The Child and Adolescent Track in the Forensic Fellowship

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- Child and adolescent forensic psychiatry
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The term child forensic psychiatrist generally refers to psychiatrists who have completed residency training in 3 areas accredited by the American Council on Graduate Medical Education (ACGME): general psychiatry (ie, adult psychiatry), child and adolescent psychiatry, and forensic psychiatry. As a forensic psychiatry residency training director, who is trained and certified in these areas, I have been impressed by the increasing number of child and adolescent psychiatrists who are now seeking a forensic psychiatry residency program that specifically offers a child forensic track. Reasons commonly cited by child and adolescent–trained psychiatrists pursuing a forensic psychiatry residency include the following:

1. A desire to assist underserved youth who have interfaced with the juvenile justice system
2. A specific interest in forensic psychiatry to include forensic assessments of both adults and juveniles
3. A need to better understand issues related to evaluating allegations of abuse, particularly sexual abuse allegations
4. An interest in having a broad-based practice with a combination of private forensic work and clinical duties
5. A desire to obtain public policy expertise relevant to child and adolescent psychiatric issues
6. An interest in testifying in court based on prior experiences in their general and/or child and adolescent psychiatry training.

The author has nothing to disclose.
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Many child and adolescent psychiatrist applicants seeking a child-focused track cite a combination of the reasons listed earlier, whereas others acknowledge that they have a general curiosity regarding child and adolescent forensic psychiatry without a clear understanding of why they feel compelled to extend their lengthy training for an additional year.

This article refers to a child and adolescent psychiatry track within a forensic residency program as a child forensic track, and provides practical guidance for forensic psychiatry residency directors on how to implement a child forensic track within the existing ACGME Program Requirements for Graduate Medical Education in Forensic Psychiatry. Important aspects to understand when designing a child and adolescent–focused track include an understanding of ACGME program requirements for residency training in general psychiatry and child and adolescent psychiatry, qualifications of forensic psychiatry faculty to teach child and adolescent forensic psychiatry, child-focused learning sites appropriate for forensic psychiatry residency experiences, a review of how core ACGME program requirements typically applied to adult forensic cases may also be met through child and adolescent equivalent didactic and clinical experiences, and suggestions for scholarly activities for the child and adolescent psychiatrist enrolled in the forensic psychiatry residency.

FORENSIC REQUIREMENTS OF ACGME

When reviewing the ACGME program requirements for both general psychiatry and child and adolescent psychiatry residency programs, it is clear that forensic issues are only minimally represented. Such limited exposure to forensic issues further supports the need for a child forensic track for child and adolescent psychiatrists seeking additional training in child and adolescent forensic psychiatry. There are only 3 mentions of forensic psychiatry experiences or exposure noted in the program requirements for general psychiatry:

1. During the second through the fourth years, the didactic curriculum should include "the legal aspects of psychiatric practice"[1]
2. The psychiatric curriculum must "provide residents with direct experience in progressive responsibility for patient management."[1] The 2 references to forensic psychiatry relevant to this specific guideline include the following:
   a. The general psychiatry resident is required to have exposure to emergency room assessments that must include "knowledge of relevant issues in forensic psychiatry"[1]
   b. A forensic psychiatry experience qualifying as part of a psychiatric curriculum is defined as an "experience under the supervision of a psychiatrist in evaluation of patients with forensic problems."[1]

The program requirements for child and adolescent psychiatry are similarly sparse in regards to mandatory forensic training, with the only references to forensic experiences for the child and adolescent resident noted as follows:

1. Residents must have an organized clinical "experience in legal issues relevant to child and adolescent psychiatry, which may include forensic consultation, court testimony and/or interaction with a juvenile justice system"[2]
2. The curriculum must include adequate and systematic instruction in the "recognition and management of domestic and community violence (including physical and sexual abuse, as well as neglect) as it affects children and adolescents."[2]

The forensic program requirements for both general and child and adolescent psychiatry residency programs are highlighted earlier to assist program directors in understanding the narrow forensic foundation of most trainees who are interested in pursuing a child forensic track. Therefore, a child forensic track must provide important basic forensic core competencies that should not be assumed to have been taught during either prior residency training program.

FORENSIC PSYCHIATRY TEACHING FACULTY

The ACGME program requirements require that the teaching physician faculty include at least 1 certified child and adolescent psychiatrist.[3] In addition, these guidelines emphasize that all physician faculty members (to include the child and adolescent–certified faculty member) must be certified by the American Board of Psychiatry and Neurology (ABPN) in the subspecialty of forensic psychiatry, or possess qualifications judged to be acceptable by the Residency Review Committee (RRC).[3] When considering these 2 statements together, the program requirements clearly emphasize a preference for the child and adolescent psychiatrist on the forensic faculty to be certified by the ABPN in both child and adolescent psychiatry and forensic psychiatry. Although board certification in child and adolescent psychiatry does not seem negotiable according to these guidelines, additional board certification in forensic psychiatry can be considered on a case-by-case basis if appropriate forensic qualifications are deemed acceptable by the RRC.

For forensic psychiatry residency training programs whose child and adolescent psychiatrist faculty member is not ABPN certified in forensic psychiatry, qualifications that may be forwarded to the RRC to consider as appropriate include the following:

1. Direct clinical experience in child and adolescent forensic psychiatry through provision of consultation, assessment, and/or treatment at facilities that focus on juvenile offenders. Such settings could include 1 or more of the following: juvenile detention facilities; partial day hospitalization programs, outpatient programs, or group homes for juvenile offenders; juvenile sex offender assessment and treatment programs; and/or consultation with continuation schools for juvenile delinquents
2. A developed forensic expertise in an area or areas of child and adolescent forensic psychiatry. Common areas in which child and adolescent psychiatrists may have developed expertise in the forensic arena without having completed a forensic psychiatry residency include child custody evaluations; evaluations for juvenile court (such as competency to stand trial and/or risk assessments); violence risk assessment for requesting agencies (such as schools); evaluations of abuse allegations; evaluations of psychic harm or trauma; and/or a specialized expertise in evaluations regarding standard of care
3. A developed consultation-liaison expertise that focuses on forensic issues facing child and adolescent psychiatrists in a variety of settings. Important forensic issues that may arise in the child and adolescent consultative setting and that could be considered for an acceptable qualification include legal issues related to the right to treatment, the right to refuse treatment, mandatory child abuse referrals, informed consent issues related to medications and medical procedures, involuntary commitment, and/or suicide and violence risk assessments of youth
4. A documented learning program in areas of forensic psychiatry. Such concentrated areas of learning might include a completed forensic psychiatry residency program (but not certified by ABPN), extensive forensic course work through national review

courses such as those offered by the American Academy of Psychiatry and the Law (AAPL), or attendance at relevant law school classes or a completed law school education.

Although the completion of a forensic psychiatry residency provides a critical foundation important in understanding the interface of child and adolescent psychiatry with forensic psychiatry, there are many well-regarded experts in child and adolescent forensic psychiatry who have gained their expertise through years of practical forensic experience rather than a formal forensic psychiatry residency. Therefore, the lack of certification in forensic psychiatry does not represent an absolute bar to an ABPN-certified child and adolescent psychiatrist serving on an ACGME-accredited forensic psychiatry residency faculty.

CHILD-FOCUSED LEARNING SITES

The ACGME program requirements for forensic psychiatry residency training require the program to include training experiences in 3 venues. When designing a child-focused track within the forensic residency program, the training director should consider those juvenile settings that most closely parallel the venues required by the program guidelines. The exact language for the 3 required learning venues is provided later, with suggestions for child-focused experiences that parallel the more general forensic psychiatry residency program requirements. The 3 required venues specified by ACGME for a forensic psychiatry residency program include the following:

- "Facilities in which forensic psychiatric evaluations are performed on subjects with a broad variety of psychiatric disorders, where residents can learn evaluation techniques. These may include court clinics, inpatient forensic units, outpatient forensic clinics, and private practices."[3] Child-focused facilities that match this learning venue include juvenile court clinics, juvenile detention facilities, outpatient clinics for juvenile offenders, and private practice clinics of child and adolescent forensic psychiatrists
- "Facilities that provide general psychiatric services to patients with a broad variety of psychiatric disorders, where residents can learn consultation regarding legal issues in psychiatric practice. These may include inpatient and outpatient facilities or may be specialized facilities that provide psychiatric care to correctional populations."[3] Potential parallel child-focused experiences in this arena might include child and/or adolescent psychiatry inpatient units, general hospital inpatient units, partial or day treatment programs, group homes for delinquent youth, child abuse evaluation assessment centers, and/or continuation schools that work with juveniles involved in the juvenile justice system
- "Facilities that treat persons in the correctional system, where residents can learn about the specialized treatment issues raised by these populations and settings. These facilities may include prisons, jails, hospital-based correctional units, halfway facilities, rehabilitation programs, community probation programs, forensic clinics, juvenile detention facilities, and maximum security forensic hospital facilities."[3] Examples of appropriate child forensic-focused experiences in this required category include juvenile detention facilities, facilities for juveniles whose disposition involves commitment to a correctional facility, juvenile substance abuse diversion treatment programs, juvenile probation and community monitoring programs, and juveniles who may be housed in a forensic psychiatric hospital.

Important factors to consider when organizing a child-focused clinical site are highlighted in **Box 1**.

SPECIALTY CURRICULUM FOR A CHILD-FOCUSED TRACK

According to the program requirements for forensic psychiatry residency training, "The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management."[3] The program curriculum is divided into 2 main categories: didactic curriculum and forensic experiences. The application of child-focused training experiences in each of these categories is summarized later.

Didactic Curriculum

The program requirements provide a clear mandate that the didactic curriculum must include specific didactic training in 10 areas of forensic psychiatry. Although none of these 10 areas specifically address children or adolescents, each area has a child and adolescent parallel component that is important to address in a child forensic track. **Table 1** outlines specific forensic topics noted in the 10 required didactic areas with corresponding child and adolescent forensic issues. **Table 1** is not intended to represent a comprehensive list of all subject areas for the corresponding child-focused topic but instead provides a starting point to consider when designing a child-focused didactic curriculum.

In addition to the mandated didactic curriculum outlined in **Table 1**, the program requires a law curriculum that covers issues in 3 main areas: the legal system, civil law, and criminal law. The law curriculum suggests, rather than mandates, a total of 32 topic areas that an appropriate law curriculum might encompass. Seven of the recommended 32 topic areas are specific to child and adolescent psychiatry. The child-focused track should consider making these topic areas mandatory for child and adolescent psychiatrists in the forensic psychiatry residency. Content material to consider in each of these 7 legal subject areas includes the following:

1. Children's rights:
   a. Mature minor doctrine
   b. Emancipated minor doctrine
   c. Right to confidential psychiatric treatment
   d. Right to contraception and/or abortion
   e. Right to treatment without parent's knowledge
   f. Right to refuse treatment

Box 1
Factors to consider when organizing a child forensic-focused experience

- The qualifications of the on-site supervisor, who ideally should be a certified child and adolescent psychiatrist
- The breadth of exposure the opportunity affords
- The feasibility of the site in relationship to other required aspects of the program
- The safety of the environment
- Adequate support personnel on site

Table 1
Child and adolescent forensic psychiatry curriculum

Mandatory ACGME Curriculum Topic	Corresponding Child and Adolescent Forensic Psychiatry Topic
History of forensic psychiatry	Evaluation of children's legal culpability under Roman and English common law US Houses of Refuge Creation of Juvenile Courts in the late 1800s Juvenile Justice and Delinquency Prevention Act
Roles and responsibilities of forensic psychiatrists	Understanding the contrasting roles in clinical vs forensic examination Gathering data from family, school, and other collateral resources especially relevant to juveniles Learning the legal responsibility for child abuse allegations that may surface during a forensic examination
Assessment of competency to stand trial	Understanding those issues unique to juvenile competency to include developmental immaturity as a potential predicate for a finding of trial incompetency Awareness of structured assessment instruments specific to juvenile trial competency Knowledge of relationship of competency evaluations to judicial waivers
Assessment of criminal responsibility	Appreciation of developmental issues to criminal intent and *mens rea* Understanding developmental issues relevant to insanity statute components
Assessment of amnesia	Understanding of childhood amnesia from birth to age 3 years Evaluation of claimed dissociation in regards to child abuse trauma Knowledge of specific techniques to evaluate amnesia claims in juveniles
Testamentary capacity	Application of testamentary capacity to an emancipated minor
Civil competency	Evaluation of an emancipated minor's ability to enter into a civil contract Understanding of both an emancipated minor and mature minor's ability to make medical decisions Competency of a minor to refuse or accept treatment
Assessment of dangerousness	Factors specific to juvenile's risk of future violence Knowledge regarding actuarial and structured clinical judgment in regards to juvenile risk assessment Understanding assessment of juvenile psychopathy and associated controversy

Assessment of the accused sexual offender	Knowledge of factors specific to juvenile sexual offending Familiarity with various sex offender risk assessment instruments Understanding of best practice treatment recommendations for juvenile sex offending
Evaluation and treatment of incarcerated individuals	Knowledge regarding the epidemiology of mental disorders among detained youth Understanding of common mental health screening and assessment instruments for incarcerated youth Appreciation of best practices treatment approaches for incarcerated youth
Ethical, administrative, and legal issues in forensic psychiatry	Appreciation of importance of knowing agency policy and procedures governing juvenile evaluations and treatment Knowledge of relevant ethical guidelines for psychiatric care and forensic evaluations of juveniles to include the American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, and American Academy of Psychiatry and the Law ethical guidelines Concerns regarding child abuse, informed consent, and identification of guardian Landmark cases that deal specifically with juvenile and family issues
Legal regulation of psychiatric practice	Standards of care regarding the treatment of minors to include off-label prescribing and suicide risk assessments
Writing of a forensic report	Documentation regarding family and school sources of information Application of relevant statutory and case law to writing a forensic opinion Discussion of developmental issues relevant to legal issues of the case Identification of potential protective factors and resiliency in youth
Eyewitness testimony	Knowledge regarding memory recall and errors in children aged 3–18 years Interview effects on child witness testimony

   g. Right to freedom from sexual harassment in both a school and working environment.
2. Family law:
   a. Dependency petitions
   b. Adoption issues and children
   c. Guardian *ad litem* appointments
   d. Children in Need of Services (CHINS)
   e. Families in Need of Services (FINS).
3. Structure and function of juvenile systems:
   a. History and development of juvenile court
   b. Juvenile court process with terminology used in the juvenile court process
   c. Role of the juvenile probation officer and disposition hearing
   d. Laws related to separation of youth from adults in detainment facilities.
4. Child custody determinations
   a. The doctrine of the best interests of the child
   b. National and international laws related to uniform recognition of child custody decisions and parental kidnapping.
5. Parental competence and termination of parental rights
   a. Standard of proof required for termination of parental rights
   b. Legal issues related to evaluating parental competence.
6. Child abuse and neglect
   a. Mandatory child abuse reporting statutes.
7. Developmental disability law
   a. Laws governing a free and appropriate public education and the least restrictive educational environment
   b. Legal requirements for individualized education plans.

FORENSIC EXPERIENCES

In addition to the didactic curriculum outlined earlier, the program requirements mandate that "forensic experiences must provide residents with sufficient opportunity for the psychiatric evaluation of individuals" in the following 5 areas: criminal behavior, criminal responsibility and competency to stand trial, sexual misconduct, dangerousness, and civil law and regulation of psychiatry issues.[3] There are 2 basic approaches a forensic psychiatry residency program can take to meet this requirement, either alone or in combination.

Pairing Resident with Faculty

First, each of these 5 forensic experiences can be created by pairing the forensic psychiatry resident with a child and adolescent psychiatrist who is conducting the evaluation. In this situation, the faculty member should clarify with the referral party whether there are objections from any party to the resident's observing the forensic evaluation. Because most child and adolescent psychiatric residents in the forensic program have not yet received ABPN certification or have limited forensic experience in the civil forensic psychiatry arena, attorneys are less likely to retain a forensic resident as the sole forensic expert in civil cases. Therefore, organizing a conjoint interview or observation role for the resident provides the resident with the experience of evaluating a youth who has made a psychiatric claim in the civil litigation arena. Despite potential reluctance of attorneys to privately retain a forensic psychiatry resident in civil cases, these agreements are much more feasible in evaluations of juveniles involved in the juvenile justice system.

Residents as Court-appointed Evaluators

Second, the forensic psychiatry residency programs should work with their local juvenile justice court system to approve appointment of those forensic residents, trained in child and adolescent psychiatry, to panels of experts who are court appointed to conduct forensic psychiatric evaluations of juveniles. Providing education regarding the background and training of the forensic resident to juvenile court judges, defense attorneys, and prosecutors, can both inform and reassure the court of the qualifications of the forensic resident and increase the likelihood of receiving referrals.

In addition to forensic experiences in psychiatric evaluations, the program guidelines also require that the resident have experience in the review of written records, in the preparation of a written report and/or testimony in a diversity of cases, a supervised experience in testifying in court or in mock trial simulations, and supervised training in the relevance of legal documents. All of these requirements can be met through implementing 1 or more of the following teaching strategies.

Strategy 1: Mock Trial

When working with forensic residents who are conducting psychiatric evaluations for a forensic referral, supervising child and adolescent psychiatrists should ensure that that have reviewed the relevant legal and clinical documents in the preparation of their written reports. Even if testimony is not required, conducting a mock trial experience can assist the resident in developing court testimony skills. Mock trial experiences can be divided into discrete learning modules that involve videotaped training on the presentation of appropriate credentials, challenge of credentials, presentation of direct testimony, as well as cross-examination.

Strategy 2: Library of Forensic Cases

The forensic residency program should consider developing a teaching library of forensic cases with redacted identifying information. For example, the child and adolescent psychiatric faculty member could retain a variety of forensic cases that involved a written report to the court. After redacting any identifying information, the resident is provided the written psychiatric evaluation with the identified referral question. With this initial information, the resident is assigned the following learning tasks with corresponding supervision and guidance:

- Prepare a written list of collateral records or interviews that may be important in the evaluation of this case
- Prepare a written summary of records based on additional records provided (eg, police reports, hospital records)
- Write a written forensic opinion based on the information provided. The writing of this parallel report allows a close comparison with the opinion and supportive reasoning of the supervising faculty
- Undergo a mock cross-examination by the supervising faculty member based on the summary of records and written opinion created by the resident.

Strategy 3: Affiliated Attorneys

Create a mock trial experience with an affiliated faculty attorney who provides the direct and cross-examination. Important components of creating a mock trial experience for the resident include the following:

- Provide the examining attorney with the forensic report with sufficient time in advance to prepare the examination

- Require supervising faculty to observe the mock trial and provide both verbal and written feedback
- Videotape the mock trial experience with feedback provided to the resident on areas of improvement and subsequent reexamination to assist in improved testimony skills.

Experience in Two Settings

The final 2 categories of required forensic experiences noted in the ACGME program guidelines involve the provision of care to individuals in 2 settings. The first mandate involves a consultative experience with clinicians regarding legal issues that arise in psychiatric practice. To meet this program requirement and provide a child-focused experience, the forensic residency program should develop a consultative relationship with 1 or more of the following settings: emergency rooms that service pediatric patients, hospital pediatric inpatient units or outpatient clinics, juvenile detention facilities, and/or school mental health programs. Suggested forensic pediatric consultative experiences would typically include civil commitment and dangerousness, confidentiality, decision-making competence, guardianship, and refusal of treatment.

The second required clinical experience involves the evaluation and management of acutely and chronically ill patients in correctional system such as prisons, jails, community programs, and secure facilities. The ACGME program guidelines specifically note that the residents must have at least 6 months' experience in the management of patients in correctional settings. However, no further clarification is provided regarding what this experience must encompass. A child-focused track could meet this requirement through the provision of clinical services to youth housed in juvenile detention facilities or enrolled in probation programs, adolescents incarcerated in adult facilities, and juveniles involved in youth correctional settings or secure forensic facilities.

Those forensic psychiatry residency programs that provide clinical assessments and treatment to individuals 13 years old or younger should be familiar with the program guideline that states, "Direct clinical work with children under the age of 14 years should be limited to residents who have previously completed ACGME-approved training in child and adolescent psychiatry or to residents who are under the supervision of a board certified child and adolescent psychiatrist or an individual who possesses qualifications to be acceptable by the RRC."[3]

RESIDENT SCHOLARLY ACTIVITY

A scholarly activity is the final learning activity mandated by the ACGME program requirements. In particular, the program requirements specify that "each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities."[3] Opportunities for a child and adolescent psychiatrist to meet this requirement might include 1 or more of the following experiences:

1. Conducting a literature review of a child and adolescent forensic topic and with a written product suitable for publication submission
2. Writing an analysis and commentary of a recent landmark legal case that focuses on a legal issue related to children and adolescents with submission for publication
3. Writing a grant proposal and/or an Institutional Review Board protocol for a proposed research activity
4. Collaborating with a faculty member with an ongoing child and adolescent–focused forensic psychiatry research project

5. Preparation of a scholarly review of a child-focused forensic topic to be presented in a grand rounds format at a local or national meeting.

SUMMARY

Child and adolescent forensic psychiatry is a growing subspecialty, but exposure to child and adolescent forensic issues is extremely limited in both general psychiatry residency and child and adolescent psychiatry residency programs. Currently, there is no ACGME-approved Graduate Medical Education Program for child and adolescent forensic psychiatry. However, forensic psychiatry residency directors can create a child-focused forensic training opportunity that simultaneously meets the needs of the ACGME program in forensic psychiatry. By carefully creating didactic, clinical, and research experiences relevant to child and adolescent forensic psychiatric issues, forensic psychiatry program directors can provide this much-needed training to qualified psychiatrists.

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