

The American Board of Psychiatry and Neurology
Forensic Psychiatry Core Competencies Outline 2.1
(Coordinated with the ABPN Core Competencies Outline, Version 4.1)

I. Forensic Psychiatry Patient Care Core Competencies

- A. Forensic psychiatrists shall demonstrate the following abilities as they assess and/or treat individuals in forensic settings¹:
1. To perform and document a relevant history and examination on culturally diverse patients² to include as appropriate:
 - a. Chief complaint
 - b. History of present illness
 - c. Past medical history
 - d. A comprehensive review of systems
 - e. A biological family history
 - f. A sociocultural history³
 - g. A developmental history (especially for children)
 - h. A legal history
 2. To delineate appropriate differential diagnoses, with special attention to malingering.
 3. To evaluate, assess and recommend effective management of patients
- B. Based on a relevant psychiatric assessment, forensic psychiatrists shall demonstrate the following abilities as they practice in forensic settings:
1. To develop and document as appropriate:
 - a. An appropriate DSM-IV multi-axial differential diagnosis
 - b. An integrative case formulation that includes neurobiological, phenomenological, psychological, and sociocultural issues involved in diagnosis and management
 - c. An evaluation plan, including appropriate laboratory, imaging, medical, and psychological examinations
 - d. A comprehensive treatment plan addressing biological, psychological, and socio-cultural domains with special attention to:
 - 1) Safety and security measures
 - 2) Appropriate levels of care
 - 3) Use of appropriate pharmacotherapy
 - 4) Use of appropriate psychotherapies, and other treatments
 2. To comprehensively assess and document patient's potential for self-harm or harm to others. This shall include as appropriate:
 - a. An assessment of risk
 - b. Knowledge of involuntary treatment standards and procedures
 - c. Ability to intervene effectively to minimize risk
 - d. Ability to implement prevention methods against self-harm and harm to others
 3. To conduct interviews for treatment purposes as appropriate (e.g., enhance the ability to collect and use clinically relevant material through the

- conduct of supportive interventions, exploratory interventions, and clarifications)
4. To conduct a range of individual, group, family therapies and other therapies as appropriate using standard, accepted models, and to integrate these therapies in treatment
 5. To conduct a forensic evaluation for non-treatment purposes of an individual and develop a well-reasoned forensic psychiatric opinion, including:
 - a. A personal interview of the subject (as appropriate) which includes:
 - 1) A statement regarding the limits of confidentiality, the role of the evaluator, the issues to be addressed, and the nature and scope of evaluation
 - 2) Relevant historical information
 - 3) A mental status examination
 - 4) Review of collateral sources of information, including record review
 - b. Application of the relevant legal standard and the data pertinent to the relevant legal standard

II. Forensic Psychiatry Medical Knowledge Core Competencies

- A. Forensic psychiatrists shall demonstrate the following:
 1. Knowledge of DSM-IV disorders as appropriate to forensic settings, including considerations relating to age, gender, race, and ethnicity, based on the literature and standards of practice. This knowledge shall include:
 - a. The epidemiology of the disorder
 - b. The etiology of the disorder, including medical, genetic, and sociocultural factors
 - c. The phenomenology of the disorder
 - d. An understanding of the impact of physical illness on the patient's functioning
 - e. The experience, meaning, and explanation of the illness for the patient and family, including the influence of cultural factors and culture-bound syndromes
 - f. Effective treatment strategies
 - g. Course and prognosis
 2. Knowledge of healthcare and forensic delivery systems
 3. Knowledge of the application of ethical principles in delivering medical and forensic services
 4. Knowledge of electronic systems to access medical, legal, scientific, and patient information
 5. Legal regulation of psychiatry, including:
 - a. Malpractice
 - b. Civil commitment
 - c. Confidentiality/privilege/privacy

- d. Ethics, including research ethics
- e. Right to treatment/refuse treatment
- f. Duty to warn/protect
- g. Informed consent
- h. Medical board issues/licensure
- i. Product liability
- 6. Civil issues, including:
 - a. Personal injury/toxic torts
 - b. Workplace issues: workers compensation, social security, disability, harassment, discrimination
 - c. Competency/guardianship/conservatorship
 - d. Testamentary capacity
 - e. Victimology
 - f. Contracts
 - g. ADA issues
- 7. Criminal issues, including:
 - a. Competency
 - 1) Witness
 - 2) Stand trial
 - 3) Execution
 - 4) Waive rights
 - a) Confessions
 - b) Jury
 - c) Counsel
 - d) Silence (Miranda)
 - b. Insanity
 - 1) Diminished capacity
 - 2) Mens rea
 - 3) History and reform of the insanity defense
 - 4) Post-acquittal/PSRB
 - 5) Guilty but mentally ill
 - c. Pre-sentencing/diversion programs
 - d. Death penalty
 - e. Sexual predation
- 8. Correction/correctional health care, including:
 - a. Epidemiology
 - b. Settings
 - c. Death row treatment/execution
 - d. Special treatment programs: sex offenders, drugs, abusers, MR/DD
 - e. Treatment of the seriously mentally ill
 - f. Due process issues: treatment, commitment, movement, transfer
 - g. Sociology of correctional institutions (e.g., sex, race, drugs, gangs)
 - h. Confidentiality issues
 - i. Conditions of confinement
 - j. Security vs. treatment issues
 - k. Probation/parole

1. Sex offenders
9. Legal systems/basic law, including:
 - a. Sources of law
 - 1) Constitution
 - 2) Statutes
 - 3) Regulations/administrative law
 - 4) Case law
 - b. Court system
 - 1) Federal
 - 2) State
 - c. Adjudicative process
 - 1) Civil procedure
 - 2) Criminal procedure
 - 3) Evidence (including subpoenas)
 - d. Class action suits
 - e. Consent decrees
10. Children/families
 - a. Civil
 - 1) Abuse/neglect/foster care
 - 2) Divorce/custody/visitation
 - 3) Surrogacy
 - 4) Termination of parental rights
 - 5) Competency
 - a) Emancipation
 - b) Mature minor
 - 6) Commitment
 - 7) Informed consent/assent
 - 8) Sterilization
 - 9) Adoption
 - 10) Evaluation of child sexual abuse
 - 11) Children as witnesses
 - 12) Malpractice/ethics/confidentiality
 - b. Criminal
 - 1) Juvenile court/CHINS/PINS
 - 2) Waiver
 - 3) Competency to be a witness
 - 4) Delinquency
 - c. Forensic evaluation of children, adolescents, and their families
11. Special diagnostic and treatment issues, including:
 - a. PTSD
 - b. Paraphilias
 - c. MR/DD
 - d. Organic brain syndrome
 - e. Malingering/factitious disease/Munchausen by proxy
 - f. Personality disorders
 - g. Substance abuse (alcohol, drugs)

- h. HIV/AIDS
- i. Amnesia
- j. Syndromes
 - 1) PMS
 - 2) Battered spouse
 - 3) Rape trauma
 - 4) Neonaticide
 - 5) Homicide/suicide
- 12. Special procedures in forensic psychiatry, including:
 - a. Hypnosis/amobarbital
 - b. Polygraphy
 - c. Penile plethysmography
 - d. Voice stress analysis
 - e. Psychological/neuropsychological testing
 - f. Laboratory procedures
 - g. Neuroimaging
- 13. Special consultations and investigations, including:
 - a. Psychiatrists/other mental health professionals
 - b. Attorneys
 - c. Police
 - d. Administrators
 - e. Parole/wardens
 - f. Secret Service/FBI
 - g. Legislative
 - h. Schools
 - i. Geriatric population
 - j. Managed care issue
- 14. Risk assessment issues, including:
 - a. Violence
 - b. Dangerousness
 - c. Criminology
 - d. Suicide
 - e. Psychiatric autopsy

III. Forensic Psychiatry Interpersonal and Communications Skills Core Competencies

- A. Forensic psychiatrists shall demonstrate the following abilities:
 - 1. To listen to and understand patients and evaluatees and to attend to nonverbal communication
 - 2. To communicate effectively with patients and evaluatees using verbal, nonverbal, and written skills as appropriate
 - 3. To develop and maintain a therapeutic alliance with patients
 - 4. To partner with patients to develop an agreed upon healthcare management plan
 - 5. To discuss with evaluatees the nature of, purpose, and goals of the evaluation.

6. To transmit information to patients and evaluatees in a clear and meaningful fashion
 7. To understand the impact of physicians' own feelings and behavior so that it does not interfere with appropriate evaluation and treatment
 8. To communicate effectively and work collaboratively with allied healthcare professionals, correctional officers, attorneys, judges and with other professionals involved in the lives of patients, evaluatees, and families
 9. To educate patients, their families, and professionals about medical, psychosocial, behavioral, and legal issues
 10. To communicate effectively in testimony and/or mock trials
 11. To communicate forensic data and opinions in written format through forensic reports and/or testimony
- B. Forensic psychiatrists shall demonstrate the ability to obtain, interpret, and evaluate consultations from other medical specialties. This shall include:
1. Knowing when to solicit consultation and having sensitivity to assess the need for consultation
 2. Formulating and clearly communicating the consultation question
 3. Discussing the consultation findings with the consultant
 4. Discussing the consultation findings with patient and family when appropriate
- C. Forensic psychiatrists shall serve as an effective consultant to other medical specialists, mental health professionals, and community agencies by demonstrating the following abilities:
1. Communicate effectively with the requesting party to refine the consultation question
 2. Maintain the role of consultant
 3. Communicate clear and specific recommendations
 4. Respect the knowledge and expertise of the requesting professionals
- D. Forensic psychiatrists shall demonstrate the ability to communicate effectively with patients and their families by:
1. Gearing all communication to the educational and intellectual levels of patients and their families
 2. Demonstrating sociocultural sensitivity to patients and their families
 3. Providing explanations of psychiatric and neurological disorders and treatment and legal issues that are jargon-free and geared to the educational/intellectual levels of patients and their families
 4. Providing preventive education that is understandable and practical
 5. Respecting the patients' cultural, ethnic, religious, and economic backgrounds
 6. Developing and enhancing rapport and a working alliance with patients and their families
 7. Ensuring that the patient and/or family have understood the communication

- E. Forensic psychiatrists shall maintain up-to-date medical records and write legible prescriptions. These records must capture essential information while simultaneously respecting patient privacy, and they must be useful to health and legal professionals outside psychiatry and neurology.
- F. Forensic psychiatrists shall demonstrate the ability to effectively lead a multidisciplinary treatment team, including being able to:
 - 1. Listen effectively
 - 2. Elicit needed information from team members
 - 3. Integrate information from different disciplines
 - 4. Manage conflict
 - 5. Clearly communicate an integrated treatment plan
- G. Forensic psychiatrists shall demonstrate the ability to communicate effectively with patients, evaluatees, and their families while respecting confidentiality. Such communication may include:
 - 1. The results of the medical or legal assessment when appropriate
 - 2. Use of informed consent when considering investigative procedures
 - 3. Genetic counseling and palliative care when appropriate
 - 4. Consideration and compassion for the patient in providing accurate medical information and prognosis
 - 5. The risks and benefits of the proposed treatment plan, including possible side effects of medications and/or complications of non-pharmacologic treatments
 - 6. Alternative (if any) to the proposed treatment plan
 - 7. Appropriate education concerning the disorder, its prognosis, and prevention strategies

IV. Forensic Psychiatry Practice-Based Learning and Improvement Core

- A. Forensic psychiatrists shall recognize limitations in their own knowledge base and clinical skills, and understand and address the need for lifelong learning.
- B. Forensic psychiatrists shall demonstrate appropriate skills for obtaining and evaluating up-to-date information from scientific, practice, and legal literature and other sources to assist in the quality care of patients and quality forensic evaluations. This shall include, but not be limited to:
 - 1. Use of medical and legal libraries
 - 2. Use of information technology, including Internet-based searches and literature databases (e.g., Medline, Lexis-Nexis, Westlaw)
 - 3. Use of drug information databases
 - 4. Active participation, as appropriate, in educational courses, conferences, and other organized educational activities both at the local and national levels.

- C. Forensic psychiatrists shall evaluate caseload, practice, and forensic experience in a systematic manner. This may include:
 - 1. Case-based learning
 - 2. Use of best practices through practice guidelines or clinical pathways forensic practice parameter guidelines relevant to the practice of forensic psychiatry
 - 3. The review of patient and forensic records
 - 4. Obtaining evaluations from patients (e.g., outcomes and patient satisfaction)
 - 5. Employment of principles of quality improvement in practice
 - 6. Obtaining appropriate supervision, consultation, and peer review
 - 7. Maintaining a system for examining errors in practice and initiating improvements to eliminate or reduce errors
 - 8. Maintaining a record of forensic evaluations using a systematic methodology

- D. Forensic psychiatrists shall demonstrate an ability to critically evaluate relevant medical and legal literature. This ability may include:
 - 1. Using knowledge of common methodologies employed in psychiatric, neurological, and legal research
 - 2. Researching and summarizing a particular problem that derives from their own caseloads

- E. Forensic psychiatrists shall demonstrate the ability:
 - 1. To review and critically assess scientific literature to determine how quality of care and forensic evaluations can be improved in relation to one's practice (e.g., reliable and valid assessment techniques, treatment approaches with established effectiveness, practice parameter adherence). Within this aim, forensic psychiatrists shall be able to assess the generalizability or applicability of research finding to one's patients and evaluatees in relation to their sociodemographic and clinical characteristics
 - 2. To develop and pursue effective remediation strategies that are based on critical review of the scientific literature

V. Forensic Psychiatry Professionalism Core Competencies

- A. Forensic psychiatrists shall demonstrate responsibility for their patients' care as appropriate in forensic settings, including:
 - 1. Responding to communication from patients, health professionals, and members of the legal profession in a timely manner
 - 2. Establishing and communicating back-up arrangements, including how to seek emergent and urgent care when necessary
 - 3. Using medical records for appropriate documentation of the course of illness and its treatment
 - 4. Providing coverage if unavailable, (for example, when out of town or on vacation)

5. Coordinating care with other members of the medical and/or multidisciplinary team
 6. Providing for continuity of care, including appropriate consultation, transfer, or referral if necessary
 7. Maintaining records of forensic evaluations and opinions
- B. Forensic psychiatrists shall demonstrate ethical behavior, integrity, honesty, compassion, and appropriate confidentiality in the delivery of care, the delivery of forensic services, and the conduct of forensic research, including matters of informed consent/assent, professional conduct, and conflict of interest.
- C. Forensic psychiatrists shall demonstrate respect for patients and their families, and their colleagues as persons, including their ages, cultures, disabilities, ethnicities, genders, socioeconomic backgrounds, religious beliefs, political leanings, and sexual orientations.
- D. Forensic psychiatrists shall demonstrate understanding of and sensitivity to end of life care and issues regarding provision of care
- E. Forensic psychiatrists shall review their professional conduct and remediate when appropriate.
- F. Forensic psychiatrists shall participate in the review of the professional conduct of their colleagues.
- G. Forensic psychiatrists shall be aware of safety issues, including acknowledging and remediating medical errors, should they occur.

VI. Forensic Psychiatry Systems-Based Practice Core Competencies

- A. Forensic psychiatrists shall have a working knowledge of the diverse systems involved in evaluating and treating patients of all ages, and understand how to use the systems as part of a comprehensive system of care in general and as part of a comprehensive, individualized treatment plan or forensic evaluation. This will include the:
1. Use of practice guidelines
 2. Ability to access community, national, allied health professional, and legal resources that may enhance the quality of life of patients with chronic psychiatric illnesses
 3. Demonstration of the ability, as appropriate, to lead and delegate authority to healthcare teams needed to provide comprehensive care for patients with psychiatric disease
 4. Demonstration of skills of practice in outpatient settings, including time management, scheduling, and efficient communication with referring physicians, attorneys, courts and agencies

5. Use of appropriate consultation and referral mechanisms for the optimal clinical management of patients with complicated medical illness
 6. Use of accurate medical and legal data in the communication with and effective management of patients and evaluatees
 7. Demonstration of skills in communication with and providing consultation to multiple systems, including:
 - a. Interaction in a consultation role
 - b. Collaboration with various treatment and legal professionals in a variety of forensic and non-forensic settings
 - c. Having an awareness of dual-agency conflicts in systems
 - d. Utilization of the “least restrictive environment” within multiple systems
- B. In the community system, forensic psychiatrists shall:
1. Recognize the limitation of healthcare resources and demonstrate the ability to act as an advocate for patients
 2. Demonstrate knowledge of the legal aspects of psychiatric diseases as they impact patients and their families
 3. Demonstrate an understanding of risk management issues in decreasing liability for community systems
- C. Forensic psychiatrists shall demonstrate knowledge of community systems of care and assist patients to access appropriate care and other support services. This requires knowledge of treatment settings in the community, which include ambulatory, consulting, acute care, partial hospital, skilled care, rehabilitation, and substance abuse facilities; halfway houses; nursing homes and home care; and hospice organizations. Forensic psychiatrists shall demonstrate knowledge of the organization of care in each relevant delivery setting and the ability to integrate the care of patients across such settings.
- D. Demonstrate adequate knowledge of forensic systems pertinent to forensic evaluation and treatment settings, including:
1. Correctional and mental health secure systems
 2. Court systems
 3. Mental health systems
 4. Legislative and regulatory systems

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Approved by the Core Competencies Committee 7/17/04

¹Forensic settings - correctional or mental health security facilities (inpatient or outpatient)

²Cultural diversity includes issues of race, gender, language, age, country of origin, sexual orientation, religious/spiritual beliefs, sociocultural class, educational/intellectual levels, and physical disability. Working with a culturally diverse population requires knowledge about cultural factors in the delivery of healthcare. For the purposes of this document, all patient and peer populations are to be considered culturally diverse.

³Regarding sociocultural issues, for the purposes of this document, “family” is defined as those having a biological otherwise meaningful relationship with the patient. Such “significant others” are to be defined from the patient’s point of view.