%)	1 (4.8%)	0 (0%)
Optional	n = 80	22 (53.6%)	42 (50.0%)	13 (61.9%)	3 (75%)
No rotation	n = 27	6 (14.6%)	13 (15.5%)	7 (33.3%)	1 (25%)

elective. Programs were compared on the basis of size—small, medium, and large—as described above. A test of association between size of program and whether or not a rotation was offered and, if offered, was the rotation mandatory or optional, yielded: $\chi^2 = 8.946$; 4 *df*; $p < .10$. The signed root contribution to the chi square shows us that the “large” programs were more likely to have no rotation and less likely to have a mandatory rotation than the small and medium programs, albeit this difference was not statistically significant.

Forensic Rotation Setting Of the 123 programs that have forensic rotations, 65 (52.8%) programs used only one setting for the rotation, while 55 (44.7%) programs used more than one setting. Multiple training sites were used by 17 (38.6%) of the mandatory programs and 38 (48.7%) of the optional programs. A chi-square test of association showed that program type and number of rotation settings are independent ($\chi^2 = 1.072$; 1 *df*; $p > .25$). Table 2 lists the training settings for both mandatory and optional rotations. In addition to the four settings listed, four programs replied that they use an outpatient clinic and one program uses a private practitioner’s office for the rotation. Three programs did not respond to this item.

Length of Rotation There is great variability in the length of the rotations. The programs were divided into three groups: those with full-time (40 or more hours per week) rotations and those with part-time rotations. The programs were again compared on the basis of whether the forensic psychiatric rotation was mandatory or optional. Of the 43 programs with mandatory rotations, three have full-time rotations averaging 240 total hours. There are 34 programs with part-time rotations averaging 119 total hours, with a range of three hours per week for one month to 20 hours per week for four months. Six of the mandatory programs provided insufficient information to determine the length of the rotation.

Of the 80 optional programs, 37 provide full-time rotations for an average of 416 hours with a range of one to six months. Thirty optional programs had part-time rotations with an average of 286 hours and range from one hour for one month to 30 hours per week over six months. Thirteen of the programs with optional rotations did not provide sufficient data to determine rotation length.

Year of Rotation Table 3 provides information on the year in which residents in both the mandatory and optional pro-

Table 2
Forensic Rotation Settings*

	Mandatory Rotation	Optional Rotation
Forensic inpatient unit	17 (39.5%)	39 (48.8%)
Prison or jail	15 (34.9%)	34 (42.5%)
Court clinic	23 (53.5%)	28 (35.0%)
Private or state hospital	11 (25.6%)	30 (37.5%)

*Programs with more than one training setting were counted for each setting listed.

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Table 3
Postgraduate Year for Forensic Rotations*

	Mandatory Programs n = 43	Optional Programs n = 80
PGY I	3 (6.8%)	3 (3.8%)
PGY II	14 (31.8%)	12 (15.4%)
PGY III	25 (56.8%)	19 (24.4%)
PGY IV	15 (34.1%)	70 (89.7%)

*Several programs offer forensic rotations in more than one year; therefore, the total will exceed 100%.

grams participate in a forensic rotation. The mandatory rotation programs provide the experience most often in the postgraduate year (PGY) III (56.8%). In 11 mandatory programs, the experience can be in one of two postgraduate years, and in one program it can be chosen among one of three years. Postgraduate year IV is the most popular choice (89.7%) for the optional rotation programs. Twenty programs indicated the rotation can be chosen in one of two years, and in six residencies it can be chosen during one of three years.

Forensic Didactics Although eight programs did not report offering formal didactics in forensic psychiatry, the majority (n = 142; 94.7%) of psychiatric residency programs responding to the survey do have formal didactics (see Table 4). Four of the eight programs that do not offer forensic didactics do not provide an

Table 4
Postgraduate Year for Forensic Didactics*

PGY I	42	29.6%
PGY II	66	46.5%
PGY III	81	57.0%
PGY IV	63	44.4%

*Several programs offer forensic rotations in more than one year; therefore, the total will exceed 100%.

Table 5
Hours of Forensic Didactics

	Program	Average Hours	Range
≤10 hours	n = 67	7.0	1-10
>10 hours	n = 66	21.9	11-52
Insufficient data	n = 9		

experiential component in psychiatry and the law, although these four programs indicated that forensic topics were covered in different sections of the curriculum. Of the programs that offer didactics, 59 indicated the lectures are offered in only one year. Nine programs have forensic didactics in all four years. Five programs did not indicate the year of the didactics.

Hours of Forensic Didactics In the 142 programs with forensic didactics, the average number of hours of lectures during all years of training is 13.6. Table 5 compares programs offering less than or greater than 10 hours of forensic didactics.

Instructors of Forensic Psychiatry The background discipline of course instructors is outlined in Table 6. There is an average 1.7 forensic psychiatrists on faculty in all programs responding to the survey. In programs with forensic rotations, the average is 1.8 forensic psychiatrists on the faculty and in those with no forensic rotation, this average falls to one.

Table 6
Discipline of Forensic Instructors

Forensic psychiatrist	115	81.6%
General psychiatrist	40	28.4%
Attorney	43	30.5%
Psychologist	28	19.9%

Forensic Psychiatry Curriculum As described above, the residency training directors were also asked to indicate whether certain forensic topics are included in their curriculum. Table 7 represents their responses; topics are listed in descending order of inclusion. This table includes the nine surveys that left the entire section blank.

Importance of Forensic Topics In addition to reporting factual data, the training directors were also asked to give their opinion regarding the importance of specific components of education in forensic psychiatry. First, they were asked to indicate whether they felt exposure to forensic psychiatry was necessary, optional, or unnecessary. Approximately 93 percent stated they felt it was necessary; 6 percent, optional; and 1 percent, unnecessary. Interestingly, the one program in which the training director felt it was

unnecessary has a mandatory forensic rotation.

In addition to indicating whether the 18 topics were included in their curriculum, the training directors were also asked to give an opinion as to their importance. A five-point scale was used: 5, extremely important; 4, very important; 3, important; 2, somewhat important; and 1, not important. They could also indicate "no opinion," or leave the response blank. In either of these cases, the responses were not factored into the average.

Table 8 lists the mean and standard deviation of topics in decreasing order of relative importance. If these topics are divided into the three categories—legal regulations, criminal forensic topics, and civil forensic topics—legal regulations appear to cluster at the top, criminal forensic topics form a second cluster, and civil forensic topics are scattered.

Table 7
Inclusion of Topics in Curriculum (n = 150)

	Yes, %	No, %	No Answer, %
Civil commitment	88.7	1.3	10.0
Duty to warn	88.7	0.7	10.7
Confidentiality	88.0	0.7	11.3
Right to refuse treatment	86.7	1.3	12.0
Malpractice	84.0	4.0	12.0
Child abuse/neglect	80.0	8.0	12.0
Right to treatment	80.0	6.0	14.0
Civil competence/guardianship	80.0	6.0	14.0
Insanity defense	74.3	8.0	12.7
Competence to stand trial	78.0	8.7	13.3
Expert psychiatric testimony	72.7	14.7	12.7
Sociopathy	66.7	14.0	6.7
Landmark legal cases	64.0	19.3	16.7
Child custody	62.0	21.3	16.7
Malingering	60.0	20.0	20.0
Paraphilias/sex offender	56.0	26.0	18.0
Psychic (personal) injury	38.7	40.0	21.4
Workers' compensation	30.7	47.3	22.0

Table 8
Importance of Forensic Topics

	Mean	SD
Legal regulation of psychiatry		
Civil commitment	4.68	(0.603)
Confidentiality	4.64	(0.617)
Duty to warn	4.49	(0.725)
Right to refuse treatment	4.41	(0.759)
Malpractice	4.31	(0.772)
Right to treatment	4.13	(1.017)
Criminal forensic psychiatry		
Competence to stand trial	3.74	(1.020)
Sociopathy	3.73	(1.029)
Insanity defense	3.63	(1.054)
Malingering	3.48	(1.177)
Expert psychiatric testimony	3.58	(1.026)
Paraphilias/sex offenders	3.35	(1.019)
Civil forensic psychiatry		
Child abuse	4.19	(0.968)
Civil competence/guardianship	3.91	(0.915)
Child custody	3.55	(1.030)
Landmark legal cases	3.22	(1.042)
Psychic injury	3.03	(1.184)
Workers' compensation	2.81	(1.106)

Discussion

This study indicates that most psychiatric residency programs in the United States and Canada provide teaching in forensic issues. Almost all (95%) programs surveyed offer some didactics. Of those programs offering didactics, almost half offer less than 10 hours of formal lectures with as few as two hours during the entire four-year training period. We thought a minimum of 10 hours of lecture time would be needed to adequately cover the important forensic topics. A smaller number (82%) of programs offer an experiential component. Of those that do, 65 percent stated the rotation is optional. We found it interesting that proportionally fewer large programs provide a forensic rotation when compared with small or

medium-size programs. This indicates that a large number of graduating psychiatrists potentially have had little exposure to legal issues. Perhaps these psychiatry residents have significant exposure to forensic psychiatry during other clinical rotations. This survey shows that most programs are providing exposure; however, some programs barely meet the criteria for ACGME accreditation, whereas others appear to fall below the ACGME requirements.

Past surveys of forensic teaching in residency training indicate variable enthusiasm for teaching psychiatry residents forensic psychiatry. In 1956, Stroller¹⁷ reported approximately 66 percent of psychiatry residencies provided teaching in forensic psychiatry. In 1965, Barr and

Suarez¹⁸ found that this had increased to 89 percent; in 1974, Sadoff¹⁹ found 64 percent of the programs specifically taught forensic psychiatry. In our survey, 95 percent of the programs indicated they provided teaching in forensic psychiatry. One reason for the differences across surveys may be sampling. While Barr and Suarez and Sadoff surveyed only university-affiliated programs, we surveyed all psychiatry residency programs. In addition, the increase in programs reporting that they teach forensics may be related to an effort to meet ACGME requirements or an increased interest in forensic issues spurred by the educational efforts of the American Academy of Psychiatry and the Law (AAPL).

Most programs use a forensic inpatient unit or jail setting for their rotation, which averages six weeks in mandatory programs and 10.5 weeks in programs that listed the rotation as optional. In most programs, the rotations are in the third and fourth year of training, and didactics are usually taught in the third year. A forensic psychiatrist was on the faculty of almost 82 percent of the programs, with an average of 1.7 forensic psychiatrists for all programs surveyed. The total number of identified forensic psychiatrists teaching in residency training programs was 115. Given their significant number, these forensic psychiatrists should organize a Committee of Forensic Psychiatry Residency Educators within AAPL.

The curricula of the programs surveyed most frequently included topics in the category of "legal regulations of psychiatry". Criminal topics were covered more frequently than civil forensic topics. The

training directors' opinions as to the importance of certain topics mirrored this, with legal regulation of psychiatry thought to be most important, followed by criminal forensic issues, and finally with civil forensic issues. Although most training directors also felt that exposure to forensic psychiatry was a necessary part of general psychiatric residency curriculum, there was great variability in education in this area.

Exposure to forensic issues enhances the training of psychiatric residents and is necessary for their future practice of general psychiatry.⁵ Because curricular time is limited, one must be creative in teaching pertinent forensic topics. Overlap can be achieved in various training settings. For example, on an inpatient rotation, issues such as involuntary commitment, right to refuse treatment, confidentiality, and decision-making capacity may be approximately incorporated on both a formal and an informal basis. Similarly, legal issues related to outpatient treatment, consultation, and liaison, as well as child and adolescent psychiatry can be taught during the specific clinical rotation.

Where available, a forensic setting can also enhance general psychiatric training. During a forensic rotation, a resident has the opportunity to sharpen skills such as clinical interviewing, clinical data gathering, clinical reasoning, and decision making. In addition, a forensic setting offers the opportunity to study a broader range of psychopathology (e.g., severe character disorders, paraphilias, malingering, impulse control disorders, and violent behavior). Psychiatric residents are also able to confront and work through counter-

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transferential issues related to this patient population that will enhance the residents' ability to manage difficult patients in other settings. Given the severe psychopathology frequently encountered in the forensic arena, the resident is also directly confronted with the diagnostic and treatment limitations of our field. Other knowledge gained in the forensic setting includes enhanced understanding of relevant legal procedures and concepts, use of collaborative data, and a greater appreciation of the patient vis-à-vis society. Finally, the experience of communicating with professionals in the legal system requires the residents to express the psychiatric findings in clear terms and to avoid psychiatric jargon. This enhances the residents' ability to communicate with patients, families, and the community.

This study raises a number of questions. First, do the training directors' responses accurately reflect the residents' exposure? A follow-up study asking residents to delineate their experiences may help to answer this question. In addition, this survey does not address the quality of the teaching. Finally, although most programs appear to be providing adequate training in forensic issues, this survey has not answered the question, "Does this training translate into adequate preparation for the challenges which lie ahead for psychiatrists?"

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