UW Medicine
DEPARTMENT OF PSYCHIATRY
AND BEHAVIORAL SCIENCES

October 25, 2017

Hunter G. Goodman
Secretary of the Senate
417 Legislative Bldg.
P.O. Box 40482
Olympia WA 98504-0482

Bernard Dean
Chief Clerk
Washington State House of Representatives
Legislative Building - 338B
P.O. Box 40600
Olympia, WA 98504-0600

Dear Chief Clerk Dean & Secretary Goodman:

We are pleased to submit the University of Washington's ("University") report in response to the Washington State Legislature's budget provision asking the Department of Psychiatry and Behavioral Sciences to conduct an analysis and develop a plan to create a high quality forensic teaching service in collaboration with Western State Hospital.

The University welcomes the opportunity to discuss the proposed plan further with the Washington State Legislature. Please let me know if you have any questions. Thank you.

Sincerely,

Jürgen Unützer, MD, MPH, MA
Professor and Chair,
Department of Psychiatry &
Behavioral Sciences
School of Medicine

Paul G. Ramsey, M.D.
CEO, UW Medicine
Executive Vice President for Medical Affairs and
Dean of the School of Medicine,
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cc: The Honorable Frank Chopp, Speaker of the House
The Honorable Mark Schoesler, Majority Leader, State Senate
The Honorable Sharon Nelson, Minority Leader, State Senate
The Honorable Sharon Brown, Deputy Leader, State Senate

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The Honorable Andy Billig, Minority Deputy Leader, State Senate
The Honorable Joe Fain, Majority Floor Leader, State Senate
The Honorable Pat Sullivan, Majority Leader, State House
The Honorable Dan Kristiansen, Minority leader State House
The Honorable J.T. Wilcox, Minority Floor Leader, State House
Members of the House Appropriations Committee
Members of the House Health Care & Wellness Committee
Members of the House Higher Education Committee
Members of the Senate Ways & Means Committee
Members of the Senate Health Care Committee
Members of the Senate Human Service, Mental Health & Housing Committee
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UW Medicine

DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

Analysis and Proposed Plan for Forensic Mental Health Teaching Services at Western State Hospital

10/23/2017

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EXECUTIVE SUMMARY

Introduction

The 2016 Washington State Legislature directed the University of Washington Department of Psychiatry and Behavioral Sciences (UW), in collaboration with the Behavioral Health Administration (BHA) and Western State Hospital (WSH), to conduct an analysis and develop a plan to create a high-quality forensic teaching service in collaboration with WSH. This report is submitted in response to this directive from the legislature.

To address this task, Dr. Jürgen Unützer, Chair of the UW Department of Psychiatry and Behavioral Sciences, convened a core group of faculty with expertise in forensic mental health, education, and training programs. This workgroup (UW workgroup) has been guided by an inter-institutional steering committee, including two representatives from the UW—Dr. Unützer and Vice Chair, Dr. Eric Trupin—, as well as Dr. David Luxton of the Office of Forensic Mental Health Services (OFMHS), BHA, Department of Social and Health Services, and Dr. Jim Polo of WSH.

The UW workgroup and BHA identified several key components of this project, including assessing the needs and goals of BHA related to forensic psychiatry and psychology education and workforce development; conducting an analysis of the characteristics associated with high-quality forensic psychiatry and psychology training programs; developing a plan, timeline, and budget for implementing a co-sponsored forensic teaching service at WSH; and identifying the risks, benefits and barriers of such a teaching service to various stakeholders.

Current Forensic Mental Health Training at WSH

This report focuses on the development of a high-quality forensic teaching service for three primary groups of trainees: psychiatry residents, forensic psychiatry fellows, and forensic psychology postdoctoral fellows. Psychiatry residents are physicians who have completed medical school, earning an M.D. or D.O. degree, and who are in a 4-year psychiatry residency program to fulfill requirements for independent practice and specialty Board certification as psychiatrists. Forensic psychiatry fellows have graduated from a psychiatry residency and are completing an additional 12-month fellowship program in order to achieve particular expertise in and qualify for subspecialty Board certification in forensic psychiatry. Forensic psychology postdoctoral fellows have completed a doctoral (Ph.D. or Psy.D.) program in psychology and a year of clinical internship, and are pursuing an additional 12 months of training to gain expertise in forensic psychology. Although WSH previously had an Accreditation Council for

Graduate Medical Education (ACGME)-accredited forensic psychiatry fellowship program, a psychiatry resident rotation in forensics, and a forensic psychology postdoctoral fellowship co-sponsored by the UW, there are currently no psychiatry trainees at WSH and the psychology fellowship is no longer sponsored by the UW.

Workgroup Methodology

The UW workgroup employed various strategies to develop a vision of joint forensic training programs that would make significant contributions to patient care and safety, advance the hospital's mission of holistic recovery, attend to the state's interests in timely and effective clinical and forensic services, provide an impactful experience for trainees in general psychiatry as well as psychiatrists and psychologists seeking specialized training in forensics (and thereby act as a recruitment strategy to develop a high-quality workforce in the state), and emerge as a leader in forensic mental health education. The process included:

- Extensive review and synthesis of relevant scholarly literature
- Consultation with prominent experts on the topic of forensic mental health training
- Consultation with program directors of nationally acclaimed forensic psychiatry and psychology programs
- Formal queries, via surveys and semi-structured interviews, of forensic psychiatry and psychology program directors
- Site visits at model forensic psychiatry and psychology training programs affiliated with state hospitals
- Interviews with current and former members of the WSH workforce, including those who had participated in the former co-sponsored forensic training programs
- Interviews with current and former trainees in forensic mental health programs at WSH

Key Findings

On the basis of these methods, key programmatic themes and challenges were identified, as were best practices for forensic psychiatry and psychology training programs affiliated with state hospitals. Key findings include:

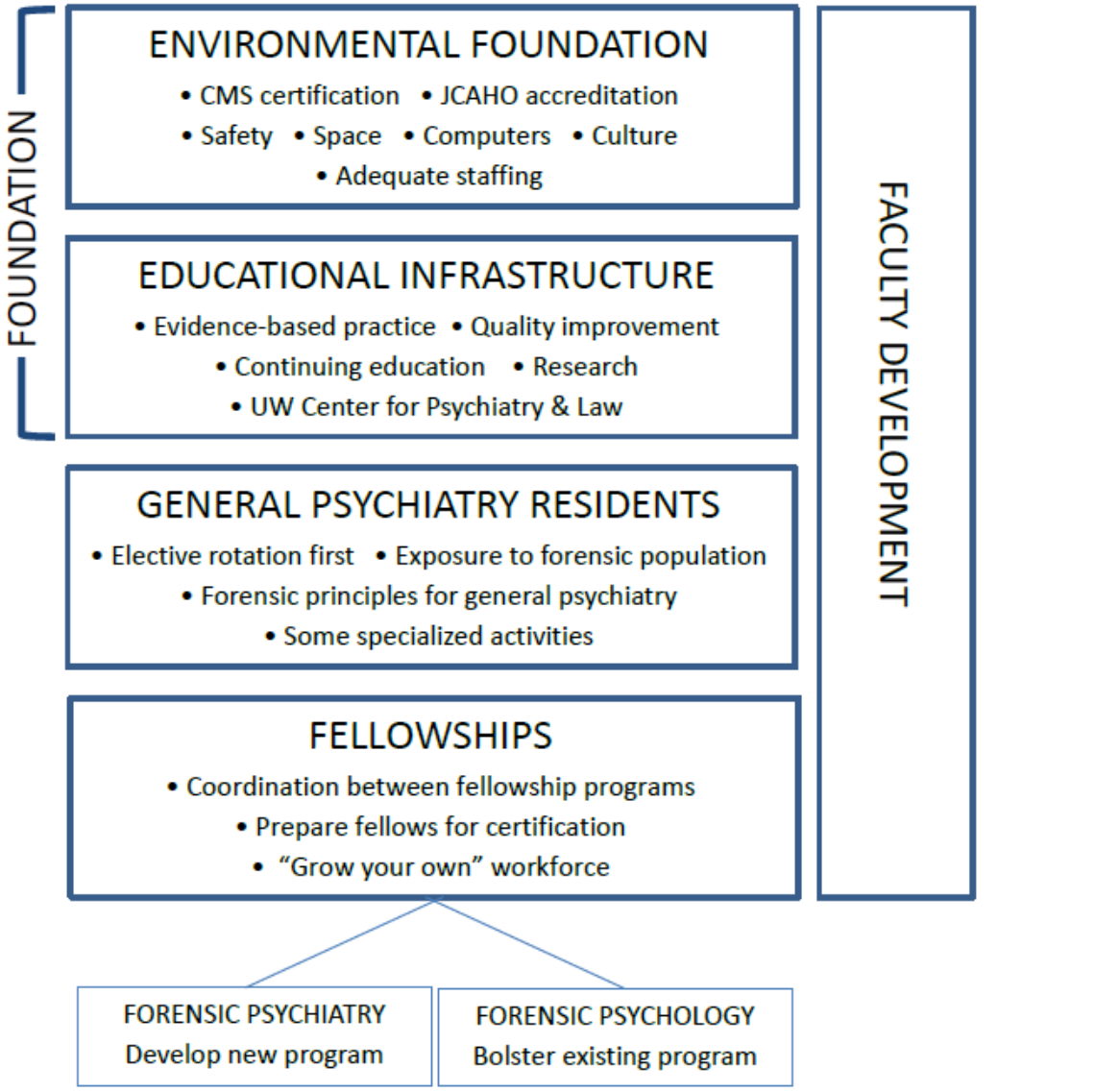
- Demand for specialized forensic psychology postdoctoral training is high, with all programs reporting a high volume of applicants for a limited number of positions.
- Although some positions go unfilled annually for forensic psychiatry fellowships, the majority of positions are filled. For those who have completed forensic psychiatry fellowships, employment demand is high.

- Many program directors highlighted the positive implications of academic affiliation for enhancing scholarly contributions to the field, attracting high-quality applicants, and training in cutting-edge and evidence-based forensic mental health practices.
- Reciprocal benefits for trainees, hospitals, states government agencies and systems, academic faculty, and patients/evaluees were consistently emphasized by directors of model forensic programs. Specific benefits to establishing university-state hospital training partnerships include: increased quality of hospital services, improved research and research-based interventions at hospitals, opportunities for cross-disciplinary training, availability of complex psycho-legal cases for treatment and evaluation, and faculty and hospital staff recruitment and retention.
- Challenges to provision of training at state hospitals include maintaining consistent funding (e.g., salaries, protected time for teaching), preserving protected time for program directors and primary supervisors, coordinating logistics for trainees (e.g., time, distance, credentialing requirements), balancing education with the service needs of the hospital, and integrating hospital-based staff and systems with academic faculty and university systems.
- Many of the challenges described by programs relate to the environment of care: sufficient clinical staffing, culture of wellness and safety, attention to evidence-based practices, and continuing education for staff.
- To sustain quality forensic training programs, program directors emphasized the need for faculty and trainees to have sufficient time, resources, and institutional support to engage in quality educational experiences; hospital support and promotion of evidence-driven interventions; and recruitment and retention of quality faculty for the training program. These measures, critical to maintaining high-quality education, often require significant investment in the form of salary support, decreased clinical productivity for supervisors, and funding for research.

Establishing the Model for a High-Quality Forensic Teaching Service

Following identification of essential elements of model forensic training programs, best practices, and resource availability and constraints at WSH and the UW, the UW workgroup developed a proposal for a high-quality UW-WSH collaborative forensic teaching service, including a step-wise training development plan. It bears noting that the model will take some time to implement fully. The model, illustrated below, is represented by a series of stages, progressing from establishing needed infrastructure and faculty/staff development to adding general psychiatry resident rotations and then to developing and expanding upon WSH-based forensic mental health fellowships to form an integrated, comprehensive teaching service. The model reflects the importance of hospital foundational elements.

Figure 1: Model Components



The initial steps involve a **foundation phase** with continued attention to the **environment of care** at WSH and **educational infrastructure**. High-quality forensic teaching for medical programs will require accreditation by the Joint Commissions on the Accreditation of Healthcare Organizations (JCAHO) and the ACGME. Training programs require continued attention to accreditation standards, safety issues, and infrastructure.

In addition, the role of leadership is critical in fostering a strong environment of care and supporting an educational mission at WSH. It is not uncommon for new educational programs to face some resistance or misunderstanding of trainee roles among clinicians and

administrative personnel at training sites. To overcome this, the hospital and training programs will require strong leadership; ongoing explanation of how the educational programs support the hospital's mission and patient care; program evaluations with attention to both quality of the educational experience and how the programs support the mission of the hospital; and an attractive work environment to promote trainees' maturation to staff clinicians. At the core of this training is a focus on **continuing education and evidence-based practices** that support patient-centered clinical care and quality court evaluation services.

Graduate medical programs have been shown to attract and retain clinicians in the local area. The UW can further support educational efforts by seeking formal collaboration among relevant schools in the University to address, among other things, care delivery, policy, and research related to forensic mental health. Successful educational programs can serve as a core component of an academic division in mental health and the law.

Implementation: Timeline and Cost Considerations

The UW workgroup proposes a stepwise, 5-stage implementation plan and timeline that align with the model components above, whereby subsequent stages are contingent on meeting the benchmarks of the previous stage. A stepwise rollout of UW-WSH forensic teaching services permits continuous monitoring of progress toward agreed-upon milestones. Initiating and maintaining the teaching service will require new state funding for WSH, OFMHS, and UW. The new costs are outlined below and projected for each of the 5 stages. These costs are categorized as WSH, OFMHS, or UW based on which institution will administer that aspect of the program (e.g., new faculty hires are categorized as a UW expense whereas protected time for current employees at WSH or OFMHS are listed as WSH or OFMHS-based costs, respectively). Given the substantial investments of human and financial capital to establish and maintain high-quality training programs, the success of the forensic teaching service depends on securing long-term state funds.

The proposed stages, minimum time projections, and cost considerations are as follows:

Stage	Description	Time Projection	Major Milestones	New State Funding to WSH, OFMHS, and UW
1	Environmental Foundation	FY2019 Estimated 2 years	• WSH certification/ accreditation (CMS, JCAHO) • WSH and OFMHS staff recruitment and retention efforts • UW consultation • WSH environment of care benchmarks • FTE (Full-time effort) for postdoctoral fellowship director and supervisors • Dedicated training program support staff at WSH, suggested 0.1 FTE • WSH explores and establishes roles for forensic psychiatrists in forensic evaluation service • Planning for joint UW-WSH forensic psychology postdoctoral fellowship	• Funding to OFMHS and WSH for personnel (Psychology TD, supervisors and program support FTE) and professional development for a FY 2019 is estimated to total of $64,436, with $50,847 designated to OFMHS for psychologist FTE and $13,589 to WSH for program support and professional development costs • Funding to UW for faculty consultants' FTE, administrative support, copying/parking/ supplies, mileage reimbursement to/from WSH, and 10% indirect costs for a FY2019 total of $75,007 • Estimated program total cost of $139,443 for FY2019
2	Educational Foundation	FY2020 Estimated 1 year	• Negotiate and formalize contract structure for UW Teaching Service • UW consultation • Search and hire two forensic psychiatrists into faculty appointments • Initiate search and hire forensic faculty with research focus • Focus on continuing professional education for staff, QI projects, evidence-based practice, education planning • Recruitment of forensic psychology postdoctoral fellowship position #2 • Preliminary planning for UW Center for Psychiatry and Law	• Funding to OFMHS and WSH for personnel per Stage 1 plus facilities of $84,785 ($52,372 to OFMHS and $32,413 to WSH) • Funding to UW for personnel (consultants, new faculty, and administrative FTE); services and supplies; travel; overhead associated with faculty hiring; and indirect costs for a FY2020 total of $644,480 • Estimated program total of cost of $729,265

Stage	Description	Time Projection	Major Milestones	New State Funding to WSH, OFMHS, and UW
3	Integrated Forensic Mental Health Educational Programs	FY2021 Estimated 6 months	• Develop UW Center for Psychiatry & Law • Increase FTE for dedicated program coordinator to support forensic training programs (0.5 FTE) • UW consultation • Notify ACGME of WSH as a training site for general psychiatry training • Initiate general psychiatry residents elective rotation, fund salary and benefits • Launch joint UW-WSH forensic psychology postdoctoral fellowship (2 positions)	• Funding to OFMHS and WSH for personnel (continuation from Stage 2 with increase in administrative support and addition of postdoc #2), professional development and facilities expenses, and travel, for a FY2021 12 month total of $196,756 ($152,697 to OFMHS who employs the fellows as well as the forensic evaluators and $44,059 to WSH) • Funding to UW for personnel (6 months consultation; 3 faculty hired in Stage 2, general psychiatry residents), training program marketing, travel to/from WSH, professional development, overhead for faculty and general psychiatry residents, and 10% indirect costs totaling $1,042,160 • Estimated program total cost of $1,238,916 for FY2021
4	General Psychiatry Residency Elective and Preparation for UW-WSH Psychiatry Fellowship	FY2021-FY2022 Estimated 15 months	• Name forensic psychiatry fellowship program director • Dedicated program coordinator staff • Forensic psychiatry fellowship curriculum development • Application for accreditation of new forensic psychiatry fellowship; review by ACGME	• Funding to WSH and OFMHS for costs associated with continuations from Stage 3 estimated to total $197,243 ($157,279 to OFMHS and $39,964 to WSH) • Funding to UW for personnel (previously hired faculty; fellowship program director; program coordinator; general psychiatry residents); services (e.g., ACGME application fee, website development), travel, overhead, and 10% indirect costs totaling $1,165,215 • Estimated program total cost of $1,362,458 for Stage 4

Stage	Description	Time Projection	Major Milestones	New State Funding to WSH, OFMHS, and UW
5	Introduce UW-WSH Forensic Psychiatry Fellowship	FY2022, Q4 and beyond	• Recruit forensic psychiatry fellows (2) • Forensic psychiatry fellows (2) start date of July 2023	• Funding to WSH and OFMHS for cost associated with continuations from Stage 4 plus 0.2 FTE supervision effort starting in FY2024 and projecting 3% COL per year • Funding to UW for personnel (positions and effort continued from Stage 4, with addition of 0.2 FTE for forensic psychiatry supervisors; 2 forensic psychiatry fellows; and UW education program coordinator 0.15 FTE), consultation in advance of ACGME site visit, ACGME fee, fellows' medical license fees, recruitment costs, supplies, travel, overhead, and 10% indirect costs • Total annual program costs projections are $1,392,883 for FY2023, $1,752,550 for FY 2024, $1,784,629 for FY2025, $1,838,166 for FY2026, and $1,893,311 for FY2027

Assumptions

The findings and recommendations of the UW workgroup are based on the following assumptions:

- Both UW and WSH are interested in and committed to implementing a high-quality joint forensic teaching service.
- The timeline is based on projections from current resources and stakeholder feedback, but it may vary depending on completion of target milestones necessary to advance to the next stage in the development plan.
- WSH and UW agree to communicate findings necessary to evaluate whether milestones and resources have been met in order to advance to the next stage of the development plan.
- State funding is secured and sustainable over time to support the ongoing operations of the forensic teaching service.

Conclusion

Based on extensive research and consultation, the UW workgroup has developed a proposal to create a jointly-sponsored forensic teaching service. Not only will the forensic teaching programs expand the region's educational opportunities in forensic mental health, the service has the potential to advance patient care, safety, forensic evaluations, staff and patient morale, and workforce recruitment and retention. Moreover, research and quality improvement efforts at WSH can support the local environment at WSH and enhance the forensic mental health body of knowledge. Developing successful, collaborative, and prestigious forensic teaching services at WSH will not happen overnight and will require commitment of time, funding, and effort. Executive leadership within the UW and WSH would need to develop a shared understanding of the forensic and educational goals of the training programs and how to best support the mission and goals of the forensic teaching service within their respective roles and institutions. Adequate funding for WSH and UW costs must be provided reliably and metrics assessing the quality of the training experience should inform ongoing quality improvement efforts.

CHAPTER 1: Assessment of Needs and Goals of the Behavioral Health Agency Related to Forensic Psychiatry and Psychology Training, Education, and Workforce Development

I. Introduction

The 2016 Washington State Legislature directed the University of Washington Department of Psychiatry and Behavioral Sciences (UW), in collaboration with the Behavioral Health Administration (BHA) and Western State Hospital (WSH), to conduct an analysis and develop a plan to create a high-quality forensic teaching service in collaboration with WSH. This report is submitted in response to this directive from the legislature. (Washington State Legislature, 2016)

The objective of this chapter is to address the needs of the BHA in the development of high-quality forensic teaching services based out of WSH.

Faculty at the UW formed a workgroup (UW workgroup) tasked with identifying the needs and goals of the BHA that could be met through one or more forensic teaching programs. This information serves as essential background to develop high-quality forensic teaching services at WSH. The UW workgroup reports to a steering committee, consisting of representation from WSH, the Department of Social and Health Service (DSHS), Office of Forensic Mental Health Service (OFMHS), and the UW. This effort, as all others reported in this Report, was completed in cooperation with the steering committee (Appendix A).

II. Background Information

Forensic Mental Health

Forensic psychiatry and forensic psychology are specialty mental health disciplines that deal with persons involved with legal matters, both criminal and civil. Among other tasks, the scope of forensic mental health encompasses evaluations for the courts on medico-legal questions in criminal and civil cases (for example, competence to stand trial (CST)) and assessment and treatment of justice-involved persons. State hospitals, despite efforts at deinstitutionalization, have seen rising proportions of patients under criminal court commitments (forensic patients). Roughly half of all state psychiatric beds, nationally, are occupied by forensic patients (Fuller, Sinclair, Geller, Quanbeck, & Snook, 2016).

Forensic facilities – correctional institutions and state hospitals alike – have obligations to provide necessary evaluation and treatment services to those in their charge. Working with this population and in forensic institutions, however, presents unique challenges for clinicians, such safety concerns and exposure to violence, issues in dual loyalty (potential conflicts when a clinician has obligations to both the patient and the system), challenges with privacy, some

different legal standards, and complex ethical scenarios, among others. Not uncommonly, mental health clinicians feel unprepared to work with this patient population without training specific to forensic mental health.

Washington, as well as other states, has seen increasing referrals for competency to stand trial evaluations. Assuring quality medico-legal evaluations, like trial competency evaluations, requires evaluators to have the requisite clinical qualifications in addition to specific training in performing forensic evaluations. With an increasing population of justice-involved patients and increasing referrals for medico-legal assessments, it is important to have a workforce that is knowledgeable about forensic mental health issues and equipped to handle the challenges associated with justice-involved patients.

The American Psychiatric Association has called for increasing the educational opportunities for trainees in the area of forensics to keep up with the changing landscape of mental health delivery (Council on Psychiatry and Law, 2016). Positive educational experiences may inspire clinicians to work in forensic settings. An inherent goal, among others, of a co-sponsored forensic teaching service at WSH is to retain and recruit high-quality mental health clinicians for forensic roles in the state after completion of their training.

WSH

WSH is the primary facility in Western Washington for forensic mental health services. Among its core services, OFMHS's staff embedded within the hospital perform court-ordered forensic mental health evaluations on the Inpatient Forensic Evaluation Service as well as through its Community Forensic Evaluation Service. The hospital also provides treatment and restoration services to justice-involved persons, including those found not CST and individuals found not guilty by reason of insanity (NGRI). The range of services and proximity to courts and educational resources, including the UW, make WSH an attractive site for training in forensic mental health evaluations and services.

Historically, WSH has been a site for formal forensic education for psychology and psychiatry trainees. From 1996 through 2011, WSH and UW collaborated in offering a one-year Accreditation Council for Graduate Medical Education (ACGME)-accredited forensic psychiatry fellowship program for 1-2 fellows per year. Fellows in this program were based primarily at WSH, with additional training through the Child Study and Treatment Center (CSTC), the Pierce County Detention and Corrections Center, and supervised private forensic practices in order to meet the ACGME civil requirements. Fellowship Directors were Bruce Gage, M.D. (1996-2008) and Gregory Leong, M.D. (2008-2011). In 2011, UW formally and voluntarily withdrew this program from ACGME accreditation. Cuts in state funding for WSH led to the departure of forensic psychiatrists and in 2011 Dr. Leong relocated to California. There was no forensic

psychiatrist at UW or WSH readily able to step-in as fellowship director and meet ACGME requirements for program director qualifications, time commitment, and scholarly activity. Since 2011, there has been no forensic psychiatry fellowship program at WSH or UW.

In the past, WSH also hosted elective forensic training experiences for UW psychiatry residents, but none are offered at this time, due to a lack of appropriately trained and Board certified forensic psychiatrists available to supervise such training experiences at WSH. Subsequent chapters of this report will outline steps necessary for re-establishing training services in forensic psychiatry through WSH and provide additional recommendations for forensic psychology training.

WSH currently hosts two programs for training in forensic psychology: a postdoctoral fellowship in adult forensic psychology (Western State Hospital, 2016, 2017) and a doctoral clinical psychology internship accredited by the American Psychological Association (Washington State DSHS, 2017). The internship program provides training related to forensic mental health on the Inpatient Forensic Evaluation Service, among other experiences. Additionally, CSTC hosts a postdoctoral fellowship in juvenile forensic and child/adolescent inpatient treatment (CSTC, 2017).

III. Methodology: Identification and Review of the Needs and Goals of the BHA

Members of the UW workgroup sought information from the steering committee and additional representatives from WSH and DSHS about the training needs and goals at WSH.

Members of the UW workgroup, Steering committee, and other representatives convened at WSH on September 8, 2016 to discuss issues related to WSH and the plan to create high-quality forensic teaching services at the site. In a follow-up phone conference with the steering committee on October 20, 2016, a semi-structured interview was conducted in an attempt to understand the themes of importance to the BHA. The October 2016 call permitted more in-depth exploration of themes that emerged during the initial in-person meeting, with specific focus on proposed needs and goals of the BHA that could be met through forensic training at WSH.

The discussion highlighted key areas and considerations for the workgroup to consider as relevant to proposing a high-quality training service at WSH. It should be noted that the themes identified and delineated below correlate highly with those identified in the literature and by national experts in forensic mental health training and education. We therefore report briefly on these themes, as they will be expanded upon in the subsequent chapters.

IV. Needs Assessment: Core Themes

Key Theme #1: A forensic teaching service should engender **high-quality patient services** at WSH. The UW can assist the hospital by attracting high-quality mental health trainees who can achieve mastery in the treatment and evaluation of justice-involved individuals. The steering committee identified specific areas of importance in the forensic context: forensic evaluations, treatment of severe mental illness, violence and suicide risk assessment, and understanding of medico-legal issues related to the hospital's commitment to and delivery of exceptional care for all patients. In addition, the steering committee members noted that the presence and observation of trainees in a teaching environment often encourages supervising clinicians to improve the quality of the interaction and interventions they provide, which, in turn, further supports the common mission to enhance the quality of clinical and evaluative forensic services delivered to persons at WSH.

Key Theme #2: A high-quality UW-WSH forensic teaching service should provide trainees, faculty, and staff with a **rich educational environment**. Broadly, the steering committee members spoke to cultivating a high-quality experience for trainees, satisfaction and enthusiasm for high-quality forensic work among staff and faculty working with or alongside trainees, patient care, and establishing research collaborations within WSH to help inform matters related to the care and evaluation of individuals in comparable forensic settings.

Clinical Service Delivery: Patient care was reiterated as a principal goal of a prospective training program in collaboration with the university. In particular, the development and maintenance of training programs should facilitate WSH's ability to provide effective, evidence-based patient care that is sensitive to the needs of the patient as well as the medico-legal issue(s). The workgroup recognizes the reciprocal nature of clinical care and safety, particularly in modulating disruptive and aggressive behaviors secondary to psychiatric and medical morbidities. Trainees should gain experience and competence in providing culturally competent care for justice-involved patients through supervision, didactics, and modelled behavior.

Trainee Education: All steering committee members agreed that the trainees' education must remain at the forefront of the training programs and equip graduates to practice independently after their training is complete. As a prerequisite, training programs in forensic psychiatry and psychology should meet any and all necessary discipline-specific accreditation standards. The training program(s) should be attractive to candidates for meeting forensic credentialing requirements in their respective disciplines. For example, any fellowship program in forensic psychiatry would require accreditation by the ACGME and train fellows to qualify for the specialty Board examination in forensic psychiatry. Fellows in psychology should similarly feel confident that they will be able to master the core competency skills and be prepared to

attain certification and/or credentialing requirements. More broadly, trainees should be prepared, at the completion of their training experience at WSH, for the nuances of working within a forensic setting.

The steering committee discussed supplementing portions of didactic experiences with workshop trainings from national experts to facilitate advanced skill development in specific areas (e.g., violence risk assessment, cultural competence in forensic evaluation). Optimally, workshop training is followed by ongoing support and assistance with application of the learned skills. Training within WSH should also be flexible to meet a range of trainee interests. In addition to providing core skills and required experiences, the interests of trainees should be explored and considered with multiple stakeholders to facilitate competitive recruitment, retention, and overall trainee satisfaction.

Staff and Faculty Experience: A future training program should be equipped with a sufficient number of clinicians who have expertise in both their content area as well as in evidence-based practices for teaching and supervision, so as to create an environment for trainees that generates enthusiasm and inspiration for high-quality forensic practice and exceptional clinical care. The steering committee recognized the need to supplement existing internal resources at WSH for teaching and supervision. The prospect of adding staff with UW faculty appointments was proposed as a means to advance the goal of enhancing the professional development and satisfaction of staff and faculty. All steering committee members acknowledged the importance of having dedicated work time that is explicitly reserved for forensic education and supervision of trainees.

Attention to staff well-being is critical to creating an environment that is conducive to implementing empirically-supported practices, creating an environment in which trainees can both learn and feel enthusiasm for forensic practice, and preventing staff burnout. The importance of job satisfaction was emphasized in light of previous reports from psychiatry trainees at WSH that their supervisors were stretched in trying to provide supervision while managing a demanding clinical caseload. The committee emphasized how attention to evidence-based practices and staff morale can foster a positive workplace climate.

Mental Health Scholarship: The steering committee briefly mentioned the potential to reinitiate programs of research related to forensic mental health. Research endeavors could inform forensic teaching and training practices, empirically supported practices, and medico-legal issues at WSH and, possibly, the broader community.

Key Theme #3: Quality assurance (QA) and quality improvement (QI) efforts to assess the effectiveness of forensic teaching will be critical. The steering committee recognized that WSH is undergoing structural and policy changes in efforts to improve existing services, safety, and

morale. The hospital is exploring and will require means of making internal reforms to improve the culture and climate at WSH to be more conducive to an effective and esteemed teaching service. QA and QI efforts should be jointly explored to ensure continual process improvements. Engaging WSH staff in what they see as a good teaching environment and how they can contribute to such an environment will be beneficial to both process and outcome.

Key Theme #4: Forensic teaching services at WSH should be a source of **workforce development in forensic mental health**. The steering committee recognized that forensic teaching programs, alone, will not solve all clinical staffing needs for psychiatrists and psychologists at WSH, but identified that an explicit goal of the training programs would be to recruit and retain high-quality clinicians on staff at WSH (or, in the state at large) after completion of their forensic training. All committee members agreed that the training experience will ideally create a drive for trainees to continue to work at WSH, the UW, or in other public settings within the state of Washington. Forensic psychiatrists and psychologists are in high demand in many sites in the state, including the state hospitals, correctional facilities, diversion programs, and to perform medico-legal evaluations when mental health issues are relevant. The increasing referrals for CST evaluations (and the court-ordered timeframes for completion under *Trueblood v. Washington State DSHS, 2014 et seq. (Trueblood))* demands that the state have a strategy to maintain (and grow) a forensic workforce.

What is more, retaining graduates of the training programs would serve as a conduit for sustaining the training programs. Committee members emphasized the importance of engendering a sense of support and excitement in practicing state-of-the-art and state-of-the-science work within WSH. The steering committee members noted the role of recruitment in this area, with a proposed goal of initially seeking out trainees who are interested in engaging collaboratively in program development to advance evidence-based training, evaluation, and clinical practice at WSH.

Key Theme #5: The Child Study and Treatment Center (CSTC) should be reviewed as a model for sustainable state-university affiliated training programs. Although there may be significant differences between WSH and CSTC, members of the steering committee acknowledged multiple strengths associated with CSTC, which is also managed by BHA. The training and supervision of psychology and psychiatry trainees at CSTC is largely provided by clinicians with UW faculty appointments. The shift to university-affiliated faculty has been associated with a higher degree of trainee satisfaction at the CSTC. Psychiatrists and psychologists who sought UW faculty appointments were expected to develop competencies associated with effective teaching practices in addition to maintaining excellence in their clinical specialty areas. The

steering committee emphasized the role for UW-affiliated staff to be involved in the administration, teaching, and supervision of prospective forensic trainees at WSH.

Additional Comments:

In addition to the key themes noted above, the steering committee remarked on the importance of considering existing staff contracts and practice patterns, and recognized that changes to staff work schedules may present challenges. Similarly, the size of the hospital and the number of staff that need to be engaged to maintain a forensic teaching service may prove challenging, particularly if staff do not internalize how such collaboration may be beneficial to them.

CHAPTER 2: Review of Available Data Sources Relevant to a Proposal for High-Quality Forensic Psychiatry and Psychology Training Programs

Chapter Summary

The current chapter reviews multiple sources of data relevant to forensic psychiatry and psychology training in state forensic hospitals in an attempt to assess and analyze the characteristics of existing and similar forensic teaching programs. This chapter is broken into the following sections: forensic training for general psychiatry residents; training for fellows in forensic psychiatry; training for postdoctoral fellows in forensic psychology; site visits of model programs in the U.S.; existing forensic training programs in Western Washington; and common themes and challenges. At the conclusion of each section is a brief summary of the key points from that section.

The UW workgroup reviewed the academic literature, reviewed websites from training programs and organizations relevant to forensic mental health training, conducted interviews with numerous program representatives, surveyed program directors associated with teaching programs, and carried out site visits at model training programs: the University of California Davis School of Medicine, Oregon Health and Science University, the University of Massachusetts School of Medicine, and the California Department of State Hospitals – Patton. The workgroup also collected information concerning ongoing postdoctoral training at CSTC and WSH and interviewed various stakeholders to elicit feedback regarding future training programs and to learn from current practices. The UW workgroup employed these methods to better understand the following:

- The current educational activities offered through the forensic teaching programs
- Which educational activities are offered specifically at state hospital locations
- The balance between providing educational opportunities and fulfilling service demands of the sponsoring institution
- Benefits and barriers to university-state hospital affiliations in the area of forensic services
- Common educational goals across forensic training programs
- Challenges associated with establishing and maintaining forensic teaching services
- Strategies employed by forensic teaching programs to maintain quality teaching services

From the collection of data reviewed, several programmatic themes and challenges have emerged. These include:

- The lack of clear ACGME requirements for a forensic experience in general psychiatry residency has led to a diversity of training experiences across programs and has caused

concern that some residents may not be adequately prepared for a forensic psychiatry fellowship or caring for the increasing number of justice-involved individuals.

- Although meeting ACGME requirements for fellowship training, forensic psychiatry fellowships have similarly taken a variety of approaches to meeting the training requirements. For most programs, the primary focus is on forensic evaluations, with varying time spent in treatment, scholarship, and didactic instruction.
- Of programs evaluated, the UW workgroup detected substantial similarity in the methods of meeting professional competencies across forensic psychology postdoctoral training programs.
- Demand for specialized forensic psychology postdoctoral training is high, with all programs reporting a high volume of applicants for a limited number of positions.
- Although some positions go unfilled annually for forensic psychiatry fellowships, the majority of positions are filled. For those who have completed forensic psychiatry fellowships, employment demand is high.
- Although the academic affiliation is not necessary for a forensic psychology fellowship to be either highly regarded or to receive the American Board of Forensic Psychology (ABFP) experience waiver for Board certification, many program directors highlighted the positive implications of academic affiliation for enhancing scholarly contributions to the field, attracting high-quality applicants, and providing training in cutting-edge and evidence-based forensic mental health practices.
- There may be bidirectional benefits for trainees in programs that provide opportunities for a variety of trainees to work together – including general psychiatry residents, forensic psychiatry fellows, and forensic psychology fellows.
- Additional benefits to establishing university-state hospital training partnerships include: increased quality of hospital services, improved research and research-based interventions at hospitals, opportunities for cross-disciplinary training, availability of complex psycho-legal cases for treatment and evaluation, and faculty and staff recruitment and retention.
- Challenges to provision of training at state hospitals include maintaining consistent funding (e.g., salaries, protected time for teaching), preserving protected time for program directors and primary supervisors, coordinating logistics for trainees (e.g., time, distance, credentialing requirements), balancing education with the service needs of the hospital, and integrating hospital-based staff and systems with academic faculty and university systems.
- Many of the challenges described by programs relate to the environment of care: sufficient clinical staffing, culture of wellness and safety, attention to evidence-based practices and continuing education for staff.

- To sustain quality forensic training programs, directors emphasized the need for faculty and trainees to have sufficient time, resources, and institutional support to engage in quality educational experiences; hospital support and promotion of evidence-driven interventions; and recruitment and retention of quality faculty for the training program. These measures, critical to maintaining high-quality education, often require significant investment in the form of salary support, decreased clinical productivity for faculty, and funding for research.

I. Introduction

Members of the UW workgroup undertook a variety of activities in an effort to determine models of training in forensic psychiatry and psychology that meet high standards within the respective fields. The workgroup examined several data sources: academic literature, online published material about forensic training programs and training requirements (e.g., program websites), interviews with program representatives, surveys distributed to program representatives, focus groups, and site visits to selected model training programs.

This chapter begins with sections specific to training program types: 1) **general psychiatry residency programs**; 2) **forensic psychiatry fellowship programs**; and 3) **forensic psychology postdoctoral fellowship programs**. The chapter then includes a brief exposition of current psychology postdoctoral fellowships based at WSH and CSTC in an effort to leverage the good work occurring at these institutions already. Further, the workgroup met with various stakeholders at WSH, including psychiatrists, forensic evaluators, allied professionals, and patients, in an effort to get a better sense of the benefits and challenges associated with current and prospective training programs. Finally, the workgroup identifies some of the **common and key programmatic considerations and challenges** in developing high-quality forensic teaching services based at WSH.

II. Forensic Training in General Psychiatry Residency Programs

General psychiatry residencies are 4-year programs during which medical school graduates (who have completed an M.D. or D.O. doctoral degree) fulfill requirements for specialty Board certification in psychiatry. Residents' year in training is denoted as post-graduate year (PGY), with the first year in residency labeled PGY1 and so on. The ACGME, the body that accredits all graduate medical education programs in the United States, specifies requirements for psychiatry residency programs. These include clinical and didactic experiences in primary care medicine and neurology; in inpatient, emergency, consultation-liaison, outpatient, addiction, geriatric, child and adolescent, community, and forensic psychiatry; and in several different types of psychotherapy. Psychiatry residency also includes elective time so that residents can complete additional educational experiences in areas of particular interest. For general

psychiatry residency programs, the ACGME requires the following regarding training in forensic psychiatry:

> "resident experience in forensic psychiatry must include experience evaluating patients' potential to harm themselves or others, appropriateness for commitment, decisional capacity, disability, and competency" (ACGME 2015 at IV.A.6.a.12).

Absent from the ACGME requirements are details regarding the duration or setting of these experiences.

To better understand how programs are fulfilling the ACGME requirements and the types of training experiences offered to general psychiatry residents, the UW workgroup reviewed relevant literature, queried program directors nationally, and reviewed the UW general psychiatry residency program's existing training requirements and current and historical educational offerings. Descriptions of our methods for assessment and results are reviewed. Detailed here are our methods and results:

A. Literature review

The UW workgroup conducted a literature review and a review of online resources to gather published information about general psychiatry residents' exposure to forensic issues and training with forensic populations. The literature spans from the 1980s to the present and is based on a systematic keyword combination search in the following databases: PubMed, MEDLINE, psycINFO, psycArticles, and Google Scholar. The UW workgroup also reviewed online information published on the American Academy of Psychiatry and the Law (AAPL) website and individual program websites. Among the key search topics, we reviewed published sources relevant to the following, focusing on resident training:

- Knowledge base in forensic mental health relevant to general psychiatry residency education
- Forensic mental health curricula
- Education program planning
- Attitudes toward working with forensic populations
- Accreditation standards for general psychiatry residents
- Milestones (expected competencies) for general psychiatry residents in the area of forensic psychiatry
- Milestones for fellows in forensic psychiatry programs (to identify skills that residents will need if they pursue advanced training)

- Training in state hospitals
- Coordination between general psychiatry resident training and advanced specialty training in forensic mental health

Most of the published sources on forensic education for general psychiatry residents are 1) descriptive of forensic experiences, or 2) recommend specific subspecialty topics for inclusion in the forensic psychiatry curriculum. **A wide-range of experiences are described, reflecting a lack of core experiences or learning objectives for general psychiatry residents across programs**. Empirical studies on the effectiveness of training are limited, but there is some literature using resident scores on the Psychiatry Resident-In-Training Examination (PRITE), a test taken by psychiatry residents nationally to assess knowledge of psychiatry topics, as an external indicator of program outcomes. Much of the literature on general resident education focuses on training programs that also offer a forensic psychiatry fellowship.

Table 2-1 summarizes some of the key articles on forensic education for general psychiatry training; following the table is a more detailed description of the relevant research.

Table 2-1: Key studies on forensic education in general psychiatry residency training

Author/Year	Title	Description
Ciccone 1986	Important forensic issues in psychiatric education	Identifies necessary components of the psychiatric resident's core curriculum relating to forensic psychiatry: 1) laws governing the practice of psychiatry; 2) psychiatry and the civil law; 3) psychiatry and the criminal law; and, 4) interacting with the legal system
Marrocco et al., 1995	Teaching forensic psychiatry to psychiatric residents	Survey of psychiatry residency program directors. Reviews types of forensic training experiences offered in programs, including both required and elective training experiences
Ward and Bradford, 2003	Attitudes of Ontario psychiatry residents toward forensic psychiatry	Survey of psychiatry residents revealing that attitudes toward forensic psychiatry are determined early in psychiatry residency; also discussed are the implications of early positive or negative experiences with the subspecialty on recruitment into the field
McBain et al., 2010	The effect of a forensic fellowship program on general psychiatry residents' in-training examination outcomes	Authors describe the interface between general psychiatry training and specialty forensic training after the establishment of an ACGME-accredited forensic fellowship program and positive association with improved resident PRITE scores in forensic psychiatry
Williams et al., 2014	Training directors' self-assessment of forensic education within residency training	Survey of psychiatry program directors. Although most directors stated that their program meets ACGME requirements, most topics are covered through educational exposure (e.g., didactics) in contrast to clinical or experiential training offerings

Author/Year	Title	Description
Booth et al., 2016	Shaping attitudes of psychiatry residents toward forensic patients	Questionnaire distributed to senior psychiatry residents in Canada aimed to address attitudes and experiences of trainees. The results revealed general lack of training with forensic populations, but didactic and clinical education were positively associated with increased comfort and willingness to work with forensic patients
Wasser et al., 2016	Developing forensic clinical experiences for general psychiatry residents: Navigating the obstacles	Authors described some of the challenges implementing forensic rotations in general psychiatry training programs, including (among others) meeting ACGME requirements in other areas of psychiatric practice, distance of forensic facility from primary training sites, and credentialing/security clearance in forensic settings

In a survey of general psychiatry residency program directors, Marrocco, et al. (1995) reported that considerable variability exists in the types of forensic educational activities offered for general psychiatry residents. Of 150 survey respondents, 82% reported that their programs offered forensic rotations, 35% of which were mandatory rotations (as opposed to elective). The majority of programs with a forensic rotation used a single setting. The most common setting for mandatory rotations was a court clinic, and the most common setting for elective rotations was a forensic inpatient unit. The length of the rotations varied greatly, from a few hours per week for a month to full-time for several months. Further, the hours allocated for forensic psychiatry didactics varied greatly between psychiatry residency programs.

Another survey of residency program directors found that **while almost all training programs report meeting ACGME requirements for forensic psychiatry, most meet the "exposure" requirement via educational experiences**, such as classroom lectures or analysis of written case studies (Williams et al., 2014). The topics most likely to be covered in either formal educational or clinical experiences were those more likely to be seen in a general psychiatry setting, including involuntary civil commitment and violence risk assessments. The topics least likely to be covered were courtroom testimony and writing a forensic report.

Various authors have written about **elements of forensic psychiatry that are important in general residency training**. Ciccone (1986) described the need in forensic settings for interested faculty, exposure to ethical issues (e.g., jailer vs. physician roles), and exposure to a broad range of psychopathology and treatment modalities. Similarly, Brown (2015) underscored the importance of clinicians' understanding of differences between criminal justice and clinical systems. Some articles on forensic education in general psychiatry training emphasize the importance of forensic didactics and supervision within general psychiatry rotations, focusing on augmentation of existing rotations with forensic education (Lewis, 2004; Schouten, 2001). Others propose novel approaches to teaching forensic topics

in the classroom, including joint classes with law students (Mela & Luther, 2013) and problem-based learning (Schultz-Ross & Kline, 1999). However, recent scholarship has advocated for increasing residents' exposure to clinical experiences in forensics (Fisher, 2014; Forman & Preven, 2016; Wasser, Michaelsen, & Ferranti, 2016), with Forman and Preven (2016) advocating that ACGME require a mandatory rotation in forensic psychiatry.

Studies looking at the **impact of clinical experiences on trainee attitudes have been mixed**. In general, though, these studies note some improvement, if not in attitudes, at least in knowledge associated with dedicated exposure to subspecialty training. One study on the impact of psychiatry rotations for interns found that rotations increased knowledge, but did not change attitudes toward the field of psychiatry (Agbayewa & Leichner, 1985). Similarly, another group looked at medical students' attitudes toward a state hospital before and after a one-day visit at a nearby state mental hospital during their psychiatry rotation; students' interest in a career in psychiatry or in working at a public-sector hospital did not change, but their perceptions of state hospitals were more positive after the visit (Pelonero & Ferriss, 1993). Another study reported that the quality of the required psychiatry rotation correlates most with UK medical students' attitudes about psychiatry but a well-planned site visit to a forensic unit may also positively impact students' attitudes toward psychiatry (Mortlock et al., 2017). Interviews with former residents and anecdotal reports from programs suggest a possible positive impact of experience in a subspecialty and subsequent career choices (Herrmann, Shulman, & Silver, 1992; Jha, Fuehrlein, North, & Bremmer, 2014).

One survey of Canadian psychiatry residents concluded that attitudes toward forensic psychiatry were determined early in psychiatry residency training and influenced resident exposure to the subspecialty (Ward & Bradford, 2003). All residents had access to an elective forensic psychiatry rotation, though less than half had or planned to complete the rotation. Unfortunately, many of the surveyed psychiatry residents had unfavorable impressions of forensic psychiatry. Perhaps unsurprisingly, residents who had completed a rotation in forensic psychiatry showed somewhat greater knowledge in forensic topics. Another survey of Canadian psychiatry residents similarly found significant discomfort and lack of experience in forensic psychiatry (Booth, Mikhail, Curry, & Fedoroff, 2016). A minority of surveyed residents undertook forensic psychiatry rotations and residents generally expressed unfavorable attitudes toward medico-legal topics, forensic patients, and patients who had committed sexual offenses. However, forensic education correlated positively with more favorable attitudes and less avoidance of forensic patients, more so with clinical experience than with classroom didactic exposure. One of the limitations of the latter study is that residents with greater interest in and comfort with forensic issues at baseline may be more likely to complete clinical experience in the field.

Forensic training in general psychiatry residency programs has received more attention recently due to the volume of persons with mental illness who are involved with the criminal justice system and the overrepresentation of psychiatrically ill individuals in prisons. These facts make it **especially important for psychiatry residents to be comfortable treating justice-involved individuals as well as possessing basic familiarity with medico-legal matters** (Booth et al., 2016). A recent commentary noted that even if all Board-certified forensic psychiatrists were working full time to provide services in jails and prisons, it would still not be enough to meet the workforce demand, **reinforcing the importance of adequate forensic training for general psychiatrists** (Forman & Preven, 2016). The authors also advocated for improved forensic training for psychiatry residents and, specifically, called for a required forensic rotation for all general psychiatry residents.

A few authors have described some of the **challenges associated with implementing forensic rotations for general psychiatry residents**. For example, Wasser, et al. (2016) identified the following challenges: lack of specificity in the ACGME requirements for forensic training content or duration of training, logistics (distance, time, safety concerns, credentialing requirements, security clearance), and program specific concerns (balancing the great number of ACGME requirements, concerns about forensic psychiatrists as "hired guns"). Challenges associated with resident rotations in correctional facilities, such as safety/security concerns, lack of funding, poor learning environment at correctional facilities, lack of room in the residents' schedule, site distance from the training program, lack of availability of residents to maintain ongoing clinical coverage, and lack of trainee interest (Fuehrlein, Jha, Brenner, & North, 2014) may be similar in state hospitals.

A series of papers looks more specifically at the **relationships between state hospitals and academic psychiatry departments, as well as training programs in state hospitals** (Douglas et al., 1994; Nurenberg, Schleifer, Kennedy, Walker, & Mayerhoff, 2016; Talbott, 2008; Talbott, Faulkner, & Buckley, 2010). Douglas, et al. (1994) surveyed psychiatry departments and found that 71% had some type of relationship with a state hospital, including integrated relationships (9%), contract-for-services relationships (47%), rotation-site relationships (67%), or other (60%, including continuing medical education programs, supervision of state hospital residents, and medical student education). Psychiatry residents were involved in 79% of these relationships. Identified advantages include the residents' clinical experience, diverse patient population, and public-sector exposure. Disadvantages include geographic distance, inadequate physician staff, and underfunded and disorganized hospital programs. Factors identified as important to the hospital-academic relationship include compatibility of goals, level of mutual commitment, and interpersonal communication and relationships. Factors specific to resident education at state hospitals include quality of supervision and education of residents, diversity of the patient population, university control of the

educational experience, public sector exposure, adequate leadership, and proximity to the residents' primary training sites. A small minority of respondents who felt that high-quality educational experiences were not possible noted "poor patient mix […] overwhelming service demands, inferior state hospital psychiatrists, and lack of state hospital commitment" (Douglas, p 1115).

A follow-up survey found that 75% of responding programs had administrative relationships with state hospitals and 74% reported ongoing residency training relationships (Talbott et al., 2010). Geographic distance and time away from the department remained major disadvantages. Advantages included exposure to the state hospital patient population and overall exposure to public psychiatry. The opportunity for forensic training was also valued.

Nurenberg, et al.'s (2016) work echoes these findings, though instead of surveying academic departments, they surveyed state hospitals and focused on medical student education. Among the hospitals without current educational programs (medical student, resident, etc.), the most common barriers included geographic distance, financial costs or time commitment, insufficient staff, and lack of interest by the medical schools. Among hospitals with existing educational programs, the most common limiting factors included insufficient staff, additional financial costs or time commitment, and geographic distance. Overall the state hospital respondents with existing medical student programs felt that medical students improved clinical care.

Our **review of websites for general psychiatry resident programs affiliated with forensic psychiatry fellowships suggests variability in forensic training for residents**. Most commonly, general psychiatry programs offer didactic instruction on forensic topics. Although some programs' websites reference required or elective rotations in forensics, few program websites provide detailed descriptions, duration, or location of the training. Further, although several residency programs offer rotations at state hospitals, the focus may not be exposure to a forensic population or forensic skills, but rather experience with civil patients or another subspecialty, such as geriatric psychiatry.

B. Query of general residency program directors

To better understand forensic training across programs, the UW workgroup created a series of questions for general psychiatry residency program directors (Appendix B). The workgroup used the following sources in preparing the questions: literature related to forensic psychiatric training for psychiatry residents, feedback sought from members of the AAPL's Committee on Forensic Education of Residents (October 2016), and the University of Washington Forensic Psychiatry Taskforce Report on forensic education for University of Washington residents (Piel, Gage & Turner, 2015).

The UW workgroup designed the query to focus on forensic psychiatric training at state hospitals and to elicit broad responses to the following topics: duration of resident rotation, scope of training, coordination for the rotation, supervision, and strengths and challenges associated with rotations at a state hospital. The query was distributed on December 19, 2016 via electronic mail to the listserv for the American Association of Directors of Psychiatric Residency Training (AADPRT). An email reminder was sent in January 2017 seeking any additional responses.

The UW workgroup received nine responses to its query of the AADPRT listserv. Of the nine respondents, five had required rotations for residents located at state hospitals, typically a one-month fulltime experience, though one had a half day per week for three months (see Appendix C for a summary chart of responses). These experiences were either in the PGY2 or PGY4 years and **primarily focused on forensic evaluations**. In addition, one school previously had a one-month required fulltime experience in the PGY4 year on a forensic unit, but this was discontinued due to loss of funding. One program had an elective involving evaluations completed at local jails but assigned and coordinated through the state hospital, and another program had a required forensic experience (primarily evaluations) through the department of corrections.

Given the interface between general psychiatry education and specialty forensic training at programs with forensic fellowship programs, the UW workgroup supplemented its knowledge of forensic education for general residents through interviews of forensic fellowship directors and site visits to model forensic training programs. The results are summarized here, while detailed information about select individual programs are described in the section on fellowship training and with the associated forensic fellowship programs.

Interviews of forensic fellowship directors produced a variety of responses about required and elective general psychiatry resident rotations at a variety of sites, including treatment and/or evaluations in corrections, court clinics, forensic clinics, and state hospitals. Rotations are scheduled variably in PGY1-4 years. **Those with forensic elective rotations commonly offer these to residents in PGY2-4 years**. Some programs have required rotations early in residency and then additional electives offered for senior residents. **Many of the required rotations at state hospitals focusing on treatment (as opposed to evaluations) take place on the civil units**, without clear attention to forensic issues beyond that typically seen in general inpatient psychiatry units. This may be, at least in part, because some programs lack other resources besides a state hospital for residents to work with individuals with severe mental illness in an inpatient setting. Some programs do not offer clinical or experiential rotations in forensic psychiatry. **It is likely that because of our**

focus on psychiatry residency programs with affiliated fellowships, the programs reviewed here have more forensic clinical offerings than the average general psychiatry residency program. Less than half of all general psychiatry residencies are affiliated with a forensic psychiatry fellowship.

C. Review of the University of Washington General Psychiatry Residency Program's existing training structure and previous WSH educational opportunities

Among members of the UW workgroup are individuals involved in the administration of UW psychiatry education and general psychiatry resident training. In consultation (as needed) with other UW residency program administrators and through site visits at WSH we reviewed the existing structure of UW's general psychiatry residency program, current educational opportunities related to forensic topics in the UW residency, and the former WSH-based forensic psychiatry rotation offered to general psychiatry residents. Members of the UW workgroup consulted with former staff of WSH familiar with the resident rotation to seek their feedback, though received limited response. We considered former rotation description, duration, interest expressed by residents in participating in the rotation, and resident feedback about the rotation.

<u>The University of Washington General Psychiatry Residency Program</u>:

The PGY1 (internship) year focuses on developing and consolidating medical and psychiatric knowledge. Psychiatry interns spend half of the year on medicine and neurology services and the other half in inpatient psychiatry. The PGY2 year consists primarily of required inpatient, consultation-liaison, and emergency psychiatry rotations at UW-affiliated hospitals. Psychiatry residents are required to have a longitudinal experience in outpatient management, at least one-year in duration; currently, residents start this as a half-day per week in the PGY2 year and continue this through completion of residency training. Residents have 2 months for elective rotations in the PGY2 year. The PGY3-4 years focus primarily on outpatient psychiatry. Residents complete ACGME-required subspecialty rotations in addiction psychiatry, geriatric psychiatry, and child and adolescent psychiatry, as well as a rotation in integrated care that is required by the program, but not by the ACGME. In the PGY3-4 years, UW psychiatry residents also participate in several elective rotations to broaden their training experience. They continue to have, at minimum, a full-day (PGY3) or a half-day (PGY4) per week required longitudinal outpatient clinic. Throughout the four-year training program, psychiatry residents participate in a half-day per week of scheduled didactics.

<u>Former WSH general psychiatry resident rotation</u>:

The UW general psychiatry program previously offered residents in the PGY2-4 years an elective rotation in forensic psychiatry at WSH. For PGY2 residents, the rotation was three days per week for one to two months duration, with a one-month rotation being the most common. For PGY3-4 residents, the rotation was one-day per week for six months. **The focus and content of the rotation varied, likely dependent on the role of the clinician assigned to supervise the resident at WSH**. For some administrations of the elective, the focus was on criminal forensic evaluations, namely competency to stand trial assessments. These experiences were largely observational for the resident; depending on resident interest and skill level, some residents prepared parallel reports or contributed to the reports of their supervising clinician. For other administrations of the rotation, the elective emphasized the treatment component of the forensic unit, not court evaluations. Although the residents contributed to the team, residents did not have primary care responsibilities for the patients on the ward. Some residents had opportunities to observe court evaluations during this treatment-focused rotation.

Each academic year, several residents elected to participate in the rotation at WSH, but **interest level in the rotation at WSH was variable**. In addition, although residents self-selected the rotation, **feedback about the experience was also variable**. The following **challenges were identified by former trainees and former WSH staff**: distance of WSH from the primary training sites; on-call responsibilities (residents would leave early from WSH to take night call at Seattle-area hospitals and would not be able to participate in the rotation when post-call); residents away for vacation during the elective rotation; residents' limited days of the week at WSH due to didactic and longitudinal clinic schedule; scheduling challenges associated with court evaluations (cancellations, unwilling defendants); coordination of resident activities when supervising clinician was out; and busy treatment ward, limiting the supervising clinician's time to work with the resident. The rotation has not been offered in the past three years due to a lack of forensic psychiatrist supervisors and, more recently, lack of JCAHO accreditation.

Section Summary: General Psychiatry Residency Training

Current ACGME requirements do not specify a particular forensic experience or duration, and general psychiatry residency programs have responded in a variety of ways. Some programs – particularly those that lack affiliation with a forensic psychiatry fellowship or have limited, if any, forensically-trained faculty – rely primarily on classroom education for forensic education. Forensic training experiences provided outside the classroom vary greatly, including requirements (elective vs. required rotations), duration (part-time vs. fulltime, a few weeks vs. months), sites (state hospitals, court clinics, and corrections rotations), and activities (focus on evaluation vs. treatment of forensic populations). Within state hospitals, the types of

experiences for general psychiatry residents are, similarly, variable. In some state hospitals, the rotations are not focused on forensic psychiatry. When general psychiatry programs and state hospitals collaborate to train residents, often both parties value the training opportunities.

The UW general psychiatry residency program currently does not offer a required or elective rotation in forensic psychiatry at the state hospital. The previous elective offered through WSH received mixed interest and reviews by residents, and it faced many of the challenges noted by other sites and the literature, including resident and supervisor time limitations and travel distance.

Recent scholarship has advocated for increasing residents' exposure to clinical experiences in forensics. One of the potential benefits of this is the opportunity to positively shape attitudes of clinicians in working with justice-involved patients. In addition, there is evidence that clinical experiences improve resident knowledge of forensic issues, perhaps in a way unique from didactic instruction. Given the volume of patients with mental illness involved in the criminal justice system, it is important to train a psychiatry workforce that is knowledgeable about forensic issues and equipped to handle the challenges associated with working with justice-involved patients. Positive educational experiences during general psychiatry residency training may inspire clinicians to pursue forensic psychiatry fellowship training or work in forensic settings after completion of residency. In fact, some fellowship directors noted success with recruiting forensic fellows from among their programs' residents by growing interest through rotations and didactics. In programs that offer forensic training to residents, the focus and success of the experience appear to be related to local resources (access to rotation sites, time in the training schedule), access to quality supervisors, and quality of the relationship between the training site and residency program.

III. Forensic Psychiatry Fellowship Training

Forensic psychiatry fellowships are advanced training programs designed to give psychiatrists experience in forensic psychiatry. The ACGME began to accredit fellowship programs in forensic psychiatry in 1996. For the 2014-2015 academic year, there were 40 ACGME-accredited forensic psychiatry fellowship programs with 66 fellowship positions (ACGME 2014b). For the 2016-2017 year, there were **45 accredited programs** (with 67 trainee appointments) across the country (Accreditation Council for Graduate Medical Education, 2017; Association of Directors of Forensic Psychiatry Fellowships- a Council of the American Academy of Psychiatry and the Law, 2016). Successful completion of a forensic psychiatry fellowship is a pre-requisite for a psychiatrist to obtain specialty Board certification in forensic psychiatry.

ACGME Program Requirements for Graduate Medical Education in Forensic Psychiatry specify the minimum conditions for a fellowship program (ACGME 2016). Following

completion of a general psychiatry residency program, the training period in forensic psychiatry must be 12 months. The program director manages the administration of the fellows' training. The program director must have an average of 10 hours per week to devote to the program for administration, teaching, and supervision (for fellowships with only 1-2 fellows, with more time required for additional fellows). There is no specified time requirement for other faculty, but "faculty must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities" (ACGME Psychiatry requirements at II.B.2).

The ACGME requirements also list required competencies, broken into patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The curriculum must include at least six months of longitudinal experience in the management of patients in the correctional system, clinical case conferences and seminars, a didactic curriculum, at least two hours of faculty preceptorship weekly, and a number of other required experiences. These experiences may include, for example, reviewing written records and preparing written reports and/or providing testimony in cases; providing consultations to general psychiatry services on issues related to the legal regulation of psychiatry; and participation in scholarly activities.

The UW workgroup utilized several methods to evaluate forensic psychiatry fellowship training and provide an overview of how programs are meeting the ACGME requirements, including literature review, interviews with fellowship directors and other representatives from fellowship programs, surveys, and site visits, described below in more detail. The UW workgroup's initial research was quite broad, while in depth analysis focused on programs with an affiliation with a state hospital. Appendix D provides a listing of these programs.

A. Literature review

Using resources detailed in the literature review section for general psychiatry residency training, the UW workgroup performed a literature review and search of online resources for forensic psychiatry fellowship training. Focusing on forensic psychiatry fellowship training, we reviewed published sources relevant to the following:

- Knowledge base in forensic mental health relevant to specialty training in forensic psychiatry
- Forensic mental health curricula
- Education program planning
- Accreditation standards for forensic fellowships
- Milestones for fellows in forensic psychiatry programs
- Training in state hospitals

- State and academic partnerships
- Coordination between general psychiatry resident training and advanced specialty training in forensic mental health
- Coordination between forensic psychiatry and forensic psychology fellowship training programs

Table 2-2: Key studies on forensic psychiatry fellowship training

Author/Year	Title	Description
Pinals, 2005	Forensic psychiatry fellowship training: developmental stages as an educational framework	Description of the developmental trajectory of fellows as they participate in specialty forensic training and educational tools/experiences to support this development
Billick, 2015	The development of a fully integrated forensic psychiatry residency within a general department of psychiatry	Authors describe bidirectional benefits between general psychiatry training and specialty forensic training after the establishment of an ACGME-accredited forensic fellowship program.
Gutheil, 2015	The program in psychiatry and the law: A new direction in forensic training and experience	Description of coordinated education across practices and disciplines
Scott, 2015	Forensic psychiatry fellowship training: Fundamentals for the future	Model and benefits of including education and experiences focused on teaching forensic psychiatry fellows how to "teach"
Buchanan et al., 2016	A consultation and supervision model for developing the forensic psychiatric opinion	Description of a model program's use of case consultation in forensic training

Authors have described **bidirectional benefits to general psychiatry residents and forensic psychiatry fellows at sites that have a forensic psychiatry fellowship program**. Billick (2015) described as benefits the bidirectional flow of knowledge, fellows assisting with teaching forensic psychiatry to residents, fellows being available to consult with general residents on forensic issues that arise during the course of their consultation-liaison psychiatry rotation, and overall improvement in forensic education and knowledge for the general psychiatry residents. As mentioned above, McBain, Hinton, Thrush, Williams, and Guise (2010) reported an improvement in general psychiatry residents' forensic content scores on the PRITE after the establishment of a forensic psychiatry fellowship program.

During the fellowship, fellows **develop from the role of "healer to evaluator**." Pinals (2005) identified three states – transformation, growth of confidence and adaptation, and identification and realization – which can be used by programs to tailor training methods and competency assessment. Rotter and Preven (2005) add that groundwork laid during

general psychiatry training can ease this transition to "evaluator" for forensic psychiatry fellows.

Various authors have described the i**mportance of different types of training during fellowship**, including a few recent pieces on the value of case consultation (group supervision, sometimes with multiple disciplines present) in training programs. Buchanan, Norko, Baranoski, and Zonana (2016) describe benefits of case consultation for trainees, though caution on the need to protect interests of various parties, including the evaluee, retaining party, and those offering clinical consultation and supervision – but add that the discussion of potential conflicts and resolutions themselves may be useful for trainees. Others note the difficulty associated with employing this approach for smaller programs, but agree with the benefits of consultation for forensic psychiatrists in general and for expanding trainees' exposure to a variety of case material (Frierson & Joshi, 2016). Gutheil (2015) describes the development of meetings of interested individuals, which, in the case of Harvard, has evolved into a think tank, consultation service, and clinical research unit. He notes the benefits of this practice for teaching, continued professional development, and combating the isolation sometimes associated with forensic practice. Scott (2015) describes the role for educating fellows on how to teach as a way to develop and improve communication on forensic topics. Fellows develop these skills through presenting at national conferences, to treatment teams, and to the court.

The UW workgroup reviewed the available websites of forensic psychiatry fellowship programs and found 33 active programs that mentioned a state hospital affiliation and 12 that did not have stated affiliations. Given the focus of this project, we gave special attention to programs with a state hospital training component. State hospitals affiliated with forensic psychiatry fellowships range in size from less than a hundred to over a thousand patients.

A review of program websites revealed a variety of differences with respect to fellowship sizes, sites, emphases, and levels of involvement in teaching general residents. The amount of information provided on websites was variable and descriptions did not always make it clear which activities fellows completed at which sites. For example, although some programs have fellows participate in evaluations and treatment at state hospitals, some only have fellows complete evaluations, and other programs did not specify what activities the fellows perform at the state hospital. When fellows provide a treatment role at state hospitals, they are most commonly providing services in forensic units. In the evaluator role, fellows may conduct evaluations or consult to treatment teams on both the civil and forensic units.

B. Semi-structured interview of representatives from forensic psychiatry fellowship programs

The UW workgroup developed and administered a semi-structured interview, informed by review of the literature and program websites, feedback from select local and national leaders in forensic psychiatry, and fellowship and ACGME program requirements and milestones (evaluative competencies). Stephen Noffsinger, M.D., Associate Director, Forensic Psychiatry Fellowship at Case Western/University Hospitals in Cleveland, Ohio, provided consultation in the development of the interview questions (Noffsinger, 2016) A copy of the interview questions is attached as Appendix E.

The semi-structured interviews of fellowship representatives focused on basic information about forensic training programs and solicited information from program representatives as to the essential components of a high-quality forensic teaching service. The one-on-one format of the structured interviews allowed the members of the UW workgroup to probe program directors about the strengths and challenges facing each program, including their use of state hospitals as a training site. In-person interviews were completed in October 2016, in conjunction with the annual meeting of AAPL, which was held in Portland, Oregon. The workgroup conducted 12 semi-structured interviews while at the AAPL meeting. The workgroup conducted three additional interviews via telephone after the AAPL meeting and also used the structured interview in obtaining information from directors hosting the site visits (see below). Representatives from the following programs were interviewed: Albert Einstein, University of Arizona, Brown University, Case Western/University Hospitals, University of Cincinnati, Columbia-Cornell, Emory, Harvard, Indiana University Psychiatry Residency Program, University of Massachusetts, University of Michigan, Oregon Health and Science University, University of South Carolina, St. Elizabeths Hospital, and Yale.

Interview participants were asked to identify essential features of a strong fellowship program, in addition to the ACGME requirements. **Common responses for "essential" features included**:

- Adequate number of forensically-trained staff
- Protected faculty time for teaching and supervision
- Administrative support to coordinate trainees, reports, and budget, among other things
- Diversity of training cases for fellows
- Steady funding for the fellowship

Although treatment was often not the focus of the program directors, one emphasized the importance of **clinical experience and expertise as part of training** (as opposed to simply legal or forensic expertise) and another highlighted the importance of seeing a forensic

population of patients as part of training. Some also stressed the value of having an attorney (or clinician with legal training) affiliated with the program.

Program directors (or representatives) were asked to identify **strengths of their *specific* programs. Common areas of consensus include**:

- Variety of training sites
- Diversity of types of forensic evaluations
- Diversity and breadth of faculty
- Protected faculty time for teaching and supervision
- Quality of didactic training for fellows
- Flexibility in the program to tailor experiences to interests of the fellow
- Prioritization of educational mission over service demands
- Sufficient administrative staff and coordinators
- Relationships with law schools or availability of legal resources

Several responses mirror those identified as essential features for a forensic psychiatry fellowship program. In addition, some programs benefit from affiliation with law schools. Some programs identified training offerings unique to their program:

- Albert Einstein: focus on community forensics
- University of Cincinnati: emphasis on scholarship and research
- Oregon Health and Sciences University: exposure to asylum evaluations

Programs identified **challenges in several domains, with the most common including**:

- Financing the training program
- Protecting educational time for fellows and faculty
- Access to civil cases
- Sustaining contracts and resources needed to support the fellowship program
- Logistics of fellows traveling to various sites away from the primary institution

Recruitment of fellows is a concern for some programs, given that each year some training spots go unfilled nationally, which can create problems when a program is not able to fulfill its contracts with various partners. Similarly, **maintaining regular funding streams** for fellowship salaries, faculty time, and other expenses was a major concern. A couple of programs noted having to pull fellows out of certain sites or contracts due to lack of funding. Further, programs acknowledged challenges in projecting cost-increases over the time frame of a contract.

Directors also noted the difficult balance of **maintaining adequate flow and diversity of cases for forensic fellows, without overburdening them**. Many programs struggle with providing enough civil cases for fellows and the long duration of civil cases can be prohibitive for fellows needing to complete most of their cases within one year. Directors also voiced **concerns about travel** – including distance and time – which impacts the amount of time fellows can spend at various sites and their ability to go between sites in one day.

Specifically at state hospitals, directors noted **safety concerns and difficulty navigating "state" regulations, such as credentialing**. One director mentioned concerns that state hospitals did not provide enough diversity of experiences and cases and needed to be combined with a number of additional sites. Frequently directors reported **challenges keeping up with clinical service and administrative needs**. Similarly, some directors specifically addressed having fellows engaged in treatment versus evaluations and consultation in state hospitals. **While some programs have fellows participate in both treatment and consultations/evaluations in state hospitals, the majority of directors surveyed have designed programs where fellows complete evaluations and consultations at state hospital sites and treatment at another site (in corrections, for example)**. One program director described terminating the treatment portion of the fellows' work at the state hospital after observing and receiving fellow feedback that the treatment experience did not significantly add to the training.

C. Secondary survey of forensic psychiatry fellowship program directors

The UW workgroup developed an electronic questionnaire to obtain more detailed information about forensic teaching programs from select program directors. Questionnaires are widely used in medical education research. The questionnaire sought information about the number of fellows per program; the fellows' training activities; the forensic settings affiliated with each program; supervisor, faculty and administrative support for activities of the forensic program; and whether supervisors have academic appointments. Also included in the questionnaire was a section on the role (if any) of a state hospital in the training program, the amount of time the trainees spend at the state hospital, and their activities/services at the state hospital. A copy of the secondary survey is attached as Appendix F.

The survey was distributed via email in February 2017 (with a reminder email in March 2017) to select programs based on our preliminary literature review, review of online resources, and the structured interviews. The workgroup especially considered the reputation of the program, affiliation with a state hospital, any unique attributes, and ties

to forensic psychology training programs when selecting the programs for the secondary survey. The UW workgroup also consulted with Peter Ash, M.D., Director, Psychiatry and the Law Service at Emory University School of Medicine, during the development of the survey (Ash, 2017).

The UW workgroup sent surveys to 34 forensic fellowship program directors, including 15 programs for which we had interview data. We received **21 responses to our query**, including from 11 of 15 of program directors or other representatives interviewed (73.3%) and nine of 19 of those not interviewed (47.3%). Fellowships ranged in size from one to six fellows, with two fellows being the most common. **For programs with a state hospital affiliation, some were primarily based at the state hospital and others sent fellows to the hospital for a smaller portion of their time. The percentage of fellow time at a state hospital ranged from 20 to 65% of the total year**, which some compressed to just a few months (e.g., 80% for six months) and others extended over the course of the entire year. Some programs had all the fellows at the state hospital at the same time; others had fellows switch partway through the year.

The distance from the main fellowship site (if not onsite at the state hospital) ranges from a couple of blocks to 65 miles. As noted above, the UW workgroup targeted programs with affiliation to a state hospital; however, we included a few programs of high quality which did not identify a state hospital as a training site to learn about barriers to inclusion of state hospitals in their training programs. Of note, the programs without state hospital affiliation identified **distance to the nearest state hospital as a primary barrier** for use as a training site.

Most programs made use of multiple training sites, and several used more than five distinct sites in their program. In addition to state hospitals, sites included outpatient forensic assessment clinics, private forensic offices/clinics, correctional settings, mental health courts, family courts, juvenile detention courts, outpatient forensic treatment clinics, sex-offender related sites, law enforcement collaborative training, public defender offices, Veteran's Administration, and other hospital sites. Many programs noted varying degrees of collaboration with law schools, including having fellows audit law school classes, participate in mock trials, and having fellows work as consultants to law school clinics.

In addition to salary support and fellowship training, some programs provided fellows additional funding and resources to advance their education or scholarly interests. Some programs funded fellows to attend the AAPL annual meeting; some programs further funded fellow participation in AAPL's Board review course in forensic psychiatry, provided a stipend for books, and/or provided educational leave to attend relevant conferences or

trainings. One program noted benefit in terms of scholarly productivity from having a consulting statistician and another from having a research director involved in their training programs.

Fellowship programs reported **a wide range of faculty sizes** – from four to 22, but different programs included different types of faculty in their total (e.g., full time vs. voluntary faculty). Many respondents specified that they had four or five core faculty within the fellowship program. The number of faculty located at the state hospital sites ranged from two to eight. **The majority of clinicians providing supervision to fellows had faculty appointments** (60% to 100%) and many programs reported that 100% had faculty status through the affiliated university. **The number of faculty who are forensically trained in each program ranged from 55% to 100%** with the majority of programs reporting 80% to 100%. This percentage may also be influenced by who programs included as "faculty." Some programs included in their faculty numbers attorneys and psychologists associated with the forensic psychiatry fellowship program, in addition to psychiatrists.

The full time equivalent (FTE) protected for the forensic psychiatry fellowship program director ranged from 10 to 100%, though it is possible that various programs interpreted this question differently (e.g., percentage of time dedicated to administering the fellowship vs. percentage of time dedicated to supervision and academic pursuits). The protected FTE for other fellowship faculty ranged from zero to 100%. Many programs relied heavily on voluntary faculty and some programs clarified that teaching and supervision were part of the faculty job description and not separately allocated. Some academic departments adjusted productivity goals based upon the expectation that faculty will be less productive due to teaching and supervision demands, but we did not specifically ask about this as part of the survey.

Programs indicated **varying levels of administrative staff support**, ranging from clerical assistants to program coordinators (most common) to paralegals. Administrative FTE ranged from 0.15 to greater than 1.0, with 0.5 or 1 FTE being the most common responses. Some programs had a central program coordinator for the fellowship in addition to coordinators located at each training site. Additional staff support was identified as a resource need by several programs.

Section Summary: Forensic Psychiatry Fellowship Training.

Although programs tailored for subspecialty training in forensic psychiatry have existed for several decades, the ACGME did not accredit fellowship programs in the specialty until the 1990s. Fellowship programs have taken diverse approaches to meeting the ACGME

requirements. Generally, forensic consultation and evaluations form the backbone of fellows' training experiences, but individual fellowships place varying emphasis on treatment, scholarship, and teaching. The literature describes the transition in fellows' role during fellowship from treater to evaluator, and recent writings have highlighted the benefits of case conferences and consultation roles both for fellow training and faculty development. From the literature and personal interviews with program representatives, there are avenues for bidirectional benefit for forensic fellows and general psychiatry residents when both are offered training through the same forensic teaching service.

Fellowship directors emphasized a need for a variety of training sites and cases, adequate forensically-trained faculty (including legal consultants), protected time for faculty and fellows, and adequate administrative support as critical to having a successful fellowship. Common challenges include ensuring consistent and adequate funding (for fellow salaries, faculty time, administrative support, etc.), maintaining an adequate supply of cases, distance and travel time to sites, and attracting high-quality applicants. Related to state hospitals, some programs had fellows provide both treatment and evaluations/consultations at the state hospital site, but more focused on evaluations.

IV. Forensic Psychology Fellowship Training

A psychology postdoctoral fellowship is a temporary period of supervised training in a general or specialty area of psychology that occurs after the conferral of a doctoral degree (Ph.D. or Psy.D.). A psychology postdoctoral fellowship is required in some states for psychologists with clinical or counseling doctorates. Fellowships provide an opportunity to acquire specialized training toward mastery in a given professional activity (e.g., a particular research method or topic), population or setting (e.g., forensic psychology), or intervention. Postdoctoral fellowships may also provide a transition year in which fellows are able to establish their own programs of research, acquire supervised clinical hours necessary for state professional licensure, build a client base, and/or establish their professional identities.

Forensic Psychology was formally recognized as a specialty by the American Board of Professional Psychology (ABPP) in 1985 and by the American Psychological Association (APA) in 2001. The Forensic Psychology Specialty Council developed the Education and Training Guidelines shortly thereafter (Forensic Psychology Specialty Council, 2007). In addition to developing and updating the Education and Training Guidelines, the Forensic Specialty Council is responsible for coordinating the renewal process for the Commission on the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) of the American Psychological Association and addressing other core issues relevant to the specialty discipline of forensic psychology. More recently, the council developed the Taxonomy for Forensic Training

consistent with CRSPPP. Constituent groups of the Specialty Council include the American Board of Forensic Psychology (ABFP), which oversees Board certification in forensic psychology, the American Academy of Forensic Psychology (AAFP), which is the education and training arm of ABFP, and the American Psychology-Law Society (AP-LS)/Division 41 of APA.

As noted by the Forensic Psychology Specialty Council and approved by the CRSPPP, forensic psychologists serve the public by conducting assessments and psychotherapy, performing research, and offering consultation on legal matters (CRSPPP renewal petition, 2015). The council provides a non-exhaustive list of areas in which forensic psychologists serve the public, broadly dichotomized into civil and criminal domains. These content areas serve to inform specialized forensic psychology training program development.

Consistent with our approach to evaluating best practices within advanced forensic psychiatry training programs, the UW workgroup used a multi-method approach to surveying forensic psychology postdoctoral fellowships, including a literature review, interview with program directors and other affiliates of fellowship programs, surveys, and site visits.

A. Literature review

Seminal literature was identified through a combination of searching electronic databases and consultation with national figures in the field of forensic psychology training.

Currently, forensic psychology is among the most popular specialty areas among emerging psychologists (Packer & Grisso, 2011). Opportunities for specialty training in forensic psychology have proliferated more rapidly than consensuses could be reached on appropriate training models, curricula, and training goals (Krauss & Sales, 2014). Nevertheless, it is well established that depth of specialized knowledge occurs, at a minimum, at the postdoctoral stage, where there is greater opportunity for intensive, supervised research and/or intensive practical experience (DeMatteo, Marczyk, Krauss, & Burl, 2009).

A centralized database for forensic psychology postdoctoral fellowships in the U.S. does not currently exist and fellowships are not required to be (and rarely are) accredited by APA's Commission on Accreditation (COA), making precise estimates of the number of such program challenging to reliably assess. A recent list of forensically-oriented fellowships on the AP-LS website includes approximately 40 distinct programs. Further research coupled with consultation with program directors nationally suggests that **as of March 2017, there are approximately 25 active forensic psychology postdoctoral programs**. **Of these, 11 are affiliated with a state hospital (Appendix G).**

Review of program material sourced from the internet indicates that most fellowship programs with state hospital training accept between 1-3 fellows (mode = 2). All fellowships expose trainees to criminal forensic inpatient and/or outpatient evaluations, most commonly including CST, mental state at the time of offense, and violence risk assessment. Although not universal, some fellowships provide opportunities to engage in civil forensic and/or juvenile forensic evaluations as well. All fellowships offer didactic training on a wide variety of topics within the discipline as well as relevant case law. Fellowship materials noted opportunities to either observe expert testimony and/or provide expert testimony in mock, controlled, or real-world courtrooms. As would be expected, all fellowships provide trainees with at least the minimum number of supervision hours required to obtain licensure within their jurisdiction and all comment on performance evaluation over the course of the training year.

A primary goal of the forensic psychology postdoctoral fellowship is to prepare the fellow to attain Board certification in Forensic Psychology. Applicants for ABPP candidacy with specialization in forensic psychology are required to meet general requirements for all ABPP candidates (e.g., a doctoral degree in professional psychology, completion of an appropriate doctoral internship, current engagement in specialized field, evidence of continuing education during the postdoctoral years, and appropriate professional licensing) and additional requirements specific to the forensic specialization, which currently includes a minimum of 1,000 hours of formal education, direct supervision or continuing education in forensic psychology, and at least 1,000 hours of experience in forensic psychology obtained in one of two ways: (1) completion of a full-time, at least one-year, postdoctoral training program in forensic psychology that meets curriculum requirements consistent with APA's definition of forensic psychology as a specialty; or, (2) during a minimum period of five years, all of which are postdoctoral. Postdoctoral experience obtained formally through a forensic psychology postdoctoral fellowship must be granted an "experience waiver" by the ABFP (American Board of Forensic Psychology, 2014). Individuals who apply for ABPP certification in forensic psychology who did not receive postdoctoral training from an ABFP-approved postdoctoral training program must meet the five-year practice criterion. **As of March 2017, 13 programs nationally qualified for the ABFP experience waiver** (American Board of Forensic Psychology, 2016). These programs are presented in **Table 2-3**.

Table 2-3: Forensic Psychology Postdoctoral Fellowships Granted ABFP Experience Waiver

Program	Location	Waiver Acceptance Period
Arkansas State Hospital	Little Rock, AR	2016-2020
Audrey Hepburn Children's House at Hackensack University Medical Center/Montclair State University	Hackensack, NJ	2015-2019
Center of Excellence for Children, Families, and the Law	Newton, MA	2016-2020

Program	Location	Waiver Acceptance Period
Central State Hospital	Petersburg, VA	2015-2019
Colorado Mental Health Institute at Pueblo	Pueblo, CO	2016-2019
Emory University School of Medicine	Atlanta, GA	2015-2019
Georgia Regents University/East Central Regional Hospital	Augusta, GA	2015-2019
Institute of Law, Psychiatry, & Public Policy at the University of Virginia	Charlottesville, VA	2014-2018
Mendota Mental Health Institute and Sand Ridge Secure Treatment Center	Madison, WI	2015-2019
Minnesota State Operated Forensic Services	St. Peter, MN	2015-2019
Patton State Hospital	Patton, CA	2016-2020
University of Massachusetts School of Medicine	Worcester, MA	2015-2019
Walter Reed National Military Medical Center	Arlington, VA	2014-2018

The Education and Training Guidelines for Forensic Psychology (Forensic Psychology Specialty Council, 2007) documents the aspirational elements of an organized, sequential training program in forensic psychology, inclusive of postdoctoral fellowship training, and is regarded as an authoritative reference within the field. The guidelines describe the forensic psychology specialty, define the goals of education and training in forensic psychology, and delineate guidelines for achieving the stated goals and objectives. Both breadth and depth of knowledge and skills related to the practice of forensic psychology are emphasized. The following are exit criteria of a forensic psychology postdoctoral fellowship, as outlined in the Education and Training Guidelines:

A. Knowledge of the basic principles of the legal system, including how the legal system works, legal doctrines that are relevant for mental health evaluations, as well as core legal cases relevant to forensic psychology and their implications for practice, covering the breadth of forensic psychology.
B. Knowledge of forensic psychological evaluation methods, including specialized assessment instruments used in forensic psychological practice.
C. Knowledge of, and practice consistent with, the Specialty Guidelines for Forensic Psychologists and the Ethical Principles and Code of Conduct for Psychologists.
D. Knowledge of rules, procedures, and techniques related to expert witness testimony.

E. Attainment of advanced skill in providing forensic psychological services sufficient to practice on an independent basis; these skills must be demonstrated in at least two distinct areas of forensic psychological practice, and must include the following:
    a. ability to conduct a forensic interview;
    b. ability to use and interpret structured assessment instruments;
    c. ability to obtain the relevant data, including collateral sources of information;
    d. ability to integrate results and formulate interpretations consistent with data, relevant for the conclusions related to the legal question, and consistent with ethical and practice guidelines;
    e. ability to write reports that are clear, comprehensive, articulate and appropriately focused on the referral issue;
    f. ability to provide expert testimony in a clear, articulate manner, consistent with ethical and practice guidelines.
F. Demonstration of ability to critically evaluate research and how it applies to forensic practice.
G. Eligibility for state or provincial licensure or certification for the independent practice of psychology.
H. Eligibility for Board certification in Forensic Psychology by the American Board of Professional Psychology.

Since the publication of these fellowship exit criteria, several authors have contributed to a growing body of literature further delineating models of education and training (DeMatteo et al., 2009; Najdowski, Bottoms, Stevenson, & Veilleux, 2015; Packer & Borum, 2013) and the core competencies necessary for empirically-supported practices within criminal and civil forensic psychology (American Board of Professional Psychology, 2015; Burl, Shah, Filone, Foster, & DeMatteo, 2012; Heilbrun & Brooks, 2010; Krauss & Sales, 2014; Malesky & Proctor, 2012; Marczyk, DeMatteo, Kutinsky, & Heilbrun, 2008; Packer, 2008; Packer & Grisso, 2011). Of particular interest to the task of formulating a plan to develop high-quality training is the ABFP (2015) descriptions of core competencies (see **Table 2-4**).

Table 2-4: Core Competencies Outlined by the American Board of Forensic Psychology (2015)

Core Competencies		Brief descriptions
Foundational Competencies		
1.	Relationships	Recognizes and appreciates potential role boundaries with all parties by demonstrating sensitivity to the welfare, rights, and dignity of others.
2.	Individual and cultural diversity	Recognizes and values individual and group differences and appreciates their impact in the psycho-legal context. Recognizes the effect(s) one's own cultural affiliations and biases may have on professional work and seeks to redress challenges inherent in working with diverse populations in the forensic context.
3.	Ethical and legal standards	Has an advanced knowledge of relevant ethical and legal standards (e.g., Forensic Specialty Guidelines) that guide forensic practice.
4.	Professionalism	Exhibits a professional obligation to obtain and maintain an advanced knowledge and skill level related to the intersection of legal theory, precedent, and procedures with clinical practice, psychological science, and professional ethics.
5.	Reflective Practice/Self-Assessment	Engages in ongoing self-care, self-reflection, and routine self-assessment of professional practices.
6.	Scientific Knowledge and Methods	Articulates a sound scientific basis for practice activities and is knowledgeable about emerging developments within the field.
7.	Interdisciplinary systems	Demonstrates awareness of the relevant knowledge from disciplines outside of psychology that bare on forensic practice (e.g., law, psychiatry, criminology).
8.	Evidence-based practice	Bases practice on methods that have evidence regarding psychometric properties.
Functional Competencies		
1.	Assessment	Conducts comprehensive, non-biased, reliable, valid, and culturally sensitive forensic assessments that are based upon multiple data sources obtained using multiple methods.
2.	Intervention	Has an understanding of common interventions used with forensic populations as well as the ethical and legal issues regarding interventions in forensic cases.
3.	Consultation	Advises attorneys, courts, and policy makers regarding matters of mental health related to the forensic psychologist's area(s) of expertise (e.g., civil, criminal, juvenile).
4.	Research and/or Evaluation	Is trained to be a discerning consumer of research and scientific procedures and/or is actively engaged in ongoing research in the forensic arena.
5.	Supervision	Translate relevant and current forensic knowledge and skills to colleagues, trainees, and allied professionals.
6.	Teaching	Ability to articulate expertise such that it is accessible to a layperson. Training or teaching may be provided in diverse contexts.
7.	Management/Administration	Has a basic understanding of the administrative functions of the organizations, programs, or agencies in which one works or with which one consults.
8.	Advocacy	Promoting strategic alliances for the purpose of effecting change; development and implementation of action plans for targeted change toward a policy or practice.

In addition to guidelines related to core functional and foundational competencies and benchmark exit criteria for the postdoctoral fellow, the Education and Training Guidelines for Forensic Psychology also describe aspirational elements of forensic fellowships. Prescribed elements include:

A. At least one ABPP-Board certified forensic psychologist on the faculty. Ideally, the ABPP is held by the program director.
B. Training is provided at a fixed site or at formally affiliated training sites, with primarily on-site supervision.
C. Regular didactics with a mix of historical, criminal, civil, ethical, and legal topics.
D. Sufficient supervised clinical forensic experience to permit the fellow to achieve competence in at least two areas of forensic psychology,
E. Opportunities for fellows to provide expert witness testimony in real or mock trials with feedback from legal professionals.
F. Opportunities in which fellows can demonstrate ability to critically assess research and methodologies and how they apply to forensic practice.
G. Requirements that prospective fellows have successfully completed an accredited internship program, which may include some training in forensic psychology.
H. A minimum of one year of training.
I. At least 100 hours of direct supervision by a mental health professional with suitable training and experience in forensic psychology or psychiatry. At least half of the supervision hours must be provided by a psychologist.

B. Semi-structured interviews of representatives from forensic psychology postdoctoral fellowship programs

The UW workgroup developed a series of materials, including a semi-structured interview for program directors and affiliated faculty of forensic psychology fellowship programs. The interview is substantially similar as that attached as Appendix E. The interview questions were informed by a review of the literature, program websites, feedback from select scholars and practitioners from within the field, core competencies identified by ABFP, and fellowship program requirements and milestones prepared by the Forensic Psychology Specialty Council.

As previously discussed, the semi-structured interviews of fellowship directors focused on basic information about forensic training programs and solicited information from program representatives regarding the essential components of a high-quality forensic teaching service. Interviews took place with representatives of the Forensic Psychology Specialty Council as well as program directors of well-regarded forensic psychology postdoctoral fellowships across the U.S. as well as a former program director of the UW-WSH postdoctoral fellowship. Less formal discussions aimed at helping to inform the workgroup's appraisal of teaching and training priorities and challenges were conducted in-person and by email with other forensic psychologists engaged in teaching and training.

On the topic of working within the state hospital context, there were multiple positive remarks. Among the benefits listed were financial (with the hospital funding the fellow's position or a portion thereof and in some cases additional program related costs), complex and interesting psycho-legal cases, developing competencies in interfacing with interdisciplinary treatment teams, a high volume of cases, and access to hospital-based training. Some interviewees noted that trainees receive a fairly wide variety of criminal and civil evaluations whereas others lamented the lack of availability within their state hospital of particular evaluation types (e.g., civil, juvenile, competency to waive Miranda rights, fitness for duty). University of Virginia's fellowship evenly divides trainees' time between the state hospital, where they conduct CST and insanity evaluations, and the Institute of Law, Psychiatry, and Public Policy, where they are exposed to death penalty cases, complex violence risk assessments, sexual violence risk assessments, threat assessments and consultation, and fitness for duty evaluations.

Availability and quality of on-site supervision was also discussed. Supervisor models varied, with some programs having only one on-site supervisor who functioned in a lead role within the fellowship program and others relying on hospital staff psychologists who were graduates of the fellowship or had received specialized training. All programs had at least one on-site supervisor. **Faculty FTE was identified as a challenge by many.** Commonly, faculty FTE toward fellowship responsibilities had decreased over time. Interviewees noted that supervision of forensic assessment is time-intensive and that having multiple supervisors available to engage trainees in supervision that is developmentally appropriate helps to ensure that competent supervision is available for different types of specialized practice. Not surprisingly, most interviewees indicated that research training and/or opportunities should be high priority areas, although there was a range of responses as to how this could be accomplished, from engaging in supervised research during the training year to providing a travel stipend to professional conferences.

C. Focus group

Individuals heavily involved in the scholarship or practice of forensic psychology specialty training were invited to a luncheon focus group on March 17, 2017 at the annual meeting of the AP-LS in Seattle, Washington. Twenty-nine individuals were invited to the focus group, of which eleven agreed to participate and eight actually attended. Questions focused on perceived benefits and challenges associated with a specialized forensic postdoctoral fellowship generally as well as matters specific to state hospital-affiliated training.

Participants of the focus group held by the UW workgroup included program directors from the University of Massachusetts, University of Virginia, University of Denver Forensic

Institute for Research, Service, and Training (Denver FIRST), UW and the CSTC, and WSH. Discussion focused on perceived benefits and challenges associated with a specialized forensic postdoctoral fellowship generally as well as matters specific to state hospital-affiliated training. Nine prompts were developed by the UW workgroup in advance and time permitted for discussion of five of these prompts.

1. **Please identify some of the advantages conferred by the university-state hospital affiliation to trainees, staff, patients, the university, and the state?** Responses included faculty recruitment to the university, hospital staff recruitment and retention, cross-fertilization of advanced didactics (e.g., departmental Grand Rounds, hospital Grand Rounds), and a broad array of training opportunities. One program director noted that having supervisors with academic affiliations increases trainee exposure to cutting-edge research and being taught by scholars who are actively contributing to the empirical literature. This conferred an added benefit of attracting higher quality applicants, many of whom continue to work in the state after completing fellowship.

2. **Are supervisors who are based at the state hospital provided with FTE to cover program-related activities**? Responses ranged from 0.25 to 0.50 FTE for program directors.

3. **What suggestions do you have for creating synergy between forensic psychiatry and psychology training**? Responses included shared didactics, overlapping rotations, shared office space or office proximity, encouraging collaboration and consultation, modeling collaboration and consultation, and cross-disciplinary supervision as appropriate. One program noted that psychology fellows are involved in psychiatry department meetings and attend department Grand Rounds.

4. **Do you view treatment of a forensic population or of individuals with serious mental illness in a forensic setting to be an important element to postdoctoral training**? Responses to this question varied. One program voiced the view that it is important to have treatment options for interested trainees and that the forensic hospital is a primary setting for mental health treatment for many individuals with severe and persistent mental illness. [The CSTC fellowship is divided evenly between mental health service delivery and evaluation.] Representatives of several other programs expressed the views that (1) applicants pursue a forensic postdoctoral fellowship primarily for forensic evaluation training, and (2) that it is difficult to provide intensive training in competencies associated with forensic evaluation within the span of 12 months without attempting to also train in providing ethical, culturally appropriate, and evidence-based treatments.

5. **How have your programs attempted to ensure that training experiences are positive and rigorous when staff morale may fluctuate?** Respondents emphasized the role of leadership at the facility and efforts to focus on core principles or values that are shared across staff and job responsibilities. For example, one program has emphasized the mission of evidence-based care as a way to ground the missions of education and service at the hospital.

D. Survey of program directors

Similar in scope and content to the electronic questionnaire developed by the UW workgroup for forensic psychiatry training personnel, the workgroup sent an electronic survey (see Appendix F) to select forensic psychology program directors in February and March 2017. The reputation of the program, affiliation with a state hospital, any unique attributes, and ties to forensic psychiatry training programs were among the key factors in selecting the programs for the secondary survey.

Survey links were sent by email to 9 program directors, none of whom had been interviewed by phone or in-person. Program directors from three fellowships completed the survey (response rate = 33.3%). Fellowships represented by survey responses include Central Regional Hospital in Butner, NC; University of Minnesota Direct Care and Treatment Forensic Division, St. Peter, MN; and University of Arkansas/Arkansas State Hospital in North Little Rock, AK. All respondents listed state hospitals as a training site and two of the three programs are hospital sponsored. Accordingly, the percentages of fellow time at a state hospital were 50%, 90%, and 100%. There was only one training program that was not housed at the state hospital; however, the distance from the main fellowship site to the state hospital was 0.5 miles. Trainees at the University of Minnesota also work in a correctional site and fellows at Central Regional Hospital work in an outpatient forensic clinic. Within the hospital setting, program directors noted a range of training activities, including observing/conducting criminal and civil forensic evaluations, structured professional judgment or actuarial risk assessment, didactics, courtroom observation, expert testimony, and mock trials. Only one of the three respondents indicated that research and teaching/supervision of psychology doctoral trainees is a regular feature of their hospital-based training experience.

Each training program reported collaborative didactics, including a shared seminar series with the Federal Bureau of Prisons internship, shared forensic seminar with the psychiatry fellowship, and ABFP workshop series and a law course. Fellowship programs reported 13-14 faculty affiliated with the program. Of the two programs with a university affiliation, one reported that all supervisors have an academic appointment and the other reported that

43% of supervisors have an academic appointment. All supervision was provided on-site at the state hospital. All supervisors had received formal forensic training, and some were noted to be Board certified in forensic psychology.

The FTE protected for the forensic psychology fellowship program director was variable and ranged from 20% to 80%, though it is possible that the respondents interpreted this question differently (e.g., percentage of time dedicated to administering the fellowship vs. percentage of time dedicated to supervision and academic pursuits). The protected FTE for the other fellowship faculty was noted to be minimal.

Section Summary: Forensic Psychology Fellowship Training

As the field of forensic psychology has evolved, specialized postgraduate training programs have proliferated. National professional bodies have developed clear guidelines that delineate exit criteria for forensic psychology postdoctoral fellows. These core foundational and functional competencies were evident across all forensic psychology postdoctoral programs the UW workgroup queried. Although some differences exist in how these competencies are targeted, consistencies in programmatic elements and values were far more common than discrepancies. All programs attempted to expose trainees to complex psycho-legal questions and provide them with opportunities to defend their professional opinions in mock or real courts. Only a handful of programs provided opportunities to engage in psychological or psycho-legal treatment; some program directors felt that required treatment activities would detract from time needed for developing other competencies and may discourage prospective trainees. All programs emphasized the role of highly competent supervisors with high-level specialized training. Many programs relied heavily on supervisors who had graduated from the fellowship program, even if those supervisors did not function as core faculty. Programs have attempted to maintain the quality and rigor of the programs over time but have been strained by stagnant or decreasing funding and diminishing FTE for core faculty. Programs prioritized research in different ways—some provided stipends to professional conferences, for example, whereas others required a research product. Of note, not all programs with an ABFP waiver exemption and/or excellent reputations have formal academic partnerships (e.g., DSH-Patton). Advantages of the hospital-university partnerships included a bidirectional benefit of introducing faculty who can engage in research activities within the state hospital, attracting high-quality applicants (particularly those who are academically-oriented), and training in cutting-edge and evidence-based forensic mental health practices.

V. Site Visits

Based on the review of the literature and structured interviews, the UW workgroup identified a select few programs for site visits to obtain more detailed information and consultation from

program leaders. Sites were selected based upon presence of state hospital training, state-academic partnership, reputation of program, director expertise in starting/running training programs, similarities with UW-WSH, potential for collaboration with UW-WSH programs, and affiliation between psychiatry and psychology training programs. The UW workgroup selected four model sites identified in **Table 2-5**.

Table 2-5. Programs Selected for Site Visits

Program/Site	Training Type	Key Bases for Selection of Site
University of California – Davis School of Medicine	Forensic Psychiatry Fellowship	• University affiliation with state hospital training site • Reputation of program • Research and education at state hospital
Oregon Health and Sciences University	Forensic Psychiatry Fellowship	• University affiliation with state hospital training site • Hospital infrastructure • Faculty recruitment model • Potential for future coordination
The University of Massachusetts School of Medicine	Forensic Psychiatry Fellowship; Forensic Psychology Postdoctoral Fellowship	• University affiliation with state hospital training site • Reputation of the program • Coordination between psychiatry and psychology training • Research training
California Department of State Hospitals – Patton	Forensic Psychology Postdoctoral Fellowship; Forensic Psychiatry Fellowship	• State hospital training site • Reputation of program • Psychiatry fellowship has university affiliation with state hospital training site

Members of the UW workgroup conducted site visits of model programs in March and May, 2017. Summarized here are descriptions of the forensic psychiatry and psychology training programs at each site. In addition, at sites that have both general psychiatry residency training and forensic psychiatry fellowship training, the experiences for general psychiatry residents are also discussed.

A. University of California Davis School of Medicine (Forensic Psychiatry Fellowship Program Director: Charles L. Scott, M.D.)

The program is based in Sacramento, California. The primary training sites include the campus of the University of California – Davis Medical Center in Sacramento, a local correctional facility, and Napa State Hospital, which is located approximately 60 miles from Sacramento. Dr. Scott has primary responsibility for negotiating the contract between the University of California – Davis and Napa State Hospital.

The fellowship has five core faculty members, of which three are located at least part-time at the state hospital. All of the faculty members have advanced forensic training and all have academic appointments through the University. The program director spends a day and a half per week in direct administration and supervision of the fellows, including one full day per week at the state hospital. The FTE dedicated to academic pursuits (i.e., teaching, supervision, and research) varies for the other faculty members. The fellowship program also has a research director, who is paid by the state, works on hospital-related research projects, and assists forensic psychiatry fellows in developing their own research projects. The program has a 1.0 FTE fellowship coordinator and recently added a second assistant. It also has on-site coordinators who are located at the various fellowship training sites. The primary fellowship coordinator has responsibility for managing the legal cases for faculty members and fellows and serves both as a paralegal and an administrator.

The program typically has three fellows, although it has occasionally had a fourth when there is a military-supported fellow (in which case, the military funds the position). The state hospital supports fellows for two days a week (40% FTE): the fellows are physically on-site one day a week to perform consultations, evaluations, or presentations; the other day, they spend remotely reviewing records and working on reports. The state hospital provides a portion of each of the fellow's salary plus some funding for administrative overhead.

Dr. Scott describes a mutually-beneficial relationship between the academic fellowship program and the state hospital due to three primary features:

- Professional development of state hospital staff
- Consultation and comprehensive assessment on complex psycho-legal cases
- Research

Dr. Scott (at times, with participation from the fellows) provides approximately 50 continuing education units per year for Department of State Hospitals (DSH) staff, which includes professional staff from seven hospitals across the state of California on a variety of forensic topics. Dr. Scott and colleagues established the Forensic Quality Review Panel (FQRP), which provides comprehensive evaluation, analyses, and recommendations for complex patients referred by hospital staff. These evaluations consist of a thorough chart review, use of relevant psychological testing tools from record review, and recommendations for the treatment team. The research director, Barbara McDermott, Ph.D., focuses on research that can inform policies and procedures in the hospital system – including predictors of aggression and violence, the competency process, and the timing of risk assessments. Dr. Scott notes that this has been useful for the hospital's response to site

visits and court monitors. The program has also been able to use research results to develop new trainings for state hospital staff.

The forensic fellows' time at the state hospital is divided into three rotations of four months each, including 1) evaluations of conditional release of NGRI acquittees, 2) CST evaluations, and 3) forensic consultation service (primarily risk assessments via chart review for the FQRP). Dr. Scott supervises fellows and reviews and edits the fellows' reports. The acting chief of forensics at the hospital also reviews the fellows' reports.

Dr. Scott **emphasizes training the forensic fellows to teach and involves them in the training of hospital staff**. Topics of training for staff have included forensic documentation for treatment teams and forensic testimony for competency evaluators. The program also trains the fellows in basic psychological testing, which they use as part of their evaluations for the state hospital and elsewhere. For experience with civil cases, the fellows primarily draft opinions based on modified case files of prior actual evaluations performed by Dr. Scott. At times, fellows also complete evaluations through the local jail and the program's private clinic. Dr. Scott notes being deliberate in selecting and contracting with other sites, wishing to balance a steady flow of cases with concerns about finances and overwhelming the fellows' time with just one type of case. The fellows gain treatment experience at a correctional facility.

University of California – Davis general psychiatry residents spend one month in their PGY1 year rotating through the inpatient psychiatry unit at a local jail. They also have an option to complete an elective rotation, shadowing forensic fellows and faculty in their PGY2 year. Roughly two residents (out of nine in each cohort) complete the elective annually. All residents are exposed to forensic concepts through lectures spread throughout all four years of general residency training. The residents also observe as mock jurors a mock trial where the forensic fellows serve as expert witnesses. The residents and medical students do not regularly rotate at Napa State Hospital.

B. Oregon Health and Science University (Forensic Psychiatry Fellowship Director: Landy Sparr, M.D.)

In the Oregon Health and Science University (OHSU) fellowship program, fellows spend six months at Oregon State Hospital (OSH) (four days a week) on the Forensic Evaluations Service (FES) and six months providing treatment in two county jails and telepsychiatry for a prison in Eastern Oregon. On the FES, fellows complete CST evaluations (majority), dangerousness evaluations, and criminal responsibility evaluations. During their FES rotation, they typically complete one to three evaluations per week, and their work is supervised by a psychiatrist on the evaluations team. The fifth day is reserved for seminars

and report-writing. Additional activities include consultations in a local mental health treatment court, evaluations through faculty private practice, asylum evaluations through an intercultural clinic at OHSU, and consultations through a clinical law program at Willamette Law School. There is some flexibility in the program to allow fellows to pursue additional professional interests. For example, a recent child and adolescent psychiatry-trained fellow rotated through the juvenile detention center instead of one of the jails. The fellowship program generally has multiyear contracts with each training site; in the past, the program has had to pull out of some sites due to inability to reach agreement on payment. In addition, the program provides funding for fellows to attend the AAPL conference and review course during their fellowship year.

The fellowship program director has 25% protected time for teaching and administration of the fellowship. The associate program director, Stephanie Lopez, M.D., does not have any protected time for her role with fellowship administration. The program also has a clerical staff member who assists with program and accreditation-related paperwork.

Each training site has onsite supervisors for questions that arise, although many supervisors do not have university affiliations. Several volunteer faculty give didactic lectures, and there are several attorneys who assist with the program. **Dr. Sparr describes the essentials of a forensic psychiatry training program as follows: variety of evaluations, exposure to civil work, quality didactics, and an appropriate balance between education and service demands**.

General psychiatry residents from OHSU have a forensic seminar series in the PGY3 year. They occasionally provide telepsychiatry to the Eastern Oregon prison, as well. Residents rotate through OSH for geriatric and civil commitment unit rotations (not on forensic units). They do not typically have formal clinical or evaluator forensic experiences at OSH, except very occasionally in the PGY4 year as an elective. They are not able to complete CST evaluations due to state certification requirements in Oregon. Residents from Oregon State University, physician assistant students from OHSU, and medical students from OHSU also rotate at OSH.

Chien, Novosad, and Mobbs (2016) recently detailed some of the challenges associated with the OHSU-OSH collaboration. OSH has faced difficulties with staff recruitment and retention. Some factors contributing to this include inadequate staffing, burnout, distance from Portland (considered a desirable place to live), and lack of academic opportunities. They note the history of using academic partnerships in state hospitals to improve recruitment and retention of staff and to improve quality of care and promote research. Challenges in creating the partnership included a need to change state laws to allow

university-employed psychiatrists to work and hold supervisory positions at OSH, opposition from the OSH physicians union, and concerns at OHSU about the history of suboptimal care at OSH.

Changes designed to attract qualified physicians included allowing forensically-trained psychiatrists to rotate through the FES for three months every year in lieu of direct clinical work on the forensic units, streamlining the credentialing process, building an attractive new hospital, creating a separate recruitment contract that paid for applicants to visit and relocate to Oregon, and providing for one day of protected academic time a week (Chien et al., 2016). This model successfully attracted several qualified psychiatrists and the authors note improved treatment for competency restoration and timely discharge of patients hospitalized following insanity acquittal. However, retaining psychiatrists continues to be a problem due to ongoing deficits in staffing, clinical responsibilities taking priority over academic time, lack of defined teaching roles, and geographic distance (from Portland and OHSU), all of which limit collaboration in academic pursuits. Since the Chien publication, several (if not all) of the newly-recruited faculty have left and the shortage of psychiatrists has meant that forensically trained psychiatrists can no longer spend time on the FES.

C. The University of Massachusetts School of Medicine (Forensic Psychiatry Fellowship Director: Paul Noroian, M.D.; Forensic Psychology Postdoctoral Program Director: Ira Packer, Ph.D.)

The University of Massachusetts School of Medicine fellowship programs were started in 1987 at the state's request under a newly formed interdisciplinary program. Initial faculty included Ken Appelbaum, M.D., Thomas Grisso, Ph.D., and an attorney. Initial contract deliverables included (1) a fellowship program with placements at Bridgewater State Hospital and Worcester Recovery Center Hospital, and (2) development of statewide standards for Designated Forensic Psychologists (DFPs) and design and execution of a training program for their certification. The Psychiatry and Law Program continues to serve the state with these two programs and has incorporated the DFP certification process into the fellowship training, which permits for a smooth transition from fellow to state forensic evaluator.

The psychology fellowship program director, Dr. Packer, has 25% protected time for administration of the fellowship, although he noted that his FTE has decreased over time as salaries have increased with cost of living but the program funding has not kept pace. The position is funded by the Department of Mental Health through a contract with the School of Medicine. The psychiatry program director, Dr. Noroian, has protected time allocated

through his contract with the state hospital (he also serves as Chief, Worcester Recovery Center and Hospital), but his clinical responsibilities carry into this time.

The fellowship programs currently consist of one part-time attorney, a research supervisor and co-director, 12 affiliated psychologists, and seven affiliated psychiatrists. While the number of trainee positions has fluctuated over the years, the program currently admits three psychology fellows and one psychiatry fellow annually.

Both the psychology and psychiatry fellows work in the hospital settings (Bridgewater State Hospital and Worcester Recovery Center and Hospital) and a court clinic. In addition the psychiatry fellows work in a sexual offender treatment program. Training sites are geographically dispersed. For instance, Bridgewater State Hospital, a maximum security forensic hospital for men, is 60 miles from the University of Massachusetts campus where trainees are based. Trainees reported that commutes to sites are onerous but did not factor in to their decisions to attend the programs. **The psychology fellows' training year is focused on court ordered assessment and research activities. There are no required treatment activities**, although trainees are permitted to co-facilitate a competency restoration group. Fellows are exposed to a wide variety of assessments, including CST, criminal responsibility, violence risk assessment, sentencing, prisoners in need of treatment, and civil commitment.

The forensic psychiatry fellowship includes a treatment rotation at the state hospital, three days per week for six months. The fellow has primary clinical responsibilities for management of three patients on a forensic unit with average length of stay of 30 to 60 days. The psychiatry fellow receives clinical supervision from a forensically-trained psychiatrist at the state hospital. During this six-month block, the fellow spends one day per week observing and conducting evaluations at a court clinic. During the other six-month block, the psychiatry fellow rotates through a variety of sites, primarily aimed at evaluation and consultation services. Although the psychiatry fellowship program director provides some direct supervision for evaluations, psychologists supervise the fellow for a large number of the court evaluations. The program has had difficulty recruiting and retaining forensic psychiatrists to serve in supervisory positions, in part due to the nature of the employment contracts with vendors associated with state forensic services and challenges in obtaining protected time for faculty to supervise and teach fellows.

Throughout the year, for both psychology and psychiatry fellows, one day per week is allocated to didactic instruction and scholarly activity. The fellows participate, jointly, in the didactic training. Fellows in both disciplines are provided some funding and educational leave to attend forensic mental health conferences. Fellows are also given opportunities to

teach psychiatry residents and psychology trainees who may rotate with the fellows during the year. General psychiatry residents may complete an elective rotation, which is typically one-month, three to four days per week, of shadowing a faculty member.

Psychiatry and psychology fellows participate in mock testimony exercises. Local attorneys perform direct and cross-examination during the mock experiences. In addition, the programs partner with Harvard Law School for a moot court exercise in which fellows take turns "acting" as expert witnesses on a contrived mental health case.

Gina Vincent, Ph.D., is the research supervisor for the psychology fellows and Dr. Noroian supervises research activities for the psychiatry fellows. **All trainees are expected to complete a research project** over the course of the fellowship year and present their work to their peers and faculty. The DFP multiple-choice exam is administered at the end of the fellowship. In addition to passing this exam, trainees must submit reports that are approved by a Certification Committee, and obtain licensure to qualify as a DFP in Massachusetts. Although he did not cite a specific percentage, Dr. Packer noted that in-state retention rates tend to be high for both psychologists and psychiatrists who complete the fellowship programs.

D. California Department of State Hospitals–Patton State Hospital (Forensic Psychology Postdoctoral Program Director: David Glassmire, Ph.D.; Forensic Psychiatry Interim Fellowship Director: Michael Cummings, M.D.)

The Department of State Hospitals—Patton (DSH-Patton; also referred to as Patton State Hospital) sponsors a forensic psychology postdoctoral fellowship. The fellowship is not university-affiliated. The site was selected as a model program based on the quality and reputation of the forensic psychology fellowship. For the past two years, the hospital has also co-sponsored a forensic psychiatry fellowship along with University of California—Irvine, although there is no fellow for the 2017-2018 year. Both programs are funded by the Department of State Hospitals. The DSH-Patton postdoctoral fellowship program **consists of two distinct tracks—forensic psychology and clinical neuropsychology**. The forensic psychology fellowship is a nationally-recognized training program housed in the largest maximum-security forensic hospital in the nation for both male and female court-referred patients. The majority of the patient population has been court-ordered for competency restoration.

The psychology fellowship program started in the 1990s and formerly admitted up to six postdoctoral fellows in addition to 12 psychology practicum students and six doctoral interns. The number of fellowship positions has decreased to two forensic and two neuropsychology positions annually as the program has had fewer resources to run the

program, including reduced availability of supervisors due to recent attrition of staff psychologists. Paid training positions are written into the hospital's yearly budget. Presently, there are 75 psychologists on staff, roughly 15 of whom participate in training activities. Psychologists must apply to become a member of the Training Committee, which oversees all levels of psychology training. The application to the Training Committee includes a work sample to ensure that their work meets or exceeds professional expectations. Favorable candidates are then put forward to the Chief of Psychology and the Program Director, who make the final determination. Psychologists who provide supervision to trainees receive 5-10% FTE for this activity. As the Program Director, Dr. Glassmire receives 100% FTE, which previously covered his role as the program director of the fellowship program. Within the last three years, Dr. Glassmire has assumed leadership over the psychology externship, internship and postdoctoral fellowship. Quality assurance for supervisors occurs via peer monitoring within the Training Committee, performance reviews, and trainees' evaluations.

Jette Warka, Ph.D., Chief of Psychology, reports that public adulation from hospital leadership as well as the national reputation of the program promotes the prestige of the program within the hospital. Drs. Warka and Glassmire further report that, in addition to prestige, greater opportunities for professional development, variability in work tasks, dedicated FTE, and professional fulfillment associated with supervision and training help to attract and maintain high-quality psychologists as supervisors. Dr. Glassmire noted that the reputation of the training program also engenders staff respect of the fellows, a positive training environment, and improved patient care.

Core didactic experiences of the forensic psychology fellowship include a weekly advanced forensic seminar that covers topic areas and suggested readings for the ABFP written examination, a weekly landmark legal case seminar, and a biweekly case conference/professional development seminar. In addition, the **psychology fellows' training year is focused on court-ordered assessment and research activities.** There are no required treatment activities, although trainees are permitted to engage in treatment delivery to the extent that such activities align with their interests. Fellows complete a minimum of 20 supervised assessments in the areas of CST, NGRI, Mentally Disordered Offenders, forensic consultation, and violence risk assessment. Testing cases are selected by the rotation supervisor based on the rotation and the trainee's training needs. Opportunities to co-author a report with a psychiatry or neuropsychology fellow are offered as they arise. Typically, fellows complete reports at a pace of one every 1-3 weeks, depending on the complexity of the case and the nature of the psycho-legal question. The turnaround time on reports was noted to be intentionally generous to permit fellows time to engage in readings and research that would contribute to their work product and

develop expertise. Practical training consists of two rotations, each with a coordinating supervisor and respective focus on CST/malingering or risk. Fellows are strongly encouraged to present on a forensic topic of their interest to hospital staff, interns, and/or practicum students. In addition, fellows are required to submit one paper for publication during their training year. Accordingly, they are afforded one half to one full day per week for research. Elective experiences include a licensing seminar, involvement in the sex offender treatment program, and invitations to attend both local and national conferences.

Supervision loosely follows an apprentice model, in which intensive supervision that meets fellows at their own developmental level is provided by the primary supervisor. Cross-disciplinary supervision has occurred on a limited basis, with psychiatry fellows receiving testing supervision from psychologists. Approximately 50% of the psychology fellows are hired as staff psychologists following their fellowship year.

The focus of this site visit was the psychology program, but a University of California - Irvine forensic psychiatry fellowship began in 2015-2016 academic year with DSH-Patton as a major training site. The program successfully recruited fellows for the 2015-2016 and 2016-2017 years. The program has one trainee each year with plans to increase to two. For 2015-2017, fellows spent 8 months at DSH-Patton. For the remaining 4 months, fellows trained at Royale Hospital near Irvine. Dr. Cummings noted the logistical barrier associated with the geographic distance between University of California - Irvine and DSH-Patton. Although there was no on-site housing for forensic psychiatry fellows at DSH-Patton, fellows received a $9,000/year travel budget. For the 2018-2019 academic year, the fellowship will be under the direction of Anish Dube, M.D., M.P.H. It will move from DSH-Patton and, instead, be run in conjunction with DSH-Metropolitan (in Norwalk, California).

Section Summary: Site Visits

The UW workgroup selected four model programs for the site visits after careful review and special attention to key criteria. Although the program's ties to a state hospital was a primary criterion, we also identified programs with extensive experience with the benefits and challenges of working within state-academic partnerships, affiliations or coordinated training between psychiatry and psychology training programs, and shared state hospital characteristics with WSH (such as types of services performed at the state hospital, distance from other primary training sites, etc.) The site visits highlight some of the similarities and differences in training opportunities for fellows in forensic psychiatry and psychology across programs, mirroring the diversity found in the literature.

Across all sites visited, fellows perform court evaluations at the state hospital as a component to their fellowship training. For some programs, required or elective opportunities exist for

fellows to also engage in treatment on forensic units at the state hospital. Common to the programs visited are the following emphases: 1) prioritization of education; 2) breadth and diversity of training experiences for fellows (types of evaluations, training sites); 3) value placed on protected time for faculty to teach and supervise fellows; and 4) the need for stable and sufficient funds to cover program-related expenses. Another common theme was the collaborative understanding between the training program and training site regarding the long-term goals of the training, which included bidirectional benefit between the fellowship program and the state hospital. Finally, DSH-Patton serves as an illustration of the importance of vocal top-down support for a training program in the state hospital to build and maintain a high-quality cadre of supervisors and foster a positive training environment.

VI. Existing Forensic Training Programs at Western State Hospital and Child Study and Treatment Center

WSH sponsors training programs for a range of health disciplines. An exposition of these training programs is outside the scope of the current report, which focuses exclusively on psychology and psychiatry training. The current section aims to provide a brief overview of the doctoral internship program at WSH, child and family psychology postdoctoral fellowship at CSTC, and forensic psychology postdoctoral fellowship at WSH. In addition, sentiments of the WSH staff and patients with regard to current and prospective training programs are presented in this section in aggregate form. These data were derived from a variety of sources, including a web-based survey, email correspondence, interviews, and engagement groups. Data generated from these methods laid the groundwork for the formulation of the plan proposed for psychiatry and psychology training in Chapter 3 of this report.

It is beyond the scope of this report to offer recommendations for the psychology internship program at WSH and the postdoctoral fellowship at CSTC. Rather, the UW workgroup reviewed these programs and interviewed their respective core leaders to appraise opportunities for leveraging the assets, resources, and strengths of these programs, as appropriate.

A. WSH Psychology Doctoral Internship

The doctoral internship represents the capstone intensive training experience for clinical and counseling psychology doctoral candidates. WSH has supported a nationally recognized psychology doctoral internship with a strong forensic emphasis since 1986. The internship program has been accredited by the APA COA since 1989. The program is co-directed by Marilyn Ronnei, Ph.D., and Richard Yocum, Ph.D. Eleven other psychologists are active on the training committee. The program accepts four interns each year. The program operates as a general clinical placement with ample opportunities for specialized forensic training given the setting and availability of forensic evaluators to provide supervision.

Programmatic metrics reflect a high ratio of applicants to intern positions. The internship is able to offer several unique experiences, including a diverse and psychiatrically complex patient population, forensically-oriented didactics, opportunities to observe forensic assessment and testimony, and ample opportunity to conduct a broad range of assessments. Rotation sites include the Center for Forensic Services as well as the Psychiatric Treatment and Recovery Center. Additional off-site rotations include the Special Commitment Center and CSTC.

Individuals who were queried about the assets, resources, and strengths of the internship program noted that the training committee is dedicated to a high-quality training experience. Additionally, they point to high reviews from former trainees and a high rate of retention to postdoctoral fellowship positions. Individuals involved in various aspects of the training program note that the program is, however, constrained by the facts that all supervisors and the program directors volunteer their time, that little-to-no administrative support for the program is provided, and that intern salaries are not nationally competitive.

B. CSTC Postdoctoral Fellowship

The CSTC is a 47-bed unit on the campus of WSH that serves children and adolescents aged 6-18 who cannot be served in less-restrictive settings. The state-funded psychiatric hospital provides educational services, psychiatric treatment of emotional and behavioral disorders, and evaluations that aim to address psychological and legal referral questions. CSTC includes a small forensic unit with attending forensic evaluators. The UW, DSHS, and CSTC sponsor a year-long psychology postdoctoral fellowship in juvenile forensic mental health services. The primary goal of the fellowship is to introduce the fellow to the practice of juvenile forensic psychology in an inpatient setting. Two fellows are supported each year. One fellow is supervised by Dr. Jeremy Norris, Psy.D.; this fellow engages primarily in evidence-based clinical service delivery to children and adolescents on the long-term inpatient treatment units. The second fellow is supervised by Dr. Fran Lexcen, Ph.D., Director of Forensic Services; this fellow engages primarily in forensic evaluations, such as competence to stand trial, mental status at the time of offense, competence to waive Miranda rights, and age-dependent legal status. Both fellows participate in forensic didactics and research throughout the training year. Individuals who were queried about the assets, resources, and strengths of this fellowship heavily emphasized the Medical Director's vocal advocacy, supportiveness, and participation in aspects of the training program.

C. WSH Forensic Psychology Postdoctoral Fellowship

The WSH forensic psychology postdoctoral fellowship is co-sponsored by WSH and DSHS. The program is directed by Ray Hendrickson, J.D., Ph.D., UW Clinical Associate Professor.

The program is a competitive fellowship program nationally, attracting approximately 40 applicants annually to fill one position.

The retention rate of the program has not been systematically tracked but is estimated to be around 90% for within a 1-5 year period following completion of the fellowship program and approximately 35% since 1993. Five of the 18 existing primary psychology fellowship training staff (28%) are alumni of the WSH forensic psychology postdoctoral fellowship.

The WSH postdoctoral fellowship program has a long history of providing training in the area of forensic psychology. The program is integrated into the hospital as a whole and into the Center for Forensic Services in particular. The postdoctoral fellowship distinguishes itself from the APA-accredited doctoral clinical psychology internship also housed at WSH. There is some convergence in didactics and fellows engage in some supervision of interns.

The primary stated objective of the forensic psychology postdoctoral fellowship is "to prepare fellows to be highly competent forensic examiners capable of independent practice" (Western State Hospital, 2016, p. 6). Consistent with this stated objective, the fellowship program appears to actively recruit and attract prospective fellows who are interested in gaining experience in the area of forensic evaluation. Over the course of the training year, fellows work to develop proficiency in forensic and forensic-relevant testing, forensic interviewing, report writing, consultation, and expert testimony. Training activities, described in more detail in Chapter 3, Section V, are designed to prepare fellows for forensic Board certification.

The UW Workgroup met with over one dozen psychologists who have either current or former involvement in the WSH forensic psychology fellowship. Comments concerning recommendations for alterations to the structure of the program or institutional changes deemed necessary to support the program are combined with all staff comments in the section below.

D. Staff and Patient Perspectives of Training Program Features

The UW workgroup strived to ensure that the perspectives of those who work and reside at WSH inform the proposed plan for forensic psychiatry and psychology training. The workgroup solicited feedback from WSH staff, OFMHS forensic evaluators, and current patients of WSH using a variety of strategies. First, the workgroup coordinated with WSH administration to send an email to all WSH-based staff introducing the workgroup and providing vision and mission statements (UW WSH Forensic Teaching Service project, 2016a) (Appendix I). Next, the workgroup established an online portal through which the WSH staff had another opportunity to learn about the workgroup's efforts and provide comments and feedback (UW WSH Forensic Teaching Service project, 2016b). Staff who

provided feedback through the online portal had the option of anonymizing responses. The UW workgroup received 16 responses throughout the duration of this project.

The UW workgroup also met in-person with several members of the WSH workforce, including psychiatrists, psychologists, and other professional staff who are currently or were formerly employed by the hospital or DSHS. Engagement groups for current staff took place on WSH grounds on June 22, 2017. Specific efforts were made to interview individuals who are currently involved in the psychology training programs as well as individuals who had participated in the former UW-WSH co-sponsored forensic training programs. In addition, the workgroup met with current and former trainees of WSH forensic mental health training programs.

Finally, the workgroup worked with Roberta Kresse, LMHC, Clinic Director of the Center for Forensic Services, and A. Jerrell Spires, MSW, Community Program Director of the Center for Forensic Services, to coordinate interviews with patients who have received long-term care at WSH. Members of the workgroup facilitated two in-person engagement groups with patients on August 30, 2017.

Information generated from all of the above mentioned sources is reported in the subsections that follow. Input from current and former WSH-based staff and trainees is presented first, followed by patient perspectives. Suggestions and feedback from staff, trainees, and patients were analyzed for consistencies that indicate themes within the qualitative data, which are reported in Section VII.

Perspectives of former and current WSH-based staff and trainees on forensic psychiatry and psychology training programs at WSH:

The following features were identified as important to a high-quality forensic training program by former and current WSH-based staff and trainees:

- **Collaboration between psychiatry and psychology:** This theme was consistently identified by multiple respondents as critical to high-quality forensic mental health training. Individuals who were previously involved in the training programs when they were co-sponsored by the UW noted that the two programs felt more like one program with two tracks. Psychiatry and psychology fellows shared one set of didactics. Staff psychologists would often supervise psychiatry fellows and residents on psychological testing and report writing. To the extent possible, rotations were aligned. Supervisors of both programs met monthly and attempted to make decisions jointly when sensible.

- **Strong, vocal leadership:** Several respondents reflected upon the former co-sponsored UW-WSH training programs and noted optimal operations during periods of strong,

vocal program leadership. In part, such leadership helped to quell tensions that sometimes arose between program-related activities and productivity needs.

- **Funding for program directors and major rotation supervisors.** Requiring that the program directors and major rotation supervisors are afforded protected time in the form of FTE was universally recognized as a requisite feature of any high-quality training program. Psychologists currently functioning as program directors, supervisors, and seminar leaders volunteer their time to these service activities. At times, this requires less preparation than would be considered ideal for high-quality training.

- **Research training and supervision:** Several respondents expressed that the hospital lacks research infrastructure. Conversely, the university is well-qualified to contribute resources that are needed to facilitate research (e.g., access to scholarly databases, analytic software, faculty effort). Nevertheless, some respondents expressed concern that the UW has not historically invested in forensic scholarship and worried about whether there would be UW faculty committed to forensic mental health scholarship. Several staff at WSH expressed a strong desire to engage in empirical research and to incorporate research activities into the existing forensic psychology postdoctoral fellowship. At the general staff engagement group, one staff member remarked that WSH was "missing a golden opportunity" to engage in research and that reforms based on in-house research could generate "buy-in from direct care staff" around proposed reforms.

- **Unique training experiences outside of the hospital:** In addition to training at WSH, inclusion of some formal educational opportunities for trainees outside WSH received widespread support. Many respondents commented on the benefits of diverse training sites and that opportunities for outside placements for forensic psychiatry and psychology fellowships would make them more attractive to prospective applicants. Several respondents noted that other institutions in the vicinity would provide complementary training experiences. Increasing exposure to other populations, settings, and evaluation types may help trainees to pass their respective specialty forensic board certification exams and therefore enhance the reputation of the training programs.

- **Broad range of testing experiences:** Respondents recommended a range of testing experiences for both psychiatry and psychology trainees, with an emphasis on opportunities to "dive deep" into complex psycho-legal, personality, and diagnostic referral questions. Respondents noted the unparalleled opportunity to conduct psychological testing batteries and the influence more comprehensive testing could have on an evaluee's treatment planning and/or legal disposition. They emphasized the need to protect trainees' and supervisors' time to engage in best practices.

- **Adequate psychiatry staffing levels:** WSH has struggled to recruit and retain psychiatrists to the hospital. Inadequate psychiatry staffing was noted by several respondents as a barrier to high-quality training in two regards. First, currently there are no psychiatrists at WSH who have retained Board certification in forensic psychiatry. Forensic psychiatry fellowship programs require a threshold number of forensic psychiatrists for supervision of trainees. Second, psychiatry shortages affect the quality and expediency of patient care and therefore detract from the environmental and educational infrastructure of a forensic training program. Maintaining adequate staffing across the hospital was therefore noted to be a precondition of high-quality forensic training.

- **Creative, flexible approaches to institutional challenges:** Some respondents lamented institutional challenges such as onboarding curricula, intra- and interdisciplinary communication, and challenges related to the fact that supervisors are employees of the BHA's OFMHS rather than WSH. Respondents noted that these challenges should be addressed through creative, flexible problem-solving approaches that bring key decision-makers from each agency or institution together.

Perspectives of patients on forensic psychiatry and psychology training programs at WSH:

The workgroup interviewed 13 patients across two groups that convened on August 30, 2017. All patients participated voluntarily and were informed that the interview had no relation to their treatment, court cases, or legal status. All patients had resided at WSH for multiple years and had been housed on more than one unit of the hospital. Most of the patients had both recent (e.g., with psychology postdoctoral fellow, psychology doctoral interns, or nursing students) and remote interactions with trainees. Discussion groups were guided by a series of prompts, which aimed to elicit the nature of previous interactions with trainees, the perceived quality and utility of those interactions, as well as positive and negative aspects of having a stronger presence of trainees at the hospital. Themes are identified here and, to a lesser extent, reiterated in Chapter 4, which delineates the risks, benefits, and barriers to implementation of the proposed plan for the UW-affiliated forensic training programs at WSH.

Perceived benefits associated with WSH-based trainees: Multiple patients agreed that a substantial benefit to working with trainees is that they seem to have more time for patient interactions, hospital activities, and more comprehensive evaluations. For example, one patient reported a positive experience in completing a violence risk assessment with a forensic psychology postdoctoral fellow. When asked to describe what he found to be helpful, he reported that the fellow established rapport, described the process in advance,

conducted a comprehensive forensic interview and chart review, and provided feedback on her findings and recommendations to both the patient and the treatment team.

Patients spoke to having supervisors present during evaluations, with trainees in the role of observer. They expressed that the presence of the trainee seemed to benefit the trainee, the evaluator, and the patient. Several noted that they had received individual psychotherapy from psychology interns, which they found to be helpful. One patient disclosed that a trainee had conducted an assessment battery (consisting of intelligence, aptitude, and personality testing), which occurred over a series of weeks. He noted that this service would not likely have been provided in the absence of the training program.

Patients felt that trainees had much to learn about their perspective and experiences, and that simply spending time with them would help to humanize them, thereby reducing the stigma associated with a criminal history.

Patients perceived trainees' recent completion of graduate-level training as helpful in infusing a fresh perspective and "cutting-edge science" that can inform the clinical practice of staff at the hospital. Several expressed the need for research, specifically calling attention to the potential for longitudinal data on the conditional release program to inform public discourse and policy.

Concerns associated with trainee presence: Patients raised concerns about the potential consequences of trainees authoring reports that may affect their progression toward hospital discharge or legal status. One patient reported that he was dissatisfied with a violence risk assessment conducted by two trainees, stating, "these go on our permanent record; I want someone with more experience." Other patients raised concerns that trainees may not appreciate the implications for documentation in a forensic setting. Relatedly, most patients actively agreed with a peer's expressed concerns for confidentiality.

Several patients identified a concern for the safety of trainees on units that experience a higher prevalence of violence and aggression. They saw value in trainees rotating through units with a high-risk for violence, but expressed concern for appropriate orientation and risk management. One individual offered the suggestion that the new employee orientation include a patient representative. Several interviewed patients expressed that the culture, morale, and environment of care can vary substantially from ward to ward within the hospital. While related to safety, patients identified the importance of exposing trainees to specific units so that trainees observe best practices and have a favorable experience on the units.

Expressed aspirations for future psychiatry and psychology training programs: The most frequently endorsed desire was for increased time with clinicians or clinicians-in-training,

particularly earlier on during their hospital stay. Multiple patients expressed dissatisfaction with their access to psychiatrists for individual medication management sessions. They hoped to have more time with a psychiatrist, particularly when medication changes were being recommended by court personnel. In addition, one patient reported that he received basic medication education early in his hospitalization, but that, as he nears discharge, he would benefit from more advanced knowledge about drug interactions, medication changes, and other questions related to long-term pharmacotherapy. Across disciplines, patients hoped for more contact with clinicians and saw trainees as a helpful means to enhance access to care. Patients expressed wanting more education and therapeutic services, whether delivered in group- or individual-format. In particular, there is an identified need among some patients for drug and alcohol treatment given the high prevalence of dual diagnosis (mental illness and substance use disorder) among WSH patients. Finally, one individual offered the idea that trainees could follow a patient longitudinally so they could witness their transition toward recovery.

Some patients called attention to the backlog of violence risk assessments, which are required for consideration of conditional release. They noted that trainees can help to ensure that annual violence risk assessments completed on time. This recommendation also pertains to those awaiting CST evaluations.

Section Summary: Existing Forensic Training Programs at Western State Hospital and Child Study and Treatment Center

WSH and neighboring CSTC sponsor three psychology training programs for doctoral and postdoctoral trainees. Various stakeholders were queried in an effort to assess the challenges, strengths, assets, and resources of these programs as well as the hospital at-large. Responses were collected through various methods in an endeavor to reach as many of these stakeholders as possible. Themes that emerged from these engagement efforts echoed those that emerged from reviewing the published literature, interviews with other program directors and supervisors, and site visits with model programs. These themes are further described in the next section.

VII. Programmatic Themes and Challenges

In this section we summarize some of the common themes found throughout the literature and in our own queries with psychiatry and psychology training programs. **Table 2-6** lists some of the recurrent themes. These and others are described in the narrative following the table.

Table 2-6: Themes in academic-state forensic teaching services

Benefits	Challenges
• Increase quality of hospital services - Attention to evidence based medicine - Consultation for complex cases • Advancing research and research-based interventions • Diverse training site • Opportunities for joint training across disciplines • Staff recruitment and retention	• Funding • Logistics for trainees • Balance education with service needs of the hospital • Integrating hospital-based staff and systems with academic faculty and university systems

A. Benefits of academic-state partnership on quality of hospital services

Many programs identified the value of training opportunities available at state hospitals – including forensic evaluation, consultation, care of forensic patients, and in some cases, non-forensic rotations for general residents. It appears that many state hospitals may experience benefit from having trainees, including attracting quality staff, improving staff training, improving monitoring and outcomes of care parameters such as length of stay, and improving treatment team access to quality evaluations and consultations. Of the hospital administrators that were interviewed, additional examples of benefits to the hospital system included introduction of results of cutting-edge research via trainees and enhanced services delivered by trainees who have more time to "dig deep" on complex issues.

With regard to the latter point, some program directors noted that having fellows working in the state hospital allowed them to take on some of the more complex and time-intensive patients for various evaluations and, to a lesser extent, clinical care. The University of California – Davis, for example, established the FQRP, which serves the entire hospital by accepting referrals for evaluations of their most complex patients.

B. State-academic collaboration as means to increase hospital staff recruitment and retention

Programs also reported some success in using resident and fellowship rotations in state hospital or corrections settings to attract new faculty and retain trainees. Several program directors stated that former fellows remained affiliated with their training sites after completion of training and were interested in having an academic or teaching role. However, as the example of OHSU suggests, recruitment may be easier than retention. A long-term commitment to funding, professional satisfaction among academically-trained staff forensic psychiatrists and psychologists, and establishing a robust teaching service are important retention factors.

C. Advancing research and scholarship at state hospitals

Several fellowship programs emphasize scholarship during the fellowship, and specifically limit service demands to allow fellows time to pursue research interests. Multiple training programs have had success in involving their trainees in research based at their state hospitals. At DSH-Patton, high expectations for research productivity contribute to the national reputation of the program.

University of California - Davis appears to have had particular success with integrating research at the program's state hospital. This required an up-front investment in a research position, but has allowed the program to answer practical questions for the hospital and develop new trainings and programs based upon their findings. Meaningful research can also benefit justice-involved individuals in this setting and advance the field at large. At University of California - Davis, for example, Drs. Scott and McDermott analyzed a large sample of Special Incident Reports (SIRs) at the hospital to determine environmental and diurnal characteristics associated with aggressive behaviors. They presented these findings and associated recommendations to the hospital administration and provided an all-staff training to help implement these recommendations. SIRs continue to be tracked to evaluate the effectiveness of these strategies.

D. Balancing education with service demands

Several programs emphasized the importance of balancing the time spent on education with the time spent on service activities.

1. Psychiatrists and forensic evaluations: The shortage of psychiatrists in treatment roles at many state hospitals creates a pull for faculty and, in some cases, fellows to provide clinical care on forensic units. Some programs cautioned that this service need should not jeopardize education in forensic psychiatry. Forensic psychiatry fellowships vary in the time they allocate for treatment. Although treatment in a forensic hospital unit at a state hospital meets the ACGME's fellowship requirement for providing treatment in a correctional setting, several fellowship programs with state hospital affiliations have elected to provide evaluations at the state hospital and treatment at a different site. There are likely many reasons for this, such as the evaluation and/or consultation focus 1) is seen as a more important educational opportunity; 2) allows better accommodation of the part-time status of trainees at the state hospital; and 3) provides some protection against having fellows make up for understaffing and resulting clinical care demands. Programs also note that dual roles in the state hospitals create greater challenges with the need to carefully manage conflicts of interest between roles as treater and evaluator.

2. Didactic training: Many programs highlighted the importance of quality didactic training. The curriculum should cover the core topics in forensic mental health and those skills needed to perform evaluations, such as forensic interviewing and report writing. Fellowship programs in forensic psychiatry and psychology also require instruction on the landmark legal cases that have shaped the legal regulation of the fields.

   Some program directors shared challenges in scheduling faculty or outside presenters to give the lectures, including reliance on volunteer faculty who do not have a financial incentive to provide the training and competing scheduling demands for the presenters. Securing a dedicated time and physical location for trainees to participate in the educational activities also presented a challenge for some programs.

3. Supervision: Multiple program directors emphasized the need for quality assurance in trainee supervision. Some programs described the benefit of having former fellows remain connected to the program after training and serving as supervisors for current fellows. This necessitates "growing the program" before alumni are available to serve this role. The University of Massachusetts program noted success with using forensic psychologists who were certified through the DFP certification program. This program allows the training faculty to identify high-performing psychologists and then solicit their participation as supervisors or lecturers. Some who contribute regularly are offered adjunct professor positions with the university. At DSH-Patton, the combination of the reputation of the program, dedicated FTE for supervision, and quality assurance procedures helps to maintain the quality of supervision.

   Several programs offer faculty protected time for teaching, supervision, and scholarly projects. Others give faculty workload credit for fellow evaluations, effectively giving faculty time for supervision and teaching. Training programs preferred having a mechanism for program directors to select and monitor supervisors in the state hospital, and programs where this was not possible struggled and at times reported having to pull their trainees out.

4. Medico-legal skills: Some programs stressed the value of having dedicated exposure to attorneys (or clinician with legal training) as well as formal educational activities focused on basic medico-legal skills. Because trainees' opportunities to testify in legal cases may vary, several programs encourage the use of mock testimony exercises, such as mock trials and impromptu cross-examination of their written

opinions, to provide trainees with training in this area. Mock trial experiences often rely on other departments and/or universities as well as public court personnel and space, and scheduling can therefore be challenging. Some programs reported developing relationships with local law schools to provide access to legal seminars and didactics and to attorneys or law students for joint legal exercises.

E. Joint education for forensic psychology and psychiatry trainees

Multiple program directors advocated for blending psychiatry and psychology programs where possible (e.g., didactics, shared or proximal office space). University of Massachusetts trainees, who have substantial overlap in educational activities, some training experiences, and research, were observed to have collegial relationships with one another. Faculty noted that both disciplines appear to benefit from cross-training and co-matriculation. They have had few instances of interpersonal or inter-professional difficulties associated with shared office space and shared didactics. Trainees learn from one another, consult with one another, and report benefitting from cross-supervision when appropriate. Although psychiatry trainees may be supervised by psychologists for evaluations, psychiatry program directors noted that psychiatry fellows should also have evaluations supervised by physicians (forensic psychiatrists). In addition, trainees in forensic psychiatry need available physician supervision for their treatment rotations.

F. Role for diversified training experience

Forensic fellowship faculty emphasized the need for a variety of training experiences for fellows, including access to a variety of criminal and civil cases. Several programs noted the importance of a large and diverse faculty to facilitate diverse interests and experiences. Some programs struggled with providing fellows with adequate exposure to civil cases and described various ways of managing this, including developing additional partnerships to provide additional cases, reviewing civil cases as a group in case conferences, and having fellows assist faculty on the faculty member's civil cases. Similarly, many fellowship programs established mock cases to supplement civil training.

G. Retention of trainees in state public sector workforce

Multiple program directors of both psychiatry and psychology fellowship programs noted that their fellowships contribute academically-trained forensic clinicians to the state workforce. Indeed, Dr. Ray Hendrickson estimates that more than 90% of WSH psychology postdoctoral fellows have been hired by the hospital for some period of time after completion of the fellowship program. Retention of trainees as state employees enhances both the quality of public sector workforce as well as the quality of the training programs,

as many programs evaluated relied heavily on their own alumni to train current fellows. Similar workforce retention may be expanded to other sites of forensic services within the state by diversifying fellows' placements to other settings where forensic clinicians are needed, such as sex offender treatment programs, court clinics, and correctional settings.

H. Interpersonal relationships for successful collaboration

Based on a number of surveys of academic and state hospital partnerships over the years, Talbott (2008) concluded that successful partnerships largely depend upon mutual respect, good personal relationships, trust, and an appreciation of differing missions.

The literature, as well as some personal interviews, raised the possibility of challenges associated with integrating faculty-appointed and non-faculty staff at the same site. Although there are models where this has been done, attention to possible differences in roles and needs of various employment types is something to consider in the development of training programs and staffing efforts.

In addition, some interviewees shared with the UW workgroup challenges in cross-discipline collaboration due to the general division of labor at some state hospitals, for example with psychologists serving in court evaluator roles and psychiatrists serving as treatment providers on forensic units. Academic and state hospital sites can benefit from having leadership that understands and appreciates the scope of forensic mental health services and the types of educational experiences necessary for quality training.

I. Consistent funding of the training program(s)

1. Funding for the fellows and faculty affiliated with the training program: Consistent funding was a major concern for training programs in general, but especially in relation to state hospitals. Several programs highlighted the importance of adequate funding and support for protecting faculty time and employing dedicated coordinators for programs and program sites.

   In our interviews, several program directors noted that it is not uncommon for state contracts to require renewal on an annual basis. Program directors commented that renewals on five-year cycles are preferred to allow for programs to evaluate the quality of the educational experiences at the sites and recruit fellowship candidates without worrying about the fellowship's ability to provide salary and other support for the following year.

In some cases, contracts are renewed without funding increases to account for cost of living allowance or increases to faculty salary. As a result, programs were forced to reduce training positions, reduce faculty FTE in the training program(s), or seek other creative solutions.

2. Additional funding for professional development: Multiple interviewees noted the importance of supporting trainees' research and/or professional development by providing materials and funding support. Recommendations included covering expenses related to attending AAPL or AP-LS meetings, research projects, and testing materials (for psychology licensing exam or psychiatry boards) or paying for the exams themselves. Some programs required trainees to present at a professional conference.

J. Logistical challenges for trainees at state hospitals

1. Onboarding: Several of the queried programs raised concerns about the ability of the residents to be full participants, as opposed to observers, at state hospitals. For general psychiatry residents, who may have short-duration rotations, credentialing requirements and frequent resident absences for other training activities created particular barriers to full participation. In some state hospitals and correction settings, orientation and credentialing activities were described as particularly onerous. One program addressed this problem by having all residents participate in the orientation at the beginning of the year.

2. Distance of state hospital from primary training site(s): The distance required for travel was frequently cited as a barrier to rotations. Some programs have developed creative ways around this problem. For example, the University of California - Davis Fellowship has fellows complete consultations, chart reviews, evaluations, and trainings at Napa State Hospital, which requires them to be onsite one day out of the week, with one additional day of work completed remotely – allowing time for record review and report writing. Other programs provide transportation or local housing for trainees rotating at distant sites. One residency program excused trainees from didactics while rotating at a distant site to limit the need to travel back and forth. Forensic psychiatry fellows with University of California - Irvine have received a travel stipend.

Section Summary: Programmatic Themes and Challenges

Training programs and state hospitals valued their partnerships and noted benefits in terms of improving quality of care, advancing scholarship, designing research-informed interventions and trainings, providing diverse training experiences, developing opportunities for joint training across disciplines, and recruiting and retaining qualified staff. However, program directors described several challenges associated with developing and maintaining high-quality training programs, and especially with state hospital-partnerships, including funding (e.g., salaries, protected time for teaching and supervision), logistics for trainees (e.g., time, distance, credentialing requirements), balancing education with the service needs of the hospital, and integrating hospital-based staff and systems with academic faculty and university systems.

Many of these challenges speak to the environment of care. Although recognizing the need for clinical productivity, program directors emphasized the benefit of taking a broad and long-term view of patient care that balances education with service and emphasizes evidence-based practice and quality improvement. For example, careful investment – in the form of salaries, decreased clinical productivity requirements for faculty, options for forensically-trained psychiatrists to perform some court evaluations (not solely treatment) and funded research opportunities – may be used to recruit and retain quality clinicians. In turn, when these clinicians have time to teach and advance scholarship, this improves the trainees' educational experience, quality of overall hospital care, and continued recruitment and retention of staff.

Conclusion

This chapter details the UW workgroup efforts to evaluate existing forensic teaching services, highlighting programs with successful university and state hospital partnerships. Although programs vary considerably in local resources and types of educational experiences offered to trainees, a number of programs have established models for academic-state hospital collaboration for forensic services. From literature review, program websites, interviews with program representatives, surveys, site visits, and staff and patient engagement, several programmatic themes and challenges emerged to guide the creation of a high-quality teaching service at WSH.

CHAPTER 3: Proposed Model for UW-WSH Forensic Psychiatry and Psychology Training Programs

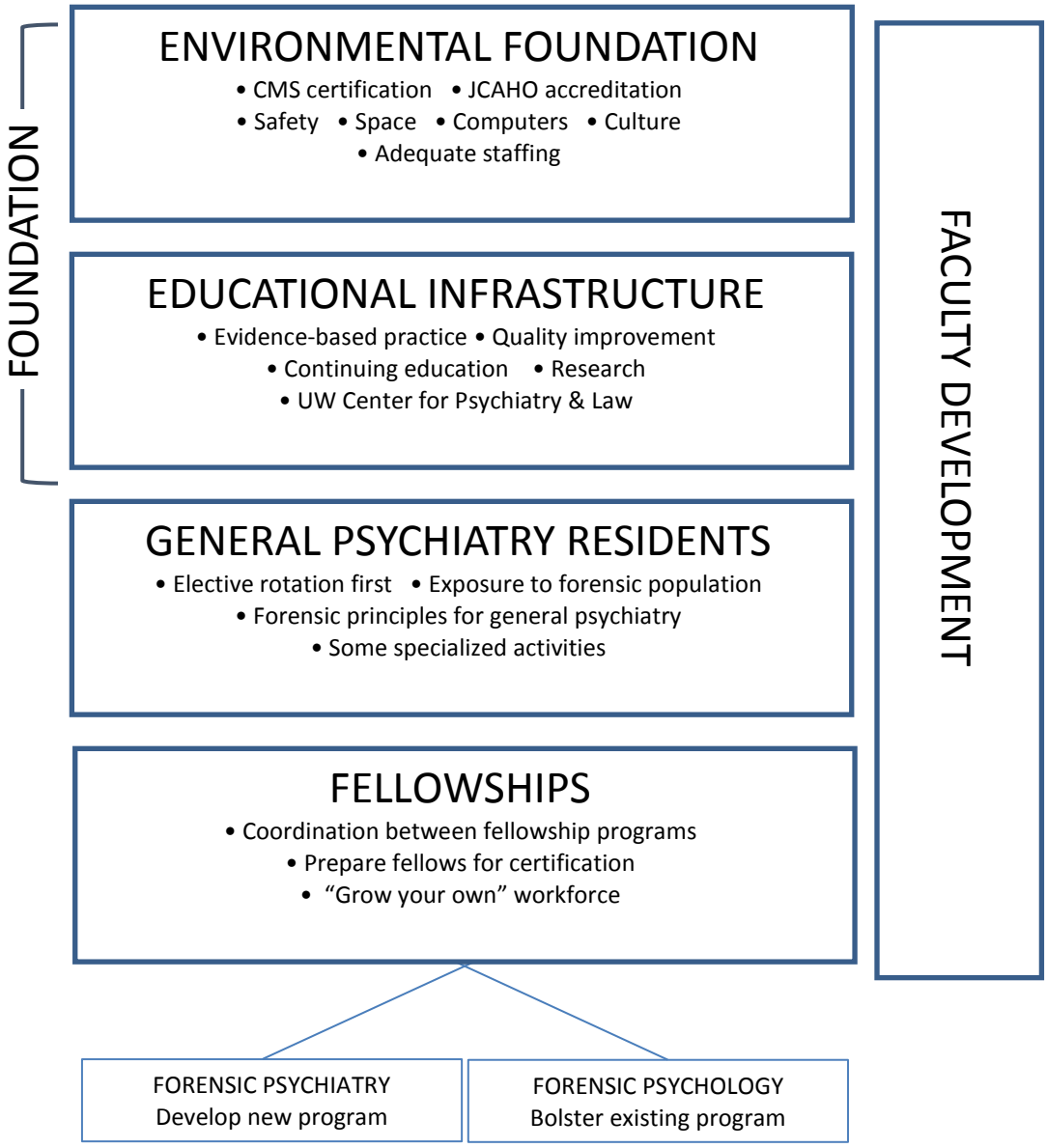
Chapter Summary

The workgroup developed a model forensic teaching service based upon the stated goal to develop high-quality training programs that involve a state hospital and university partnership. The proposal aims to also address the broader goals of the hospital, the state, the public, and the university, including the production of a forensically-trained (or in the case of general psychiatry residents, forensically-informed) workforce to meet the needs of a growing justice-involved patient population and the need for quality forensic mental health care and forensic evaluations within Washington.

To meet these goals, the UW workgroup developed a model for training in forensic mental health services over time, on a *continuum*. A conceptual and practical model of core components is illustrated in **Figure 1** (model components). The model is informed by the relevant literature, personal interviews, surveys, site visits, staff and patient input, as well as the UW workgroup's personal experiences in forensic mental health and education.

The model is represented by a series of blocks, progressing from establishing needed infrastructure and faculty/staff development, to adding general psychiatry resident rotations, to developing and expanding upon WSH-based forensic mental health fellowships to form an integrated, comprehensive teaching service. The model reflects the importance of hospital foundational elements. The educational experiences should parallel the maturation of the trainee, from observer to independent clinician.

Figure 1: Model Components



The initial steps involve a **foundation phase** with continued attention to the **environment of care** at WSH and **educational infrastructure**. High-quality forensic teaching for medical programs will require hospital accreditation by the JCAHO and program accreditation by the ACGME. Training programs require continued attention to accreditation standards, safety issues, and infrastructure.

In addition, the role of leadership is critical in fostering a strong environment of care and supporting an educational mission at WSH. It is not uncommon for new educational programs to face some resistance or misunderstanding of trainee roles among clinicians and administrative personnel at training sites. To overcome this, the hospital and training programs

will require strong leadership; ongoing explanation of how the educational programs support the hospital's mission and patient care; program evaluations with attention to both quality of the educational experience and how the programs support the mission of the hospital; and an attractive work environment to promote trainees' maturation to staff clinicians. At the core of this training is a focus on **continuing education and evidence-based practices** that support patient-centered clinical care and quality court evaluation services.

Graduate medical programs have been shown to attract and retain clinicians in the local area. The UW can further support educational efforts by seeking formal collaboration among relevant schools in the University to address, among other things, care delivery, policy, and research related to forensic mental health. Successful educational programs can serve as a core component of an academic division in mental health and the law.

For **general psychiatry residents**, the primary goals of education include: 1) equipping psychiatrists with fundamental forensic experiences relevant to general psychiatric practice, such that they appreciate forensic principles in general practice and gain competence in working with justice-involved patients; 2) familiarizing residents with the state hospital and, more broadly, with public psychiatry; and 3) providing residents with sufficient exposure to the practice of forensic psychiatry for those who may seek to enter this subspecialty field. The UW workgroup recommends **first establishing an elective rotation** for general psychiatry residents at WSH. This can be used to build support for additional teaching services at WSH and develop faculty and infrastructure to support a forensic psychiatry fellowship. Successful training programs require that faculty have protected time for supervision and teaching.

For **fellows in forensic psychiatry and psychology**, education is focused on the skills and knowledge needed to 1) obtain any relevant certification, such as American Board of Psychiatry and Neurology (ABPN) certification in forensic psychiatry or American Board of Professional Psychology (ABPP) specialization in forensic psychology; and 2) practice independently as a forensic practitioner. Moreover, the UW workgroup has identified ways to support the developmental stages of trainees, as well as integrate education across disciplines and training level to optimize **collaborative education** and available training resources.

For any teaching program, continued attention to faculty development is a hallmark of quality training. The UW workgroup recommends efforts to prioritize faculty professional development, both onsite at WSH as well as through resources at the UW and other institutions.

The proposed model aligns with a strategic goal to develop trainees interested in forensics to remain in the local area, complete advanced training, and enter the local workforce, possibly with continued affiliation with UW-WSH forensic training programs.

Before presenting the recommendations of this report, the UW workgroup cautions readers to some of the limitations of the recommendations: 1) data regarding forensic teaching services in other states is applicable but not necessarily transferrable to WSH; 2) the accreditation requirements for trainees in general psychiatry as well as forensic psychiatry and psychology fellowships change over time, and programs must be responsive to these changes; 3) the state resources for delivery of mental health services and court evaluations may change over time, which may require programs to adapt to these changes; and 4) there is a paucity of data about which methods of training are truly effective at generating interest and long-term commitment to working in forensic mental health services.

I. Introduction

Based on the analysis of existing and model forensic mental health training programs discussed in Chapter 2, members of the UW workgroup here present the a detailed **plan for developing and maintaining a high-quality forensic teaching service in collaboration with WSH**. This plan takes a stepwise developmental approach to creating forensic mental health teaching services at WSH, taking into account WSH resources; training program requirements; and UW, hospital, and state goals. The plan will take several years to fully implement (see Appendix L).

A conceptual and practical model of core components is illustrated in **Figure 1** on page 79. The model is represented by a series of blocks, progressing from establishing needed infrastructure and faculty/staff development, to adding general psychiatry resident rotations, and then to developing and expanding upon WSH-based forensic mental health fellowships to form an integrated, comprehensive teaching service. The model reflects the importance of hospital foundational elements. The educational experiences should parallel the maturation of the trainee, from observer to independent clinician. Details pertaining to each element of the model are presented in the sections that follow.

II. Environment of Care at WSH

Establishing high-quality forensic teaching services based at WSH first requires further development of the environment and educational infrastructure. These foundational elements are necessary to meet accreditation requirements and training guidelines and to develop nationally competitive programs with high standards of excellence, such as the existing programs described as models in the previous chapter. The UW workgroup anticipates that establishing these foundational elements will take at least 2 years.

Requirements related to the environment of care and the learning environment include hospital accreditation or certification, patient and employee safety, resources such as a medical records system and access to the medical literature, appropriate working space and computers, funding, and program-specific personnel including program directors, supervisors, and support staff.

A. Hospital accreditation/certification

Graduate medical programs are required to take place within appropriately accredited and certified institutions. The ACGME is responsible for accrediting psychiatry residencies and forensic psychiatry fellowship programs. The ACGME requirements state that "Any Sponsoring Institution or participating site that is a hospital must maintain accreditation to provide patient care." The requirements further specify that such accreditation must be provided by JCAHO, "an entity granted 'deeming authority' for participation in Medicare under federal regulations", or "an entity certified as complying with the conditions of participation in Medicare under federal regulations" (ACGME Institutional requirements, I.A.7).

According to ACGME requirements, one sponsoring institution must take lead responsibility for the forensic psychiatry program. Unlike postdoctoral programs in forensic psychology, the ACGME requires forensic psychiatry fellowship programs to be attached to a residency program in general psychiatry that is accredited by the ACGME. The UW general psychiatry residency program has ACGME accreditation. Accordingly, **UW would need to be the sponsoring institution** for a UW-WSH forensic psychiatry fellowship program.

A basic outline of the steps needed for an ACGME-accredited fellowship in forensic psychiatry is included in **Table 3-1**.

Table 3-1: Steps to ACGME Accreditation

Garner interest from sponsoring institution and primary training sites
Commitments for funding
Appraisal of current clinicians for faculty/supervisory roles for trainees
Commitments to adequate supervisory staffing
Recruitment for Program Director
Identify core faculty, recruit additional faculty/supervisors as needed
Draft program schedule
Submit Program Information Form to ACGME
ACGME performs review
Initial accreditation followed by site visit during first year of the fellowship

B. Patient, employee, and trainee safety

Training programs and experiences are required to take place in environments that facilitate safety for patients, staff, and trainees. The ACGME explicitly requires that sponsoring institutions and programs only assign residents and fellows to learning and working environments that facilitate patient safety and health care quality (ACGME Institutional requirements, I.A.4). Programs are required to promote safe, interprofessional, team-based care. Residents and fellows are required to contribute to a culture of safety, know how to report patient safety events at each clinical site, and participate in real or

simulated patient safety activities such as root cause analyses (ACGME Common Program Requirements, VI.A.1 a).

Requirements for forensic psychiatry programs specifically include "support services at all participating sites…to ensure a physically safe environment in which fellows may carry out their clinical and educational functions" (ACGME Forensic Psychiatry requirements, II.D.1 b). A safe training environment requires effective communication and collegial working relationships between administrative, security, clinical, and training staff. Good clinical care and effective risk assessment and management strategies are foundational elements of a safe inpatient setting.

C. Resources

Resources important in establishing high-quality training programs and in ensuring that trainees can accomplish the goals of their program(s) include clinical support staff and services, a medical records system, appropriate office space and computer access, and access to the medical literature and forensic reference materials. Those in fellowship training should be exposed to a diverse array of evaluation types and gain experience administering, interpreting, synthesizing, and writing up the results of an array of relevant standardized forensic, personality, intellectual, cognitive, diagnostic, functional, and risk assessments. Accordingly, a well-resourced testing library with the necessary hardware, software, texts, and testing kits will support the mission of the hospital and training programs. Additionally, physical space with teleconferencing and audio-visual capabilities should be easily reserved for scheduled didactics.

D. Funding

As noted in Chapter 2, consistent funding has been a challenge for many forensic programs interviewed by the UW workgroup, especially related to state hospitals, since state funding often requires annual or biannual renewal and may not include allowances for increases in salaries or cost of living. Training programs recruit new residents or fellows up to a year in advance and thus must commit to training them in a later year. Maintaining strong programs that attract high-quality applicants requires a commitment to consistent funding over time for trainee stipends and benefits and program personnel and costs, with appropriate cost of living allowances.

Of note, UW residents and fellows are represented by a collective bargaining unit, the UW Housestaff Association (UWHA). Costs such as resident and fellow salaries, transportation allowances, professional development fees, and medical license fees are mandated by a collective bargaining agreement between the UWHA and UW (UW-UWHA, 2016).

E. Program Leadership and Personnel

We have included here an overview of the necessary personnel to emphasize the importance of having program directors, coordinators, and faculty in place before 1) beginning a rotation for general psychiatry residents and before 2) starting a forensic psychiatry fellowship, to allow time to plan clinical/evaluation experiences, develop didactics and other organized educational activities, develop faculty scholarly activities and research, arrange any non-WSH rotations, and recruit fellows.

Specific required training program personnel include a program director (fellowships) or site director (residency rotation) and a program coordinator. In addition, program personnel include forensic psychiatrist and psychologist supervisors. Some programs (e.g., forensic psychiatry programs) require additional faculty and personnel as well as rotations that may not be available at WSH. Program support staff may be shared across the training programs.

The ACGME requires that faculty devote sufficient time to allow supervision and teaching of residents/fellows, "regularly participate in organized clinical discussions, rounds, journal clubs, and conferences," and participate in scholarly activities and research (ACGME Psychiatry and Forensic Psychiatry requirements, II.B). For general psychiatry residents doing rotations at WSH, a local WSH psychiatrist would need to be appointed to oversee resident education on-site (ACGME Psychiatry requirements II.A.4 b). For forensic psychiatry fellowships, the program director must devote at least 10 hours per week to the program if there are 1-2 fellows and 15 hours per week for 3 or more fellows (ACGME Forensic Psychiatry requirements, II.A.1 and II.A.2). Although there are no national requirements regarding FTE for Forensic Psychology directors, those at state hospitals surveyed by the UW workgroup reported 0.25-0.5 FTE devoted to the program.

Faculty forensic psychiatrists and psychologists supervising in training programs must hold appropriate credentials. A forensic psychiatry fellowship director must have Board certification in forensic psychiatry. Per the Education and Training Guidelines prepared by the Forensic Psychology Specialty Council, forensic psychology fellowship directors are ideally board certified in forensic psychology by the ABPP or at least one member of the faculty should hold that credential (APA, 2015, p. 38). While this credential is not found universally among all forensic psychology fellowships, ABPP certification in forensic psychology was common among the highest caliber forensic psychology fellowship programs. Forensic psychiatry fellowship programs are also required to have a child and adolescent psychiatrist, a lawyer, and a forensic psychologist on the faculty (ACGME Psychiatry and Forensic Psychiatry requirements, II.B and II.C).

F. Balancing Service and Education

As discussed in the previous chapter, challenges associated with developing and maintaining high-quality teaching programs involve balancing education with clinical service demands of the hospital. Recognizing that WSH (similar to other state hospitals) has

significant clinical service demands, there may be pressure to have trainees and supervisors direct their time and attention to patient care or direct hospital responsibilities, possibly at the expense of educational offerings. Although patient care is central to the mission and sustainability of WSH, WSH leadership will need an understanding of how quality education and providing fellows and supervisors with sufficient time for such education also advances the goals of the hospital.

Investment in salary and protected time for teaching and supervision, having some forensic psychiatrists perform evaluations, and building scholarship and research would both support education and attract high-quality forensically-trained hospital staff.

III. Educational Infrastructure

To develop high-quality teaching services and nationally competitive, excellent training programs, the UW workgroup recommends that the UW, in collaboration with WSH, build a robust educational infrastructure at WSH focused on forensic mental health. These tasks cannot fall solely to faculty associated with the training programs at WSH. Although faculty should take an active role in these endeavors, the hospital's leadership and clinical staff, as a whole, should support strengthening the educational infrastructure for all clinicians. Some benefits of enhancing educational programs are to:

- Address gaps in professional practice
- Advance skills in quality improvement and research
- Encourage evidence-based practices
- Improve care coordination
- Improve clinical knowledge relevant to specialty or practice type
- Meet licensing requirements, maintenance of certification, credentialing or other professional privileges
- Promote systems-based care
- Promote clinician engagement
- Produce future leaders in the field of forensic mental health

Although educational programs often focus on disseminating knowledge for use by individual clinicians, increasingly there has been attention to the development of institutional competencies aimed to improve outcomes and provide efficient and quality services. As such, some activities within the educational infrastructure may provide a platform to advance the hospital's strategic goals, care coordination, and implementation of resources (e.g., EMR, documentation, certain assessment tools).

Although this list is not exhaustive, here is a list of example educational programs that would support faculty and staff development, clinical care, and quality evaluation practices:

- Clinical case conferences
- Clinical rounds with forensic consultant (could be a fellow)
- Continuing education programs
- Forensic mental health grand rounds or conferences
- Formal forensic evaluator certification (when established)
- Journal club
- Morbidity and mortality conferences
- Participation in regional and national professional organizations
- Peer review programs
- Quality improvement projects
- Research
- Training in and implementation of evidence-based practices

A. Continuing Education

The opportunity to develop or refine professional competencies related to the practice of forensic mental health occurs through continuing education. Five goals of continuing education were identified by the National Invitational Conference on Education and Training in Law and Psychology, held at Villanova Law School in May, 1995. These goals include (1) improve the standards of forensic practice and ethical decision-making, (2) improve and update knowledge in specific content areas, (3) provide paths for the improvement of forensic skills, (4) provide opportunities for interdisciplinary exchange, and (5) stimulate research and the dissemination of new knowledge (Bersoff et al., 1997).

Onsite continuing education programs encourage staff participation, particularly where there is incentive to attend, such as providing continuing education credits or dedicated time to attend the programing. Continuing education programs could include, for example, forensic mental health Grand Rounds, case conferences, journal clubs, and/or formal trainings in evidence-based assessment methods and interventions.

For both onsite and community programming, WSH should continue to partner with other organizations, when feasible, for additional programing. The UW, specialty health care organizations, and hospital associations have continuing education programs. Legal organizations may also have educational programs relevant to forensic mental health, but they are less likely to support continuing education credits for health professionals. The DSHS's OFMHS has been tasked with developing ongoing training programs, as well.

The UW workgroup encourages links in training between staff continuing education programs and trainee educational programs taking part at WSH. The existing forensic psychology fellowship has weekly didactics, some of which may provide an opportunity for

staff to participate either as teachers or attendees. Faculty associated with the psychiatry and psychology training programs may have a richer understanding of WSH (in contrast to speakers involved with community organizations, for example) and may be able to better tailor their presentations to the needs of WSH staff or be responsive to questions and circumstances posed by staff participants. These links can be mutually beneficial to both the hospital and the training program. For example, one existing forensic psychiatry fellowship program, the University of California – Davis, provides several continuing education seminars and trainings annually for the Department of State Hospitals-Napa (DSH-Napa). This is outlined as a responsibility of the fellowship program director, who receives some financial support for his salary and the program through DSH-Napa. Faculty involved in the fellowship program lead the majority of sessions, but fellows also participate in some of the presentations and gain experience in teaching. Because they work at DSH-Napa, the program director and fellows can present on topics relevant to their audience.

When data are available, it is useful to also link continuing education programs to QI projects at WSH. The University of California – Davis links some of the continuing education programs to quality improvement efforts at the hospital; this should be encouraged to reinforce the association between quality improvement and practical effects on patient care, forensic evaluations, or other relevant parameters.

If not already in place at WSH or OFMHS, the UW workgroup encourages establishing a continuing education committee or on-site clinician "champions" to help organize and facilitate continuing education activities. We recommend that participants include a mix of both faculty clinicians and non-faculty clinicians to encourage collaboration and team-based care.

B. Forensic Evaluator Certification

BHA's OFMHS is developing a forensic evaluator certification program. If funded, this program would standardize the qualifications for state-hired forensic evaluators. Additionally, a strong certification program would provide some quality assurance for criminal forensic evaluations conducted by state evaluators. At the University of Massachusetts Medical School, the directors of the Law and Psychiatry Program began a forensic evaluator certification program concurrent to the development of the fellowship programs. Drs. Grisso, Packer, and Vincent reported that convergence between the forensic evaluator certification program and their post-graduate training programs has been mutually beneficial to both programs, as it ensures consistency and high standards in forensic evaluations and eases the entry of program alumni into the state workforce. If the forensic evaluator certification program comes to fruition, fellows can complete certification requirements by the completion of the training year and would then be certified to work as state criminal forensic evaluators following graduation. Such a fluid

transition between post-graduate training and early career professional within the state provides an additional incentive for prospective trainees and facilitates a more expedient hiring process at the end of their training year.

C. Quality Improvement

The ACGME requires that residents and fellows receive training in QI and carry out QI projects. Included in this requirement are QI measures aimed to reduce health disparities. In addition, both faculty and trainees "must receive data on quality metrics and benchmarks related to their patient populations" (ACGME Common Requirement, VI.A.1. b). Thus, the workgroup recommends that WSH and OFMHS, in collaboration with UW, develop a method for teaching trainees about QI, engaging them in QI projects, and including them in routine reporting to WSH providers regarding quality metrics.

D. Research

Opportunities for scholarly and research projects are an important part of nationally competitive forensic mental health training programs. Forensic mental health research within the state hospital setting can advance the field, contribute significantly to care delivery and safety at the hospital, inform public policy, and meet requirements for faculty involvement in scholarly activities. The UW workgroup recommends integrating research into the forensic services at WSH from the beginning of the development of this high-quality teaching service to build a strong foundation for scholarly activity for some faculty and the trainees and to guide care delivery and QI projects. The training programs stand to benefit from the research and QI program development already underway at OFMHS.

Because a high-quality academically-affiliated training program should produce alumni that are qualified to critically evaluate, incorporate, and contribute to empirical research, the following recommendations are proposed:

- Hire an academically-trained forensic psychologist or psychiatrist to dedicate a substantial portion of their time to research relevant to the care of forensic populations at WSH, including supervising psychology and psychiatry trainees on research activities. This individual should hold a faculty appointment in the UW Department of Psychiatry and Behavioral Sciences and should have a proven track record of both conducting and supervising methodologically-rigorous forensic mental health research.

- Scholarly activity should be recognized by WSH as an important requirement of training for psychology and psychiatry fellows, and efforts to include fellows in existing research activities is encouraged. Scholarly activity and productivity may be demonstrated in a variety of ways, including in-service presentations to staff, presentations at a regional or

national professional conference, development and submission of a grant proposal, and/or submission of a manuscript to a peer-reviewed journal.

- Coordinate research efforts with the OFMHS. As of 2016, OFMHS centralizes and maintains data for the state hospitals and residential competency restoration programs in the state. The Workforce Development Administrator at OFMHS confirms increasing capacity for and interest in developing a process for systematic evaluation of archival and prospective data.

- In addition to the research position described above, hire and retain a sufficient number of forensically-trained clinicians to develop the infrastructure and supervise the ongoing educational and research efforts of trainees. This is discussed further later in this chapter, including the fact that forensic psychiatry fellowship programs are required to have a minimum of two Board-certified forensic psychiatrists as core program faculty members.

E. Establishing a Forensic Quality Review Panel

Some state hospitals have developed specialty review panels to make recommendations on complex cases, namely for change in patient privilege status or release, based on the clinical needs of the patient and safety and security requirements. For example, the University of California – Davis, in collaboration with DSH-Napa, created a Forensic Quality Review Panel (FQRP). The panel is comprised of a stable team of psychologists and psychiatrists who take referrals from treatment providers and/or teams throughout the hospital, delegate referrals to trainees, and supervise trainees' work to answer the referral question and provide appropriate recommendations to the referents. The trainees' role is consultative for the benefit of the FQRP.

Referrals to the FQRP frequently represent the most complex and challenging cases in the hospital. Referral questions often involve violence risk management and treatment, complex differential diagnoses, and assessment of competency among patients who may be unable or unwilling to participate in interviewing and/or testing. The FQRP has been a well-received service at DSH-Napa because it provides a mutually beneficial service to hospital units that lack time or expertise to address salient psycho-legal questions in addition to supplementing more routine forensic evaluations with those that are more time-, research-, and resource-intensive. In addition, trainees receive invaluable experience in communicating their findings to a variety of audiences, including referents, courts, evaluees, and peers. High-quality forensic mental health training programs have developed similar training opportunities for trainees to conduct comprehensive evaluations of particularly complex or unusual psycho-legal evaluations through academically-affiliated legal clinics.

F. Collaborative Efforts

Where training is provided to clinicians at WSH, efforts to identify circumstances for joint training among treating clinicians and clinicians on the forensic evaluation service should be encouraged. To be good forensic evaluators, individuals must first be good clinicians. It is important for forensic evaluators to maintain competence in diagnosis and management. Similarly, there are several "forensic" topics that are relevant to providers who work in treatment roles (e.g., violence risk assessment). Joining providers in continuing education activities, when appropriate, may help individuals better understand the roles and responsibilities of other clinicians and improve communication.

The UW can further support educational efforts by seeking informal and formal collaboration among relevant schools in the University. The UW workgroup notes that several universities have a Center (or Division) of Psychiatry and the Law. Although we use here the phrase Psychiatry and the Law, the UW workgroup envisions this to be a multidisciplinary academic center, including not only psychiatry but also a variety of other mental health disciplines, and have used this term for reference to similar programs at other institutions. At sites that have established such interdisciplinary programs, items included under its umbrella include: training programs in forensic mental health, research, collaboration with other relevant university departments and, where feasible, collaboration with relevant community resources (e.g., other hospitals, correctional facilities, legal agencies, courts, coroner's office, and the relevant professional community). Creation of a Center in Psychiatry and the Law may be useful to facilitate interdisciplinary and cross-program collaboration related to forensic mental health delivery, research, evidence-based practices, public policy, teaching, and education. By creating a network of clinicians and scholars, it may strengthen the exchange of ideas and help training programs identify faculty members and possible training experiences outside their individual departments. Some sharing of human, financial, and technical resources may provide cost-effective collaboration.

Section Summary: Environment of care and educational infrastructure

Regarding the environment of care, learning environment, and educational infrastructure, the UW workgroup recommends a Foundation Phase of at least 2 years, with the following goals:

1. Ensure hospital accreditation/certification, patient and employee safety, and funding and resources for trainees and educational programs.
2. Recruit/select a forensic psychiatrist site director for general psychiatry residents.
3. Jointly recruit at least two UW Department of Psychiatry and Behavioral Sciences faculty members with experience and academic qualifications in forensic mental health (at least one a Board-certified forensic psychiatrist) to work with WSH to develop the

infrastructure for educational programs, research, and QI to support and comprise a high-quality forensic teaching service.

4. Further enhance continuing education in forensic mental health at WSH.
5. The UW should explore avenues for formal collaboration with other schools at the University (through a Center of Psychiatry and the Law or other mechanism) to broaden research and educational efforts related to forensic mental health.
6. Assist DSHS (as needed) in developing a forensic evaluator certification program.

IV. Forensic Training of General Psychiatry Residents at WSH

As the next phase of the model for developing a high-quality forensic teaching service at WSH, the UW workgroup proposes re-establishing an elective clinical forensic psychiatry rotation at WSH for general psychiatry residents. Introducing such a rotation before re-establishing a forensic psychiatry fellowship program would have several advantages. First, general psychiatry residents are already in place in an accredited UW training program, so that having them rotate at WSH does not require development and accreditation of a new program. Secondly, the more limited scope of a resident rotation allows evaluation and any needed improvements that can facilitate and inform development of a fellowship program. Finally, an elective rotation ideally would increase interest in forensic psychiatry among psychiatry residents, fostering a pipeline to recruit into a forensic fellowship and/or forensic settings in Washington State after completing residency training.

A. Introduction to Forensic Training in General Psychiatry Residency

As noted in Chapter 2, current ACGME requirements do not specify a particular forensic experience or any required duration for forensic training in general psychiatry residency programs. As a result, general psychiatry residency programs have responded in a variety of ways. Although many have elected to rely primarily on classroom-based education for forensics, there is increasing advocacy for providing general residents with clinical and practical experiences in forensic psychiatry.

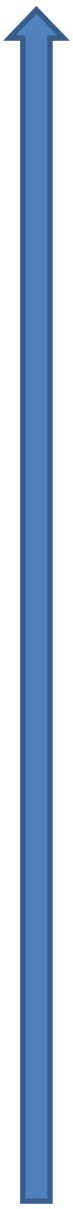
General psychiatrists routinely practice forensic skills (e.g., patient safety assessments, capacity assessments, disability assessments, etc.) in the course of their clinical work. They need to understand the legal regulation of mental health practice within their state and appreciate the role of psychiatrists in court, should they be called to testify in criminal or civil proceedings. Further, the increasing number of justice-involved individuals being treated in the community means that general psychiatrists must be familiar with the unique challenges associated with working with these individuals.

Although most general psychiatry residents will not pursue fellowship training in forensic psychiatry, forensic clinical experiences during psychiatry residency may be important for

generating interest in forensic psychiatry, easing the transition from “healer to evaluator” for future fellows (Pinals, 2005; Rotter & Preven, 2005), and preparing future general psychiatrists for practice.

The progression of a general psychiatry resident to a faculty member with specialization in forensic psychiatry is illustrated in **Figure 2.** Although the majority of residents will not go on to seek specialty training in forensics, it is useful to understand that the path toward specialized training can begin with early exposure to forensic psychiatry.

Figure 2: Training Continuum for Forensic Psychiatry



Level	Components	Support/Sites
Senior faculty	Continued teaching and practice of forensic psychiatry, some develop scholarly expertise related to forensics	UW faculty appointment Clinical/Evaluation work at fellowship training site
Junior faculty	Focus on teaching and practice of forensic psychiatry	UW faculty appointment Clinical/Evaluation work at fellowship training site
Certification	Board and state specialty certification (if available)	ABPN certification in forensic psychiatry, state forensic certification if available
Fellowship	Specialized training in forensic psychiatry to include management of persons in correctional setting and forensic evaluations	WSH, other sites
Develop continued interest (senior resident)	Resident explores additional electives/experiences related to forensic psychiatry	Meet with UW forensic faculty mentors, elective rotations in corrections, research, PBSCI-525, or others related to forensics, consider Community Leadership Career Enrichment Pathway (public psychiatry)
Resident elective (junior or senior resident)	Emphasize forensic principles for general psychiatry, some exposure to forensic practice and populations	Elective rotation at WSH
Foster interest (junior resident)	Expose residents to basics topics related to psychiatry and law, discuss populations overrepresented in forensic settings	Didactics, site visits to WSH and other relevant sites, observe (mock) testimony
Identify residents with early interest in forensics (through application, recruitment)	Resident advisors inquire about resident interests	Direct to UW forensic faculty mentors for more information

As described previously, the UW General Psychiatry Residency Program formerly offered an elective forensic psychiatry rotation at WSH. This elective received mixed interest and reviews from UW general psychiatry residents. The rotation faced many of the challenges noted by other sites and the literature, referenced in Chapter 2, including resident and supervisor time limitations and travel distance. Here we will describe the development of a high-quality experience for general psychiatry residents based at WSH and discuss ways to address the challenges identified in the literature and previous resident reviews.

B. General Psychiatry Resident Rotation Training Goals

The purpose of a resident rotation is primarily educational. The goals of a general psychiatry resident rotation at WSH include preparing general psychiatrists for clinical practice, increasing interest in forensic psychiatry, and increasing knowledge of, and potentially interest in, working within the state mental health system. The rotation should complement the residency program's classroom instruction, providing for multimodal and experiential learning in forensic clinical and evaluative settings. The rotations at WSH may also be of interest to residents interested in pursuing work in public psychiatry.

The literature identifies key components of a core curriculum in forensic psychiatry, including laws governing the practice of psychiatry, psychiatry and the civil law, psychiatry and the criminal law, and interacting with the legal system (Ciccone, 1986). The ACGME specifies only that "resident experience in forensic psychiatry must include experience evaluating patients' potential to harm themselves or others, appropriateness for commitment, decisional capacity, disability, and competency" (ACGME 2015 at IV.A.6.a.12).
The UW General Psychiatry Residency Program has previously reviewed and articulated core competencies for general psychiatry residents (Piel, Gage & Turner, 2015). Adapted from the ACGME Forensic Milestone Project 2015, the UW Task force on forensic training for general psychiatry residents recommended that residents should:

- Demonstrate ability to perform psychiatric care recognizing that there are unique requirements in the forensic setting
- Recognize the tensions of security concerns, dual agency, and the potential for conflicts with therapeutic efforts in the forensic setting
- Demonstrate knowledge of the unique evaluations that occur within the practice of forensic psychiatry
- Demonstrate basic knowledge of the legal regulation of psychiatric practice
- Demonstrate knowledge of the basic concepts and sources of law and the court structure
- Demonstrate knowledge of the various types of civil and criminal legal matters relevant to psychiatry
- Discuss the ethical issues that arise in the practice of forensic psychiatry (e.g., conflicts of interest, confidentiality, consent, objectivity, and limits of expertise)
- Demonstrate knowledge of the diagnostic categories within the Diagnostic and Statistical Manual of Mental Disorders and the importance of supporting diagnoses with established criteria
- Demonstrate knowledge of the diversity of assessment approaches; assessment tools; and psychological tests that may be used in forensic psychiatry
- Follow regulatory requirements related to mandatory reporting
- Demonstrate knowledge of forensic and community resources

For residents participating in forensic evaluation services, recommended competencies include: understanding and performing the basic components of a forensic evaluation under appropriate supervision, identifying the referral source and question, collecting appropriate information, understanding the correct legal standard, developing an opinion based upon the data, and effectively communicating the opinion.

C. Establishing a Forensic Psychiatry Rotation at WSH

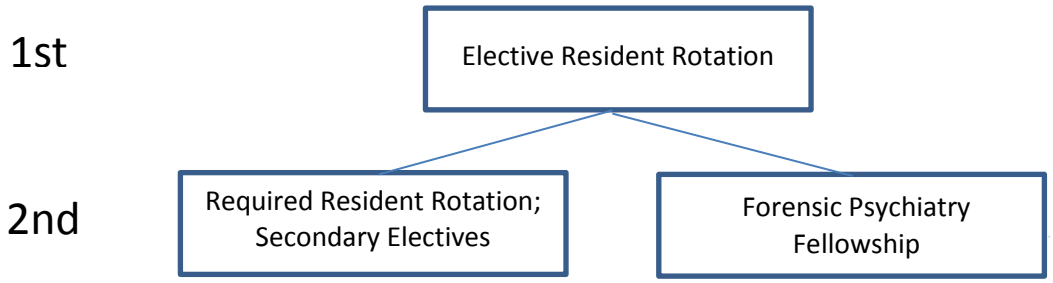
Building from an Elective Rotation

The UW workgroup recommends that UW-WSH first establish an elective rotation for psychiatry residents. With an elective rotation, there may be blocks of time during which there is no resident rotating at WSH. However, an elective would allow for a more gradual ramp up of educational resources (faculty, etc.) at WSH, with opportunity for continued evolution of the experiences offered and WSH clinical (and evaluation) sites based on resident feedback. An elective may be added, modified, and discontinued without jeopardizing the training program and with less impact upon the training site. Further, the elective nature of the rotation may motivate the supervising faculty member and WSH to ensure a high-quality educational experience so that future residents will elect the rotation and WSH may be viewed as a desirable and capable site for a future required rotation and forensic psychiatry fellowship.

Making the experience at WSH a required rotation would increase participation. However, given the distance from the UW, multiple demands for residents' time, competing educational requirements, and contractual obligations for providing coverage at other facilities, this is not recommended before demonstration of a high-quality elective rotation. The UW and WSH should review evaluations from the rotation to provide quality assurance and direction for changes, and, potentially, identify the need for additional resources. The elective rotation can also be used to build educational and service infrastructure to support an application for accreditation of a forensic psychiatry fellowship.

Figure 3 illustrates the tiered approach to psychiatry training at WSH.

Figure 3: Tiers of Psychiatry Training



The hospital and residency program should ensure a system for resident and supervisor evaluation and feedback and adjust the rotation as needed. After an elective is well established, the UW and WSH could discuss whether there exists interest and capacity to accommodate a required resident rotation or additional elective rotations.

Foundational Requirements

As described above, prior to development of a resident rotation, WSH and UW will need to work to develop the environment of care and educational infrastructure to ensure excellent care, staff and trainee safety, and a high-quality educational experience. Residents would need work space, computer access, and access to library and database resources. WSH would also need to fund resident salaries and benefits while they are rotating at WSH.

State hospital rotations benefit from some university oversight of the educational experience (Douglas et al., 1994). This cooperation may be enhanced by university input on faculty hiring. The residency program may also play an important role in setting residents up for success in clinical forensic rotations by providing core forensic didactic curriculum early in their residency training and having supervisors attentive to discussing forensic topics when they present cases on other clinical rotations. The UW General Residency Program has recently restructured some of the didactic topics to address this. Experiences that complement a WSH rotation include opportunities to observe or testify in civil commitment hearings; serving as jurors or experts in the annual mock testimony exercise included in the VA Law and Justice Rotation (elective forensic rotation); and encouraging residents to join interest groups that may afford additional exposure to forensic psychiatry. For example, residents may join the Community Leadership Career Enrichment Pathway (a public psychiatry interest group), which provides exposure to community forensic psychiatry. Residents may also be encouraged to begin a journal club with a focus on forensic topics.

Personnel

Although the ACGME does not specify qualifications for supervisors of a forensic experience, residents would benefit from having a forensic psychiatrist as the primary supervisor, even if forensic psychologists or non-forensically-trained psychiatrists provide some supervision. Once established, forensic psychiatry fellows could provide additional supervision. Having two forensic psychiatrists available for supervision would provide a diversity of perspectives, capacity for future expansion of resident rotations, and coverage for times when the primary supervisor is away. The presence of a forensically trained faculty member with a focus on research would also provide opportunities for interested residents to engage in supervised QI and research projects either independently or as part of an official research elective.

Supervisors should be equipped to perform both “just in time” supervision on issues as they arise and provide more formal supervision during protected time periods for reviewing cases and forensic topics during the week. The formal supervision standard for the UW

Psychiatry Residency Program is at least one hour per day. In addition to discussing patient care issues that arise on a forensic unit, supervision with residents may include reviewing other complicated cases and discussing the complex legal, ethical, and medical aspects of forensic evaluations. Supervisors can also review and assign relevant readings to complement the residents' educational experience.

In addition to having sufficient faculty supervision, a general resident rotation would need an onsite coordinator to assist with resident credentialing and orientation at WSH, organizing resident experiences, assisting with transportation issues, ensuring supervisor availability, and scheduling around call and vacation absences.

Scheduling Challenges

The distance and time requirements of residency education create some barriers for creating a resident rotation at WSH. Given the distance between UW and WSH, spending a half-day at WSH is not feasible. Psychiatry residents are required to participate in a long-term continuity clinic at least a half-day per week, starting in their second year of residency. Residents also have a half-day of didactics each week on a day separate from their continuity clinic. Resident participation in rotations is also limited by their call schedules, vacation plans, and leave for educational conferences.

As discussed in more detail below, the UW workgroup recommends beginning with a one to two month elective rotation for three full-days per week onsite at WSH for second-year residents (PGY2). In some cases, senior residents (PGY3-4) may be able to arrange their schedule to spend one month at WSH, three days per week, as well. One to two residents could participate in the rotation at any one time. Future rotations could be tailored to provide PGY3-4 residents with longitudinal experiences one day a week for six months at WSH.

We encourage faculty at WSH to be mindful of the residents' schedules and seek creative solutions to increase resident participation, even if they are typically only available three days a week. Some residents may be able to garner additional time at WSH by dialing in remotely from WSH for their UW didactics. For some second-year residents, this may enable them to be at WSH for four days per week.

Since most residents live in the Seattle area, the commute to WSH is formidable, especially if the rotation were required. The psychiatry program and WSH could mitigate this by developing a system for carpooling or rental cars. Required rotations may require WSH to reimburse costs of travel to the site.

Finally, some other programs have noted that their credentialing, orientation, and clearance processes are too cumbersome for the length of rotation available or may cut into the time otherwise dedicated to resident education. This may be addressed by having a coordinator

who can contact residents ahead of time to complete needed paperwork and to condense orientation and safety trainings to one day.

Educational Program

Once the foundational elements are secured, an elective rotation at WSH could be created to provide general psychiatry residents with a high-quality educational experience. Hallmarks of good training rotations include:

- Identifying supervisors to effectively guide the resident's educational experience
- Tailoring education to be accessible and relevant to the resident while recognizing the maturation of the resident and matching training activities with the residents' current knowledge and skills
- Exposing residents to new knowledge and skills
- Engaging residents in an interactive and multimodal manner
- Allowing residents increasing ownership or autonomy over time
- Involving residents in collaboration and teamwork
- Exposing residents to issues that affect a broader community

A high-quality rotation should require residents to apply their knowledge by actually "doing" rather than simply "knowing" or "observing" something. While some observation may be appropriate, residents should have opportunities to actively develop skills in a forensic setting during their rotation. Although listed here for general psychiatry residents, these hallmarks should be kept in mind for fellowship programs, as well.

Table 3-2 summarizes several core parameters for a resident rotation at WSH. Additional details about the parameters follow the table.

Table 3-2: Parameters for Resident Rotation at WSH

Parameter	Notes
Foundation	Hospital accreditation, culture of the department, safety Appropriate staffing including psychiatrists and site coordinator for rotation
Supervision	Appropriately trained and interested faculty supervisor for the rotation with adequate protected time for supervision and teaching Fellows (if have fellowship) can contribute to resident education Monitor progress of the resident and provide formal evaluation
Education	Introduce core forensic mental health topics and skills for general psychiatrist Encourage practice in treatment and exposure to evaluations Construct rotation appropriate to residents' knowledge and skills Guide residents in exploring additional educational experiences and career pathways
Number of residents	1-2 at any one time If two residents, they could learn from each other, carpool
Associated costs	Faculty salaries and time toward educational activities (supervision, curriculum and rotation development, scholarly work) Resident stipend/benefits while rotating at WSH Space, computers, access to library Consider: Travel reimbursement/vanpool to/from UW-WSH (would encourage resident participation)

The UW workgroup has developed several models for elective forensic rotations for general psychiatry residents. **Table 3-3** summarizes the models.

Table 3-3: Models for Psychiatry Resident Elective Rotation at WSH

	Initial Rotation: Primarily Clinical on Inpatient Forensic Ward at WSH	**Primarily Inpatient Forensic Evaluation Services**	**Primarily Outpatient Community Forensic Evaluation Services**	**Primarily Clinical at CST Outpatient Restoration Program (if developed)**	**QI/Research Rotation**
Resident Class	R2-4	R3-4	R3-4	R3-4	R3-4
Duration	3 days per week for 1-2 months (2 preferred); (possible 4 days/week for some residents)	1 day/week for 6 months*	1 day/week for 6 months*	1 day/week for 6 months*	1 day/week for 6 months
Activities	• Admission evaluations, treatment planning, and medication management on inpatient unit • At least 2 evaluations • Observe restoration group • Go to court (Sell, Civil commitment, other)	• Evaluations and consultation services on forensic and civil units • Prepare parallel reports	• Participate in criminal forensic evaluations • Prepare parallel reports	• Outpatient model of care, including evaluations, treatment planning, and medication management • Participate in other aspects of restoration services • Go to court at least once	• Develop, execute, and/or write up project on a forensic or WSH QI-related topic • Given time limitations, may benefit from working on a part of a larger project with faculty or a fellow

	Initial Rotation: Primarily Clinical on Inpatient Forensic Ward at WSH	Primarily Inpatient Forensic Evaluation Services	Primarily Outpatient Community Forensic Evaluation Services	Primarily Clinical at CST Outpatient Restoration Program (if developed)	QI/Research Rotation
Supervision and Didactics	• "Just in time" supervision • Protected supervision • WSH Friday Didactic Seminar • Relevant readings	• "Just in time" supervision • Protected supervision • Relevant readings • If Fridays, consider WSH forensic seminar • Lends itself to working with fellow (if fellowship)	• "Just in time" supervision • Protected supervision • Relevant readings • If Fridays, consider WSH forensic seminar • Lends itself to working with fellow (if fellowship)	• Requires onsite psychiatrist for supervision • "Just in time" supervision • Protected supervision • Relevant readings	• 1 hour of scheduled supervision per week • Literature review relevant to project • If Fridays, consider WSH forensic seminar
Major Learning Activities	• Exposure to forensic population • Clinical management • Criminal histories • Risk assessment • Involuntary medication • Legal basis for hospitalization • Differences between CST and NGRI • Ethical issues in forensics • Discuss complex cases	• Exposure to forensic population • Forensic evaluations • Legal basis for hospitalization • Report writing • Ethical issues in forensics	• Exposure to forensic population • Forensic evaluations • Legal basis for evaluation • Report writing • Ethical issues in forensics	• Exposure to forensic population • Clinical management • Criminal histories • Involuntary medication • Ethical issues in forensics • Discuss complex care cases	• Develop experience with research or QI methods • Develop an area of interest within forensic psychiatry

*This could potentially be transformed into a one month fulltime rotation in the third or fourth year.

The UW taskforce recommends first developing an elective rotation based on a forensic inpatient unit at WSH. Since this would be primarily a clinical rotation, the forensic inpatient unit would serve as the home base for the rotating resident and supervising psychiatrist. The UW taskforce recommends having an identified unit with a faculty supervisor and staff familiar with and supportive of the learning objectives of the rotation. Ideally, residents should act as the primary treatment providers for a select number of patients, based on their knowledge and skills, under the direction of their supervising psychiatrist. The resident would be onsite at WSH to provide this care at least three days per week.

Although observation may be a valuable experience for residents, learning is enhanced when residents take more active roles in the clinical management of their patients. Given that the length of stay for forensic patients at WSH tends to be much longer than the resident's rotation period (one to two months), it may be difficult for a resident to feel a

sense of ownership in care delivery for a patient who may remain at the hospital for many months or even years. This challenge may be partially ameliorated by having residents rotate on an admissions unit, typically for competency evaluation or restoration, with shorter lengths of stay. In this setting, residents would focus on initial evaluations, risk assessments, and treatment planning. They should participate in regular team rounds and coordinate evaluations and care with their attending psychiatrist and other team members, including psychologists and nurses.

Besides clinical management, efforts should be made to expose residents to other aspects of forensic clinical care and evaluation services to broaden their exposure to forensic practices and skills. Additional activities may include the following:

- Participating in a competency restoration group
- Chart review to assist with court evaluations and assessment of violence risk, medication response, among others
- Attending court hearings, such as Sell hearings for involuntary treatment
- Attending committee meetings to review patient readiness for change in privileges or eligibility for release
- Supervised consultation on assessment of dangerousness
- Formulating risk management plans
- Observing or participating in forensic evaluation services

The UW workgroup recommends that residents observe at least one forensic evaluation performed on the unit (on a competency restoration unit, this most likely includes competency evaluations and evaluations for forced medications). We encourage opportunities for the resident to observe additional forensic evaluations. This may be most easily accomplished by having the resident paired with a forensic evaluator completing inpatient evaluations (e.g., competency evaluation, and forensic risk assessment). Residents could be paired with forensic psychology postdoctoral fellows or, once a forensic psychiatry fellowship is established, with forensic psychiatry fellows, to gain exposure to evaluations. Residents should be encouraged to attend court hearings that involve their patients.

The UW workgroup further recommends development of a syllabus of relevant readings to complement the rotation (a sample list is provided in Appendix H). On the days when the resident is not at WSH, relevant readings could be assigned. The following topics are suggested for psychiatry residents at WSH:

- Taking a criminal history
- CST

- Involuntary treatment for competence restoration (Sell)
- Forensic psychiatry ethics
- Malingering
- NGRI
- Roles and responsibilities of forensic psychiatrists
- Suicide and violence risk assessment

Residents would benefit from participating in other educational offerings at WSH on forensic topics when their rotation schedule permits this. These may include the WSH Forensic Psychology Postdoctoral Didactic Series (currently on Friday afternoons) and the landmark legal case series for psychology fellows. They should be invited to attend continuing education programs relevant to forensic mental health issues. When readings are assigned for the fellowship didactic series, the residents should be made aware and encouraged to review the material in advance of the didactic to facilitate their participation.

Supervisors should provide ongoing feedback to residents during the rotation, but also provide formal verbal and written evaluation based on rotation goals at the end of the rotation. Residents should be encouraged to provide direct feedback about their experience, but also required to complete formal, anonymous reviews of the rotation. Such written evaluations, by both residents and faculty supervisors, are routinely obtained for existing required and elective rotations by the UW general psychiatry residency program.

Additional Opportunities

Once an elective rotation is established on an inpatient unit, faculty may develop additional offerings for residents. Examples include evaluation-based rotations occurring in the inpatient or outpatient settings, rotations centered on outpatient competency restoration, and research-based rotations.

The “inpatient” evaluations may include competency restoration evaluations through the Inpatient Forensic Evaluation Services, but may also be expanded to include juvenile assessment through CSTC or consultations to forensic or civil treatment units on topics such as violence risk assessment, civil commitment, and capacity to consent/refuse medications. An elective rotation could also be structured with the Community Forensic Evaluation Services, focusing on CST and criminal responsibility assessments.

The forensic evaluation experience would represent a unique experience compared with the UW psychiatry residents’ existing rotations. Under supervision, residents would receive exposure to criminal forensic evaluations. An evaluation-based experience might be

enhanced by some brief observation on forensic care units to provide context for the evaluations.

Residents participating in an evaluation-based rotation could be paired with forensic evaluators to first observe and later perform evaluations. There would be opportunity for mutual benefit in pairing residents with forensic psychiatry or psychology fellows – providing residents with exposure to interesting evaluations and providing fellows with experience teaching and supervising residents. Under appropriate supervision, performing forensic evaluations would also give residents the opportunity to draft mock reports and, possibly, to observe expert courtroom testimony. Some time should be scheduled to allow residents to write and review draft reports and for supervision with a psychiatrist. The evaluation-based experience would require significant onsite coordination of evaluations and supervisors, especially in case of cancellation or unwilling defendant. Further, evaluations at remote sites (e.g., jails) would require additional travel arrangements, pre-approval, and security clearance.

Currently there is a proposal for an outpatient restoration program associated with WSH. If this is created, it may prove a valuable site for outpatient forensic care and one that is appropriate for more limited schedules (e.g., one day a week for six months in the third or fourth year of residency). A rotation could be created to include residents in pharmacological management and group-based competency restoration services.

Finally, once there are adequate faculty (or forensic fellows) to provide supervision, interested residents could participate in QI or research projects at WSH focused on topics relevant to care or evaluations at WSH. These projects would both enhance the resident's educational experience and, if appropriately focused, the hospital's mission of providing quality care.

Section Summary: Forensic training of general psychiatry residents at WSH

There are currently no psychiatry resident rotations at WSH and the previous rotation received mixed interest and reviews. Successfully introducing a training program for general psychiatry residents at WSH would require the following:

1. First, a focus on providing high-quality care and establishing a strong educational infrastructure at WSH.
2. Grow resident interest in forensic (and public) psychiatry experiences through additional forensic instruction and experiences (e.g., didactics, journal club) early in the UW general psychiatry program.

3. Establish an elective rotation for general psychiatry residents at WSH, focused initially on a 1-2 month inpatient rotation on a forensic unit.
4. Resident rotations require close coordination between the UW residency program and WSH and careful faculty supervision. Rotations could be enhanced with didactic offerings in collaboration with other training programs.
5. An elective rotation should be established before a required rotation or forensic fellowship is considered.
6. Future directions for resident experiences at WSH include evaluations-based and research-based electives for interested residents.

Based on the experience of other programs, a successful psychiatry resident rotation at WSH could serve to attract and retain quality faculty members; contribute positively to the quality of patient care; and foster resident interest in a forensic fellowship and employment at WSH or other public psychiatry settings, as well as support faculty development in preparation for the introduction and expansion of forensic psychiatry and psychology fellowships.

V. Forensic Psychiatry Fellowship Program

What follows below are core recommendations to create and carry out a UW-WSH Fellowship Program in Forensic Psychiatry. The recommendations provide information about elements required by the ACGME and outline key educational training opportunities at WSH. Given that the ACGME's requirements, local resources (including training sites and personnel to provide supervision and instruction), sources of funding, and mental health delivery in Washington may all change over time, it is impossible to design a comprehensive model that will serve UW and WSH indefinitely. These recommendations describe core components of a forensic psychiatry fellowship and the types of services and training that can be provided through WSH and affiliated resources.

A. Introduction to Forensic Psychiatry Fellowship Training

Fellowship programs in forensic psychiatry are advanced education and training programs aimed to instruct fellows on the intersection of psychiatry and the legal system. Fellows gain experience in evaluation and management of justice-involved persons, provide consultation on the legal regulation of psychiatry, assist the courts with issues relevant to mental health in civil and criminal legal cases, and perform assessments in the workplace (e.g., fitness for duty, threat assessment).

The ACGME requires 12 months of full-time training in forensic psychiatry (to be completed within a maximum of two years). The ACGME requires all graduate medical training programs (including forensic psychiatry) to train and evaluate trainees in six core

competencies: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. These general requirements support additional content-specific requirements for forensic psychiatry, all outlined in the ACGME Forensic Psychiatry Program Requirements (2016). Among key requirements, the fellow's experience – through patient care, forensic evaluations, and didactics – must include:

- Evaluation and management of people with diverse backgrounds and mental conditions
- Longitudinal treatment of patients in correctional systems (minimum part-time for 6 months)
- Consultation to general psychiatry services related to the legal regulation of psychiatry
- Preparing written reports in a variety of cases
- Dedicated weekly faculty supervision

What the ACGME is to fellowship programs, the ABPN is to individual practitioners. Since July 2015, the ACGME, in collaboration with the ABPN, requires that forensic psychiatry fellows demonstrate progressive proficiency in the field by completing "milestones" related to the six competencies mentioned above (Accreditation Council for Graduate Medical Education and American Board of Psychiatry and Neurology, 2015). Following completion of fellowship training in forensic psychiatry, individuals are eligible for ABPN Board certification in the subspecialty of forensic psychiatry. Candidates for certification take a 200-item computerized examination on multiple aspects of forensic psychiatry theory, regulation, and practice. ABPN certification in forensic psychiatry is valid for 10 years.

Although the ACGME is relatively silent regarding joint training for forensic psychiatry and forensic psychology fellows, there is overlap in professional competencies. Forensic psychology is officially separate and has its own training programs and certification requirements (see section below on forensic psychology postdoctoral training). It is important to recognize that there are some differences in skills and experiences that may make each discipline more suited for certain types of evaluations and forensic work. Nevertheless, much of the literature in forensic mental health is derived from forensic psychology research and other training programs have found success in collaborative training. Collaborative training may provide a more well-rounded experience for each set of trainees. Given the existing forensic psychology postdoctoral program at WSH, joint education among forensic psychiatry and forensic psychology fellows is encouraged.

B. Forensic Psychiatry Fellowship Training Goals

The primary goal of fellowship programs in forensic psychiatry is to provide fellows with a structured and high-quality educational experience so that they can work independently as a forensic psychiatrist at the conclusion of the fellowship.

The UW workgroup previously drafted vision and mission statements describing the core elements supporting high-quality forensic teaching services: high-quality education, forensic evaluations, research, and clinical service (see Appendix I). A strong fellowship program in forensic psychiatry will benefit WSH by providing additional credibility and enhancing the hospital's role in the justice system through quality evaluations and clinical services. The educational mission of the fellowship will maintain attention on evidenced-based and patient-centered clinical care for forensic and civil patients at WSH. This, in turn, may help to attract and retain quality staff and faculty members.

A strong fellowship program in forensic psychiatry will also benefit the larger state wide community. Given the volume of persons with mental illness involved with the criminal justice system, the state would benefit from having more mental health leaders who are comfortable and competent in working with justice-involved patients. Graduates of forensic psychiatry fellowship programs are in demand to assume responsibilities in forensic hospitals, correctional facilities, and other public agencies. Other states have found success, post-fellowship, in retaining trained forensic psychiatrists for employment positions at sites affiliated with the training program or other state agencies (e.g., Case Western, Oregon Health and Science University). A high percentage of graduates of the WSH postdoctoral fellowship program in forensic psychology have remained at WSH (estimated 90% for 1-5 year period following fellowship); joint training with psychology fellows and increasing the psychiatry fellows' ties to WSH may help retain psychiatrists as well. In turn, these graduates may serve to continue fellowship training as supervisors for future fellows.

In addition, fellows in forensic psychiatry and graduates of a forensic psychiatry fellowship programs serve the court by providing evaluations for a wide variety of cases, including CST and criminal responsibility. As fellows become competent in criminal court evaluations, they will be eligible to perform forensic evaluations (under supervision) from the pool of referrals to the OFMHS, thereby contributing to timely completion of forensic assessments.

The unique training and experiences of psychiatric providers makes them ideally suited to perform certain types of court assessments, particularly for medically-complex cases or certain types of evaluations (e.g., where medications are a central issue). Although evaluators from other disciplines are valued colleagues and can perform a wide variety of evaluations, for certain cases the community will be best served by having trained psychiatrists perform the court evaluations.

C. Establishing a Forensic Psychiatry Fellowship Program with WSH

Table 3-4 provides a summary of core recommendations for creating and maintaining a UW-WSH fellowship in forensic psychiatry. What follows after the table are supporting details and additional suggestions.

Table 3-4: Core Recommendations for a UW-WSH Fellowship Program in Forensic Psychiatry

Topic	Recommendation	Notes
Establishing a fellowship	Obtain JCAHO accreditation	Basic requirement
	Plan for ACGME accreditation in forensic psychiatry	Basic requirement
	Support from UW and WSH leadership	Understand the program requirements and maintain commitment to education
	Start early in recruiting a program director	Allocate sufficient time and support for program director to carry out responsibilities
	Recruit forensic psychiatrists	Support faculty in educational endeavors (time, resources) Explore models of recruitment Explore models for psychiatrists to perform court evaluations
Fellow appointment/ recruitment	Seek positions for two fellows	With two fellows, increase educational experience with little additional administrative costs
Educational program	Assign fellows to no more than one site per day when possible	Minimize travel burden
	Coordinate with forensic psychology postdoctoral program	Increase trainees' exposure to cases, joint use of resources, increase interdisciplinary collaboration
	Foster coordination between general psychiatry residents and forensic psychiatry fellows	Bilateral benefits to collaborative training with fellows in position to teach
	Coordinate landmark cases and didactic instruction when possible	Emphasizes the legal regulation of psychiatry and application of law to clinical practice
	Train fellows in the common types of psychological assessments	Anticipate increased reliance on these measures in the future
	Make available both case-based and individual supervision	Enhance the educational experience for fellows
	Priority at WSH should first be evaluation and consultation services for fellow training	Established mechanisms exist for evaluation services
	Fellows should gain experience with inpatient and outpatient evaluations	Provide broad experience, fellows can contribute to volume of CST assessments

Topic	Recommendation	Notes
	Civil experiences should include consultation at WSH but also offsite activities	Sufficient exposure to civil litigation can be challenging; the UW workgroup made several suggestions in the report
	Recommend outpatient model for treatment component	Limitations due to the fellows' schedule and other demands makes inpatient treatment challenging
	Support fellow involvement in research and teaching	Enhance skill set, fellows contribute to educating staff at WSH and other trainees
	Make use of UW resources already in existence	Consider participation in PBSCI-525, VA Forensic Research Symposium, resident mock testimony
	Support and fund fellow attendance at AAPL annual meeting	Improve knowledge, foster networking and community with other forensic practitioners
	Maintain some flexibility for individualization of training	Increase fellow satisfaction, foster scholarly interest
Funding	State-funded program	Consistent funding source required

The UW workgroup reviewed literature, interviewed program directors, conducted site visits at other programs, and visited WSH to better understand the requirements and core foundational educational experiences needed for high-quality training in forensic psychiatry. In conducting the assessment of existing programs, the UW workgroup looked to identify existing resources at WSH and gaps (or deficiencies) for further consideration prior to initiating additional educational programs at WSH. Included in the assessment, the UW workgroup has reviewed readiness of WSH to host certain training experiences. Although experiences outside of WSH would contribute to a forensic psychiatry fellowship program, much of the core training would be conducted at WSH. This report focuses primarily on recommendations for training specifically at WSH. In addition, although clinicians from multiple disciplines will likely contribute to the education of forensic psychiatry fellows, the core training will come from forensically-trained psychiatrists and psychologists; hence, our recommendations focus on these disciplines for training and supervision.

D. Initial Considerations Prior to Establishment of a Forensic Psychiatry Fellowship

The UW workgroup was tasked with recommending models for forensic teaching services at WSH. Although WSH has a variety of resources for forensic education, meeting ACGME requirements and providing a well-rounded educational experience for trainees may necessitate some component(s) of the fellows' training being at other sites or working with

clinicians who are not affiliated with WSH. The following are questions posed by the UW workgroup during the course of our assessment and planning:

- What are the existing clinical and evaluation services at WSH?
- What types of didactic instruction are currently available?
- Who would provide instruction and supervision at the hospital?
- What is needed prior to starting a forensic fellowship? To sustain?
- What resources are available to support research at WSH?
- In what ways can a fellowship in forensic psychiatry collaborate with the postdoctoral program in forensic psychology?
- In what ways can a forensic psychiatry fellowship aid or collaborate with general psychiatry training?
- Which partners would complement training at WSH?
- How can a fellowship program in forensic psychiatry support the mission of WSH?
- How can a fellowship program in forensic psychiatry benefit the community?

This list of questions represents merely some of the considerations necessary when developing teaching services.

E. Key Players and other Personnel for a Forensic Psychiatry Fellowship at WSH

Program Director

The ACGME requires fellowship programs to have a Program Director. The UW-WSH forensic psychiatry fellowship program will need one person to lead and be accountable for the program. Literature review and interviews with program directors identified key characteristics for a high-caliber fellowship director, including:

- Academic affiliation with the sponsoring institution
- Expertise and Board certification in the subject matter
- Understanding of the needs of the sites involved in fellowship training
- Understanding the community resources and how the fellowship can support mental health delivery in the community
- Knowledge of the sponsoring institution's policies for graduate medical education
- Focus on education and training of fellows
- Administrative skills (conduct program evaluations, maintain ACGME accreditation requirements)
- Vision for the fellowship and how it will evolve in the future

From the UW workgroup's interviews of programs, program directors universally hold an academic appointment at the sponsoring institution that also operates the residency program in general psychiatry. Although the ACGME is silent as to academic rank, literature review suggests that the program director should be at the level of Assistant Professor or Clinical Assistant Professor or higher.

The fellowship program director should be an experienced forensic psychiatrist and have expertise in the field. For the ACGME, the director should have current ABPN certification in forensic psychiatry or qualifications that are acceptable to the agency's Review Committee. Although not required, it is useful in forensic psychiatry if the program director has a record of publication in forensic psychiatry, as 1) name recognition of the program director may be a basis for fellow recruitment; 2) publications demonstrate a level of scholarly or research activity, which is increasingly important given the attention to the use of research in supporting forensic opinions and implementing evidence-based forensic practices; 3) publications may serve as a basis for legal case referrals related to the subject matter of the publication; and 4) the director should be sufficiently well-versed in research and publication to support the research activities of fellows. To the extent that fellows could participate in legal cases derived from publications, it may expose them to interesting cases and demonstrate how publications are used in the course of a legal case.

In addition to subject matter expertise in forensic psychiatry, the program director will need an understanding of Washington resources and local laws. Jurisdictions vary in how evaluators obtain court referrals in criminal cases, timeframe for completion of reports, and types of evaluations (e.g., in Washington criminal defendants may put forth a defense based on diminished capacity; this is not available in many jurisdictions and some evaluators will not have experience with this). Many of Washington's civil laws (e.g., civil commitment, duty to warn/protect) are unique. Forensic psychiatrists are used to familiarizing themselves with laws regulating the practice of psychiatry; however, this will need to be considered when determining the time course for initiating a fellowship program, depending on the knowledge of the program director and other faculty in the program on these topics.

Employment at WSH is not a pre-requisite for the program director for a UW-WSH forensic psychiatry fellowship. However, the program director must have sufficient protected time and financial support to carry out the responsibilities to the program. The program director must devote at least 10 hour per week (on average) to a program with 1-2 fellows and 15 hours per week with additional fellows. The fellowship director must have an understanding of WSH's mission and how the educational program can support the hospital.

If the program director has a WSH position, the director would spend some time at WSH in the direct supervision and administration of the fellows. The University of California – Davis program, identified as a model program by the UW workgroup, follows this model. At this program, DSH-Napa supports fellows for two days per week, and the fellows are on-site one day per week to perform consultations, evaluations, or presentations. The other day per week, they are off-site to review records, prepare reports, or prepare presentations. The program director, similarly, is at the state hospital weekly for supervision of the fellows' cases and for presentations. Taking into account the needs of the hospital, the program director (with other colleagues) established a FQRP to provide consultation, namely comprehensive violence risk assessments and recommendations for the treatment team from record review and psychological testing tools. The fellows complete FQRP assessments under supervision.

In contrast, if the program director does not have a position at WSH, the fellowship program will need a local site director to oversee the trainee's education at WSH. The Oregon Health and Science University program follows this model. A forensically-trained psychiatrist other than the program director leads the forensic evaluation service at Oregon State Hospital and, with other members of the evaluation team, reviews and supervises all evaluations performed by the fellows at the state hospital. The site director makes sure that the fellows see a variety of case types, that they seek consultation when, for example, psychological testing is recommended, and that they provide medical consultation to the non-physician members of the evaluation service.

Faculty

In addition to the program director, the fellowship program will require a sufficient number of additional faculty members to serve as instructors, supervisors, and mentors to the fellows. Fellows benefit from exposure to more than one perspective in forensic psychiatry. There needs to be a sufficient number of individuals affiliated with the program who can supervise the fellows in clinical and evaluation roles. The UW-WSH collaboration must ensure protected supervisor and teaching time for each faculty member. The UW workgroup recommends that this be built into the supervising clinicians' regular schedule and monitored by a staff coordinator. The time allocation and nature of supervision will depend on the role of the supervisor and type of faculty appointment.

1. Forensically-trained psychiatrists

The UW workgroup recommends efforts to recruit and retain forensic psychiatrists interested in teaching. The ACGME requires at least one core faculty member, in addition to the program director, be ABPN certified in forensic psychiatry. If WSH is to serve as a

primary training site, it would benefit the hospital and fellowship to have several (at least two) forensic psychiatrists on staff who can serve as fellowship preceptors.

a. Requisite skills

Given that forensic psychiatry fellowship training involves both court evaluations and treatment, preference should be given to psychiatrists who feel comfortable and are competent in both areas of forensic practice, at least initially until the program is able to grow the number of available instructors and supervisors. In addition to specialty training, those psychiatrists involved in fellowship training should possess an interest and record of excellence in teaching.

Although psychologists can supervise psychiatry residents for court evaluations, psychiatry fellows should also have some formal supervision for their court evaluations by forensic psychiatrists. For the treatment component of their training, psychiatry fellows need available psychiatrists for supervision. Although some supervision may be performed by individuals who do not have formal forensic training, a sufficient number of forensic psychiatrists need to be affiliated with the program. As mentioned, the UW workgroup advocates for several forensic psychiatrists to allow for diversity of perspectives, provide support for supervisor leave, foster academic community and collaboration, and increase scholarly work product.

Of note, for both forensic psychiatrists and psychologists, implementation of a state-wide forensic evaluation certification (planned by the OFMHS) will be useful to identify those clinicians who prepare high-quality forensic reports and who may demonstrate promise to be a supervisor or faculty member in the forensic teaching program(s).

Forensic psychiatrists are in demand for employment. To recruit and retain psychiatrists with this qualification, WSH – in collaboration with UW – should explore models of academic affiliation. Given the diversity in types of work and goals for forensically-trained psychiatrists, some psychiatrists may prefer a clinically-focused position with adjunctive responsibilities in teaching and supervision. Others may seek a more academic focus with time for research or other scholarly pursuits.

b. Models for recruitment

The Veterans Administration-UW collaboration provides one model, whereby VA staff clinicians may apply for varying levels of UW academic appointments. The Veterans Administration pays the salaries for the staff clinicians. Depending on the academic appointment and responsibilities, the clinician has protected time for trainee supervision

with the expectation that they devote a certain number of hours per year to the training program. Academic faculty members are expected to publish and give educational presentations, in addition to providing direct supervision of trainees.

At Oregon State Hospital, some psychiatrists are staff psychiatrists, funded through the state hospital. Others have faculty positions with their salary coming from the state hospital, dispensed through Oregon Health and Science University. The academic clinician has protected time from clinical responsibilities for teaching and scholarly activities, typically one day per week.

Faculty clinicians at CSTC are similarly funded. Currently, all psychiatrists at CSTC hold UW faculty appointments that are funded through CSTC. As clinician-educators at CSTC, psychiatrists there focus on quality clinical care and training the next generation of psychiatrists in child and adolescent psychiatry. Although all psychiatrists at CSTC hold faculty appointments, CSTC is much smaller in size than WSH and has some significant differences from the larger WSH (patient length of stay, environmental culture, focus of training, among others). The UW workgroup recognizes that it is unlikely (and probably not advised) that all psychiatrists on forensic services at WSH would obtain UW faculty status of any designation.

In addition to faculty appointments, WSH should explore ways to craft psychiatrists' job responsibilities to recruit and retain quality clinicians. Forensic psychiatry draws psychiatrists interested in clinical public sector psychiatry for persons involved with the justice system, but also those interested in court evaluations and administrative roles in the regulation of psychiatry. What draws many psychiatrists to forensics is the challenge and diversity associated with court evaluations. Moreover, having spent considerable time training to perform court evaluations, it makes sense that many forensic psychiatrists are seeking to perform court evaluations in their professional role. In Washington, nearly all of the criminal forensic evaluations are referred through the OFMHS for evaluations performed at or in association with WSH. To the extent that WSH is willing to consider alternate employment models for psychiatrists to include forensic evaluations, WSH/OFMHS is in an ideal position to recruit forensic psychiatrists wanting to work in Washington.

The UW workgroup recognizes that there are challenges associated with hiring psychiatrists to work in forensic evaluation services, including the demand for clinical psychiatrists at WSH, efforts to minimize dual-role conflicts that occur when a treating provider is also a court evaluator, and possible conflicts with other disciplines who are performing court evaluations at WSH. However, in order to recruit forensic psychiatrists to WSH, a variety of

job models should be explored. Oregon State Hospital, for example, successfully recruited forensic psychiatrists by structuring their schedules to work three months of the year on the evaluation service and the remainder of the year on a clinical ward. In other states, forensic psychiatrists have arranged their schedules to do a court evaluation one day per week offsite from their clinical work at a state hospital, with some additional time built in for document review and report writing. WSH could adopt this model and have forensic psychiatrists perform evaluations in outpatient/community settings while doing their clinical work at the hospital itself.

In addition, given their legal experience and training, forensic psychiatrists on staff at hospitals may be particularly suited to administrative positions that require interpretation and application of statutory and administrative rules to clinical practice. For some forensic psychiatrists, inclusion of administrative tasks in this area would allow them to use their knowledge and skills and would improve job satisfaction.

The salary structure should take into account the specialized skills and training of forensic psychiatrists. In addition to a competitive pay scale, financial assistance by way of student loan repayment may be attractive to some faculty recruits who have recently completed their training. Loan repayment incentives may also prove an effective recruitment and retention tool for fellows to WSH, a correctional facility, or other qualifying facility. Having administrative support personnel at WSH who are familiar with the national and state loan repayment programs and can navigate the process for the recruit would be helpful.

Ultimately, after establishing a forensic psychiatry fellowship program, the program should promote fellowship graduates to remain at WSH (or other sites affiliated with the program) to serve in staff positions and supervisors to future fellows. A number of leading forensic psychiatry fellowship programs have been able to use this “grow your own” strategy with positive results.

2. Other faculty

In addition to the program director and other core forensic psychiatrists, the ACGME requires that forensic psychiatry fellowship programs include an experienced forensic psychologist, an attorney, and a certified child and adolescent psychiatrist. Many programs also include additional instructors from the community to provide fellows with a variety of experiences and supervisors.

a. Forensic Psychologist

The ACGME requires that an experienced forensic psychologist be included among the faculty in forensic psychiatry fellowship programs. It is desirable, but not required, that the forensic psychologist be certified by the American Board of Forensic Psychology and hold any required state certifications. It is also desirable to have a neuropsychologist among staff.

WSH currently has a number of forensic psychologists affiliated with the forensic evaluation service, several of whom have been involved in the WSH postdoctoral forensic psychology program. Forensic psychologists can supervise psychiatry fellows in a number of forensic evaluations and provide instruction on psychological testing instruments. The UW workgroup recommends identifying those forensic psychologists who have demonstrated quality evaluations and teaching skills for the fellowship program.

b. Attorney

The attorney does not need to be a core member of the faculty or hold a formal academic affiliation with the UW Department of Psychiatry and Behavioral Sciences. In interviewing other programs, the UW workgroup learned that some programs have regular contact with an attorney faculty member for topics such as teaching the landmark legal cases in psychiatry or for court testimony preparation. Other programs contact the attorney faculty member less frequently for consultation on legal issues or legal research, as needed. The attorney may be a clinician who also has a law degree. WSH and UW currently have legally-trained forensic clinicians (Ray Hendrickson, J.D., Ph.D. and Jennifer Piel, J.D., M.D.) who are involved in resident and fellow training; as such, the UW workgroup recommends prioritizing the other faculty members needed for a forensic psychiatry fellowship.

c. Child and Adolescent Psychiatrist

In addition, the fellowship must have among its faculty a Board certified child and adolescent psychiatrist. This psychiatrist does not need additional forensic qualifications, although familiarity with forensics is desirable. With CSTC in such proximity with WSH, having a child-trained psychiatrist available there for consultation to the fellows would be useful. In addition, the forensic psychiatry fellowship must provide fellows with exposure to juvenile assessments. CSTC's forensic evaluation service would serve as an excellent experience site for this component of the fellow's training. Although evaluations at CSTC could also be supervised by a psychologist, having a psychiatrist consultant available to the fellows would support their training in juvenile forensic psychiatry as they completed evaluations through CSTC.

Administrative support at key sites

It is important that training sites make available sufficient administrative support to maintain the training rotations and educational experiences. At WSH, it may be possible (and advisable) to have a central administrative person or team manage the logistic and other administrative aspects of training for psychiatry residents, psychology postdoctoral fellows, and forensic psychiatry fellows. The UW workgroup envisions overlap in the types of tasks required for the different training programs. Examples of tasks to delegate to administrative personnel include, for example:

- Manage general human resource functions as applied to trainees at WSH, such as leave requests
- Oversee orientation of new trainees (any required formal class, badging, credentialing, security access, computer access)
- Ensure trainees are compliant with any WSH licensing requirements
- Understand the organizational structure of the forensic training programs at WSH
- Be familiar with recruitment activities for the training programs and assist with this process
- Assist program directors or site directors with record-keeping for matters related to training at WSH
- Assist the program directors or site directors with creating schedules for the trainees
- Assist with accreditation reviews related to the training programs
- Help trainees with logistics, such as travel to other training sites, coordination of any WSH training experiences that are not at the hospital itself
- Reserve and manage appropriate workspace for trainees and space for didactics
- Provide guidance to trainees on WSH policies and resources
- Participate in program quality improvement

The ACGME requires a designated program coordinator for GME programs. The UW workgroup learned from interviews with other fellowship programs that it is advisable for the program director and program coordinator to be at the same site or close in proximity, at least part-time, to facilitate communication and coordination between the two. Fellowship coordinators may assist in the tasks above, but will also have more leadership and direct involvement in GME activities, accreditation activities, trainee scheduling and evaluations, and trainee recruitment and selection.

F. Fellow Appointments and Recruiting

Except in limited circumstances, fellowship training must occur after completion of a general psychiatry residency program accredited by the ACGME or equivalent in Canada.

Any training in forensic psychiatry completed during general psychiatry residency does not count toward the one-year requirement for fellowship training.

Unlike some other graduate medical programs, there is no Match (National Resident Matching Program) process for forensic psychiatry. Candidates apply to each program separately. Besides completion of a general psychiatry residency, fellowship programs create their own selection parameters. A review of application requirements reveals these common requirements:

- Completion of an ACGME-accredited psychiatry residency or equivalent
- Medical license in state of fellowship (or eligible to obtain such a license prior to start of fellowship)
- Letters of recommendation
- Personal statement
- Curriculum vitae
- Writing samples
- An interview with program personnel

The Association of Directors of Forensic Psychiatry Fellowships, a committee of the American Academy of Psychiatry and the Law, sets general parameters for fellowship recruiting and timing for selection. It is not uncommon for fellows to commit to a program a year before their fellowship is to start. Fellowship programs typically begin on July 1. For planning and coordination with a forensic psychology postdoctoral program, it is important to recognize that psychology programs typically begin in September.

A review of existing forensic psychiatry fellowship programs revealed that most programs have 1 to 4 fellows. The UW workgroup recommends that the UW-WSH fellowship program initially seek positions for two fellows. Having multiple psychiatry trainees allows them to learn from one another and gain exposure to a broader variety of cases during their training year.

The administrative burden is substantially similar for one or two fellows. For two fellows, the program will (in large part) be able to use the same resources as needed for one fellow. For logistical planning purposes, having two fellows may provide some continuity in services (e.g., maintaining a clinical rotation over the course of the year) while allowing fellows to get diversified experiences. For example, some training experiences may be organized such that one fellow takes part for six months, followed by the other fellow for the remaining six months.

To increase the fellowship beyond two fellows, the UW-WSH program would need to consider additional staff for instruction and supervision, and it would need to review the program to ensure an appropriate volume of cases (particularly civil) for the trainees.

G. Educational Program

The ACGME requires some core program elements for forensic psychiatry fellows, but the individual programs largely determine how (with available resources, instructional skills, and goals of the program and stakeholders) to best meet the requirements. The educational program must include the following core experiences: court evaluations covering diverse populations and types of legal cases, consultation to general psychiatry providers on issues related to psychiatry and the law, and treatment of justice-involved persons.

In addition to the core requirements, the UW workgroup and several surveyed program directors note that elective or optional experiences are useful to round out the educational experience or tailor the fellowship to an individual fellow's interests, career goals, and capabilities.

As a practical matter, when possible, fellows should be assigned to only one site per day to limit time spent traveling. **Table 3-5** represents an illustrative model for a fellowship with WSH serving as the primary training site.

Table 3-5: Illustrative Rotations for Forensic Psychiatry Fellowship

Rotation	Primary Services
WSH Inpatient Forensic Evaluation Service (1 day per week, 12 months)	CST evaluations, malingering, medical consultation to forensic psychology evaluators, risk of future violence assessments
WSH Community Forensic Evaluation Service (I day per week, 6 months)	CST evaluations, mental state evaluations, other criminal competencies
WSH Inpatient Consultation (1 day per week, 6 months)	Initial psychiatric assessments for patients being admitted (screen dangerousness, malingering, acuity), capacity for medical decision (for treatment/treatment refusal), detailed violence risk assessment, suicide risk assessment, civil commitment, malingering, second-opinion on medications, management of aggression
Clinical management (consider jail, outpatient competence restoration program) (1 day per week, 12 months)	Pharmacological management , possible therapy (meets requirement for treatment of patients in correctional setting)
Child Forensic Psychiatry (CSTC Forensic Services) (1 day per week, 3 months)	Juvenile competence to stand trial evaluations

Rotation	Primary Services
Academic time, report drafting, private cases/outside cases, elective opportunities (1 day per week, 9 months)	Record review, draft reports, prepare lectures, research/scholarly activity, participate in private cases; could also be used for additional elective experience
Case supervision and didactics/seminars (1 day per week, 12 months)	Faculty supervision of fellows' reports, landmark cases, forensic didactics

On the days that fellows have dedicated supervision/didactics and additional academic time, they will be able to utilize some of the day to conduct re-evaluations, review records/seek collateral information, write reports, and meet with additional supervisors, as needed for the particular evaluations that they have been assigned.

Didactic Curriculum

The didactic curriculum provides fellows with instruction on core topics and offers a means to ensure fellows' exposure to the ACGME's medical knowledge requirements. The didactics may include a variety of seminars, workshops, legal case analyses, and other means of formal teaching. The didactic curriculum should include broad exposure to criminal forensic psychiatry, civil forensic psychiatry, legal regulation of psychiatry, landmark legal cases, ethics and history related for forensic mental health, and material relevant to the practice of forensic psychiatry.

The UW workgroup encourages collaboration and co-instruction with the forensic psychology postdoctoral program in the didactic curriculum. As the WSH forensic postdoctoral psychology program already has a well-established Friday didactic series and curriculum on landmarks cases, we recommend applying these existing programs to any forensic psychiatry training. This co-instruction would mean that WSH would host this component of the psychiatry fellowship program, in addition to the consultative and clinical services, described below. The organization of these educational series should take into account 1) possible differences in practices between different disciplines and directly address this in the lecture; 2) the timing of the didactic topic should correspond to the maturation of the trainee and, whenever possible, to cases covered in the landmark seminar.

As psychiatry fellowships start in July, it is important that fellows receive basic instruction on core topics and skills that they will need early in their fellowship year. There are several ways to address this, while also maintaining co-instruction with the psychology fellows. One way is to have additional dedicated instruction at the beginning of the fellowship to cover core topics, perhaps integrated with orientation. Example topics include:

- CST evaluations
- Principles of report writing
- Legal basics
- Overview of Washington resources related to forensics
- Structured professional judgment for violence risk assessments

Alternatively, the current didactic seminar for the postdoctoral fellows could be reorganized to cover these core topics in July. The psychology fellowship program begins in September, and these topics are covered at that time for the psychology fellows. Thus, in July, the experienced forensic psychology fellow(s), near completion of their training year, could act as lead instructor(s) for these topics for the psychiatry fellows as a way to demonstrate their knowledge and gain valuable experience and feedback in teaching. The psychiatry fellows could, again, be exposed to these essential topics in September/October, in collaboration with the new psychology fellow(s), once they have had some practical experience. Or, the didactic series could be temporarily split and structured to provide some psychiatry-specific education during those weeks in September (ethics for forensic psychiatrists, history of forensic psychiatry, medication issues) when the psychology fellows are beginning their program.

In reviewing the model programs and literature, the UW workgroup recommends the following didactic series:

Didactic Series in Core Forensic Mental Health Topics

The purpose of this seminar is to provide trainees with didactic instruction on the core topics related to forensic mental health, including understanding the evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care and forensic evaluations. Broad categories for inclusion in the didactic curriculum include issues in criminal forensic psychiatry, issues in civil forensic psychiatry, basic legal knowledge and skills, and fundamental skills for the practice of forensic psychiatry (e.g., report writing, testimony). **Table 3-6** includes a list of topics suitable for didactic instruction, adapted from the ACGME Program Requirements for Graduate Medical Education in Forensic Psychiatry (2016) with supplemental topics.

Table 3-6: Core Topics for Didactic Instruction

Criminal	Civil	Other Topics and Skills
Assessment of adults in criminal proceedings	Child/elder abuse and neglect	Basic legal principles
Assessment of juveniles in delinquency	Civil commitment	Ethics in forensic mental health (including dual role)
Competence to stand trial (CST)	Civil competencies (e.g., consent to treatment, testamentary capacity)	History of forensic mental health
Confessions/waive *Miranda* rights	Commitment of sex offenders	Psychological assessment instruments
Correctional psychiatry	Dangerousness (overlap with criminal assessments)	Report writing
Criminal competencies besides CST (e.g., plea, execution)	Disability evaluation	Research skills
Criminal responsibility and other mental state defenses	Fitness for duty	Teaching
Response style (malingering, impression management)	Juvenile forensics (including child custody, termination of parental rights)	Testimony
Mitigation of penalty/sentencing (including issues related to capital sentencing)	Guardianship/conservatorship	Confidentiality/privilege/mandated reporting
Violence risk assessment and management	Malpractice	Multicultural competence in forensic evaluations
	Psychological injury	
	Workers' compensation	

The WSH forensic psychology postdoctoral program currently provides a series on core topics on Friday afternoons. As suggested above, the UW workgroup encourages joint didactic training in these areas.

Based on our review of other forensic psychiatry fellowship programs, a minimum of 1-2 hours per week should be scheduled for the fellows' participation in didactic instruction. The UW workgroup also recommends providing trainees with a syllabus of required or recommended readings for each topic. An example reading syllabus is attached as Appendix J.

Landmark Case Seminar

The landmark case seminar is designed to introduce trainees to the key legal cases that have shaped mental health practice and forensic mental health evaluations. In addition, trainees gain experience in reading and presenting legal cases. For forensic psychiatry, the landmark cases are selected by the AAPL. A current list of landmarks is available on the AAPL website (American Academy of Psychiatry and the Law, 2014b). Where appropriate, or where local law differs markedly from the landmark precedent, the UW workgroup advises that references to Washington law supplement the landmark series. Based on a review of existing fellowship programs, the landmark series typically runs 1-2 hours per week for 6 to

10 months of the fellowship. The majority of fellowship programs currently have separate didactic series for the landmarks and for the core mental health topics, but some programs combine these series. Although it varies by program, several existing fellowship programs consolidate the didactic instruction on the same day each week. Several fellowship programs formally test the fellows (written or oral examination) on the principles of the legal cases at the conclusion of the seminar.

Although few existing fellowship programs regularly include a lawyer in the landmark series, some programs have described the usefulness of including both a lawyer and clinician in their landmark case series. Some programs ask attorneys to instruct only on the most complicated landmark cases, or those areas of law where clinical faculty associated with the fellowship program may have limited experience (such as the cases discussing financial regulation of mental health services). In the existing WSH forensic psychology postdoctoral program, Ray Hendrickson, J.D., Ph.D., directs the series. The landmark case series is an area where joint instruction with the forensic psychology program – as well as topic coordination with the didactic series – is encouraged.

Formal Instruction in Psychological Assessment Tools and Research

The ACGME requires that fellows gain some knowledge in psychological and neuropsychological testing. Given the courts' increasing attention to objective tools in expert evaluations and the general direction of mental health practice to make use of objective measures in managing and tracking patient outcomes, it is prudent to provide forensic psychiatry fellows with some formal training in relevant forensic psychological assessment instruments. Instruction in this area would best be provided by trained psychologists affiliated with the forensic fellowship program. This could be included in the core mental health topics seminar, or be a separate focused seminar on the use and application of some specific tools in clinical assessments and research. The UW workgroup understands that the psychology program is developing a biweekly forensic psychological testing seminar, which may serve as a resource for joint training in this area.

The scope of training should include an overview of how psychological assessment instruments may be used to aid court evaluations and an introduction to the most-commonly used instruments. Psychiatrists should be informed about the qualifications and training needed to perform certain tools, and when to seek consultation or request formal testing from a trained psychologist.

Although not required by the ACGME and current educational practices vary among existing fellowship programs, the UW workgroup recommends instruction on a variety of standardized forensic assessment instruments including the Structured Inventory of

Malingered Symptomatology (SIMS), Historical Clinical Risk Management V3 (HCR-20), and Hare Psychopathy Checklist - Revised (PCL-R). We also encourage forensic psychiatry fellows to obtain supervision on the applicability and use of psychological assessment instruments in conjunction with particular court evaluations, when this is relevant to their evaluation, or if it is relevant to any research in which the fellow is involved. **Table 3-7** lists some tools for consideration for review in the seminar:

Table 3-7: Psychological Assessment Tools

Response Style	Violence	Other
Structured Interview of Reported Symptoms-2 (SIRS)	Historical Clinical Risk Management V3 (HCR-20)	Minnesota Multiphasic Personality Inventory (MMPI) or Personality Assessment Inventory (PAI)
Structured Inventory of Malingered Symptomatology (SIMS)	Hare Psychopathy Checklist - Revised (PCL-R)	Competence Assessment for Standing Trial for Defendants with Mental Retardation (CAST-MR)
Inventory of Legal Knowledge (ILK)	Violence Risk Appraisal Guide (VRAG)/Sex Offender Risk Appraisal Guide (SORAG)	IQ testing
Miller Forensic Assessment of Symptoms Test (M-FAST)	Sexual Violence Risk-20 (SVR-20)	
Test of Memory Malingering (TOMM)	Short-Term Assessment of Risk and Treatability (START)	

Forensic Evaluations

Most, if not all, forensic psychiatry fellowships focus the majority of training time on forensic evaluations (and clinical forensic assessments). Rarely do fellows have much experience in this type of work prior to their fellowship year. Evaluations may include 1) assessments related to criminal proceedings; 2) consultations to general psychiatrists and other mental health providers; 3) assessments related to civil legal cases; and 4) assessments related to the workplace (e.g., fitness for duty, threat assessment). By the conclusion of the fellowship year, each fellow should have:

- Completed a variety of different types of evaluations in the areas of civil and criminal forensic psychiatry
- Completed a sufficient number of evaluations to demonstrate competence in core forensic evaluations and ability to complete assessments in a timely manner

Although the ACGME does not require fellows to conduct any minimum number of evaluations, our review of existing programs revealed a range in the number of assessments, from 30 to more than 100. Some fellowships include “parallel or simulated” cases. For example, a fellow might sit in on a faculty member’s assessment or prepare an opinion based on a “mock” file, often derived from a faculty member’s actual case. Parallel

and simulated cases can be useful teaching tools, particularly for types of evaluations that are unlikely to present during the course of the fellowship year (most commonly civil cases). The literature suggests that fellows should perform a minimum of 30 evaluations and prepare written reports in at least 25 assessments (Barry et al., 1982). When possible, fellows should have opportunities to observe others performing forensic assessments, particularly at the beginning of the fellowship year. Fellows gain independence in performing assessments as they become familiar with the legal requirements and skills of the particular assessments. They should receive instruction and supervision on forensic interviewing consistent with their skill level. It is also useful for fellows to read others' reports and, eventually, provide critique and feedback to the author.

Supervision supplements the didactic curriculum. Some programs refer to supervision on evaluations and clinical care as "case supervision" or a "case seminar." The UW workgroup supports group-based case supervision to include the forensic psychiatry fellows, forensic psychology postdoctoral fellows, and other trainees where appropriate. However, time should also be allocated in the fellowship to individualized supervision of the fellows.

Although psychologists may provide supervision for forensic evaluations, the fellows' supervision should not come solely from forensic psychologists. In addition, for evaluations that address questions related to medication or medical concerns, the fellow should be supervised by a psychiatrist. At times, supplemental supervision may be needed, when relevant to the particular case (such as supervision from a child and adolescent psychiatrist for a case involving a child).

Court evaluations

a. Criminal

Forensic psychiatry fellows should perform several criminal evaluations for the courts. The most common criminal evaluation is CST, and fellows should perform a number of these assessments during the course of their fellowship. The UW workgroup recommends that fellows gain experience performing evaluations through both the Inpatient Forensic Evaluation Services and Community Forensic Evaluation Services. As fellows gain experience and independence in performing CST evaluations, they can contribute to WSH/OFMHS by providing timely, high-quality forensic evaluations. As medical providers, they can also be consulted by forensic psychologists on medical issues relevant to their forensic evaluations, assisting with evaluator efficiency and productivity.

Fellows should learn how to perform CST assessments onsite at WSH on individuals who have been court-ordered to the hospital for competence restoration services. These

inpatient evaluations differ from initial CST evaluations performed in the community in that it is important for the evaluator to consider the bases for the evaluees' initial incompetence and whether those factors have been sufficiently remedied. In addition, fellows performing these evaluations have the opportunity to interface directly with the multidisciplinary treatment team for collateral information. Inpatient CST assessments are well-suited for training in malingering given the observational data from the treatment team.

Fellows would also benefit from performing initial CST evaluations in the community in jails or through the Center for Forensic Services satellite offices. Because there are some differences in performing initial CST evaluations from re-evaluations, fellows should be exposed to both circumstances. When possible, fellows should have experience with observing and performing evaluations of the defendant's mental state and other criminal competencies, such as the following:

- Competence to be extradited
- Competence to confess to a crime
- Competence to be executed
- Competence to refuse the insanity defense
- Competence to plead guilty
- Competence to represent oneself
- Competence to be sentenced
- Competence to waive counsel
- Competence to waive criminal appeals
- Competence to waive mitigation
- Diminished capacity
- Insanity[1]
- Involuntary intoxication
- Psychological factors in the crime

Fellows should participate in court hearings and testimony associated with their evaluations, when applicable.

Civil

Fellowship programs often find it difficult to provide fellows with experiences in civil forensic evaluations. In part, this is due to the nature and unpredictable schedule of civil litigation. For example, civil cases may settle at any time or may continue for years, there

[1] efforts to have fellows complete independent insanity evaluations under supervision particularly encouraged

may be long delays between phases of the litigation, scheduling may not align with the fellows' other responsibilities, and the large financial stakes may deter attorneys from employing individuals still in training. Although fellows may get some experience with civil evaluations at WSH, avenues for fellows to gain additional experience (via observation or direct participation) in civil forensic cases should be explored.

Review of existing fellowship programs indicates that several programs match fellows with faculty or community forensic evaluators, when able, for civil cases. Where fellows cannot observe or directly participate, time with community evaluators may nevertheless expose fellows to the scope of civil work and provide opportunity to participate in document review or other aspects of the case. Should the UW develop a forensic clinic (see Piel, Gage & Turner, 2015), faculty could work with fellows to complete evaluations under supervision. In addition, many programs provide a handful of "simulated cases" to be reviewed in supervision or didactics. **Table 3-8** lists some suggestions for ways for fellows to gain additional exposure to civil forensic cases. Illustrative civil cases are listed in **Table 3-9**.

Table 3-8: Avenues for Civil Forensic Evaluations

Ethics committees (may utilize forensic skills and report style, but reports not generated for the courts)
Evaluations with faculty or community forensic mental health evaluators
Law school clinics
Labor and industries/worker's compensation evaluations
Local organizations needing evaluations (e.g., Health Rights International, impaired practitioner programs)
Simulated cases
Social Security Disability/other disability evaluations
VA Compensation and Pension Evaluations

Table 3-9: Illustrative List of Civil Evaluations

Competence to enter contract
Competence to marry/divorce
Civil commitment
Consent for research
Disability evaluations
Family law (custody, parental fitness)
Fitness for duty
Guardianship
Malpractice
Psychological autopsy
Psychological injury
Testamentary capacity
Worker's compensation

Consultation

Fellows in forensic psychiatry should serve as consultants to other healthcare providers. At WSH, fellows could provide consultation to forensic psychologists on the forensic evaluation service on medical issues and medications. In addition, forensic psychiatry fellows may provide consultation on the clinical services. Types of evaluations may include:

a. Civil commitment
b. Decision-making capacity (treatment, treatment refusal)
c. Guardianship
d. Initial psychiatric assessments (with screen for dangerousness, acuity)
e. Malingering
f. Risk assessment (violence, suicide)
g. Second-opinion on medications
h. Treatment refusal

Given their experience with competence restoration, forensic psychiatry fellows may be well-suited to participate in *Sell* evaluations for involuntary administration of medication for the purpose of restoration.

In addition, fellows could assist in risk assessments related to evaluees' suitability for conditional release, change in privileges, or transfer to a less restrictive environment. By way of example is the University of California – Davis's FQRP. With this, forensic psychiatry fellows conduct forensic-quality violence risk assessments based on document review and violence risk assessment instruments, without interview of the evaluee, and present their findings to clinical and administrative personnel involved in making recommendations for release or change in privilege level.

Treatment of Patients in Correctional Systems

The ACGME requires that fellows have, at minimum, at least six months of longitudinal experience in the management of patients involved in correctional systems. A review of existing forensic fellowship programs reveals that most programs have fellows provide clinical services from 1-2 days per week for a minimum of six months, most for 12 months. The treatment component is largely dependent on the local resources and funding sources for the fellowship program. The types of clinical services typically include:

- Diagnostic evaluations
- Suicide and violence risk assessment for clinical purposes
- Direct medication management
- Consultation on medications/management of side effects

- Consultation on cases of medication refusals

Although less frequent, some fellowships meet their treatment requirements, in full or in part, by having fellows provide therapy services (individual or group) to justice-involved patients or participate in competency restoration educational services.

a. Setting

Although the ACGME requirements state that forensic fellows must have experience in the management of patients in "correctional settings," this has been interpreted to include forensic hospital units.

Although some programs have structured clinical rotations in forensic hospital units (such as University of Massachusetts Medical School), a review of existing forensic psychiatry fellowship programs reveals that many programs utilizing state hospital training sites do not have fellows engage in clinical services at the state hospital. The time requirements for forensic evaluations and other educational requirements create barriers to psychiatry fellows providing treatment services on inpatient psychiatric units. The availability of appropriate supervisors should also be a critical consideration when selecting sites and clinical training experiences for fellows

A review of existing programs reveals that many programs utilize outpatient programs or outpatient models of care in correctional facilities (jails, prisons), offender reintegration programs, community psychiatric clinics providing care to justice-involved patients, and clinics for sexual offenders. The UW workgroup recommends that forensic psychiatry fellowship training at WSH focus on evaluations, at least initially, given the resources at WSH and the educational needs of the fellows.

Although forensic psychiatry fellows may eventually provide treatment services on WSH forensic units, we recommend first that the hospital focus on adequate psychiatric staffing on the wards in the absence of psychiatry trainees. With sufficient staffing and psychiatrists qualified to supervise and teach fellows, models for treatment on inpatient units could be explored. These would include psychiatry fellows performing the initial psychiatric evaluations for new patients entering competency restoration units and/or medication management on less acute units.

Partnerships with correctional institutions or other agencies may be utilized to provide forensic fellows with their required treatment experience. Increasing the diversity of training sites will add to the trainees' educational experience and lead to broader understanding of the forensic services in Washington. Should outpatient competency

restoration programs be established through the DSHS's OFMHS (currently proposed), this may be an ideal site for fellows to provide treatment services based on an outpatient model, one to two days per week. Outpatient competency restoration is recognized as a best practice model and would complement the fellows' training. The existing DSHS residential treatment facilities in Centralia and Yakima, Washington, are too distant from Seattle and the other primary training sites for fellows to routinely work at these facilities.

b. Skills

The primary goals of the treatment rotations are to 1) train psychiatrists in the knowledge, skills, and attitudes necessary to work with patients in correctional systems, 2) emphasize ties between clinical practice and forensic evaluations, including importance of good clinical knowledge and skills in forming one's expert opinions, 3) improve understanding of the relationships between the various components of the mental health system, and 4) expose trainees to a variety of types of work performed by forensic psychiatrists.

Although fellows should be able to apply existing knowledge and skills from their general residency training to provide medication management to justice-involved persons, fellows should also be exposed to topics especially relevant to correctional populations:

- Use of appropriate psychopharmacology (formularies may be limited in some correctional settings)
- Continuity of care problems (e.g., patient in jail setting makes bail earlier than anticipated without community provider)
- Assessment for appropriate level of care
- Safety issues and management of aggression
- Assessment of malingering
- Structure and regulations associated with the correctional setting (such as entry/booking process, screening, placement, work privileges)
- Challenges for the patients adjusting to a correctional environment
- Stages of incarceration (and differences between jail and prison), which may include time in competency restoration
- Prison culture, including roles and challenges of custodial staff and the nature of the relationship between mental health and custody
- Ethical principles in treatment, including dual responsibilities to the patient and the correctional facility, limits of confidentiality
- Legal precedent related to treatment in institutional settings (8th Amendment, involuntary treatment for competency restoration, involuntary treatment in prison, protections for institutionalized persons in research)

Testimony

Although ideally each fellow would have several opportunities to testify during their fellowship year in actual court cases in which they have prepared written opinions, the opportunities and frequency of this is highly variable. The ACGME requires that fellows testify, under supervision, in court or mock trial experiences. To ensure the requirement is met and for additional educational purposes, the UW workgroup recommends at least one formal mock testimony experience be included in the didactic seminar, or elsewhere during the training year. Coordination with the mock testimony experiences for the forensic psychology postdoctoral fellow(s) is encouraged.

Relevant didactic instruction on the legal requirements for expert qualification and testimony, differences between fact and expert witnesses, and courtroom preparation should be included in the seminar.

Cross examination of fellows based on their actual written opinions is preferred over a scripted mock experience involving an expert witness, as is common in law schools. In addition to a formal testimony experience, supervisors may "cross" fellows on their opinions during supervision and encourage discussion of how to best respond to weaknesses in the case at issue. Joint instruction with psychology fellows is recommended to allow fellows to observe and receive feedback from their colleagues. Where opportunities arise, fellows should also be encouraged to observe courtroom or deposition testimony of faculty or other clinicians affiliated with the program.

A current elective rotation for UW general psychiatry residents (the VA Mental Health and Justice Rotation) includes a mock testimony experience for the general residents (Psychiatry & Behavioral Sciences, 2014). Fellows could serve as consultants to general residents as they prepare for their oral testimony and also observe and provide feedback to residents on their mock court testimony.

Other Structured Learning Activities

a. Research/Scholarly Activity

The ACGME requires that all forensic psychiatry fellows participate in scholarly activities. The fellowship programs and fellows have latitude in how to meet this requirement. Suggested activities include participation in local, regional, or national specialty societies, research, presentations, and publication. The AAPL also supports fellow and early career psychiatrists' participation in research (Kaufman, Piel, & Mossman, 2017).

Opportunities for research or other scholarly work that is relevant to WSH is encouraged. Should the hospital have a director of research or have faculty actively involved in research, fellows could collaborate on an ongoing research project or a hospital evaluation project. Otherwise, fellows could design a scholarly activity with assistance and mentoring from a faculty supervisor. Activities could include, for example, a quality improvement project, a scholarly review of a subject relevant to clinical management or other work at WSH, production of a teaching or instruction manual on a relevant topic for distribution to WSH clinical staff, preparation of an annotated bibliography on a relevant topic (e.g., management of aggression, psychopharmacology for sexual offenders).

The VA Puget Sound, Seattle Division, has recently started hosting a forensic mental health research symposium annually in October (VA Forensic Research Symposium). Speakers are UW faculty and trainees and community practitioners with recent scholarly work in the area of mental health and the law. Fellows would be welcome to attend the symposium to learn from local clinicians. Although held relatively soon after the start of the fellowship year, interested fellows may also have opportunities to present at the symposium.

In addition or as adjunct, fellows in forensic psychiatry could seek to participate in a course at the UW, Psychiatry and the Law (PBSCI-525), which is a multidisciplinary graduate course with emphasis on mentored research on a topic related to psychiatry and the law (Piel, in press; Piel & Goldenberg, 2016). The course is currently offered as an evening class, and all course participants complete an individual scholarly project with assistance from mentorship teams. Several previous participants have presented or published their work at conferences after completion of the course.

b. Teaching

Teaching skills are valuable for forensic psychiatrists – not only for those who will pursue academic appointments or teaching roles following their fellowship – since forensic psychiatrists are commonly in the position to educate attorneys, judges, members of the jury, and policy makers. It is valuable for fellows to teach and receive feedback about their teaching skills and development. In learning to be an effective teacher, fellows should be exposed to faculty and supervisors who can serve as role models. They should observe a variety of teaching skills and teaching modalities.

The UW workgroup recommends that fellows participate in both formal and informal teaching activities. To support the collaborative academic-state partnership, fellows, with assistance from faculty, could present at WSH teaching events, such as continuing education (CE) or other training programs, on topics relevant to WSH and forensic mental health. A central goal is to provide an exchange of knowledge to foster and maintain a high-

level of expertise in the provision of patient care and evaluation services at the hospital. For example, fellows in the University of California – Davis program have contributed to the CE series at DSH-Napa. The program director described this as mutually beneficial; staff clinicians at the state hospital stay on-site for CE, and the fellows get experience with teaching and useful feedback from practicing clinicians. The fellows could also work with the OFMHS to provide presentations to local judges, attorney organizations, clinical corrections staff, and probation and corrections officers, among others.

Forensic psychiatry fellows could also give formal didactic lectures to UW psychiatry residents or medical students. Although topics related to forensic psychiatry would be welcomed, topics relevant to general psychiatry would also be appropriate. Forensic psychiatrists often educate others (such as attorneys, judges) about general psychiatric topics, like diagnoses, prognoses, and treatments. If WSH hosts both general psychiatry residents and fellows in forensic psychiatry, fellows can serve an essential part of the teaching of the residents. An elective rotation for general psychiatry residents may be structured such that the resident spends much of his or her time assisting and collaborating with the fellow.

Educational Leave/Professional Conference

The UW workgroup encourages the UW-WSH program to make allowance for fellows to take educational leave to participate in a professional conference. Many programs include among the benefits to fellows fully paid trips to attend the annual meeting of the American Academy of Psychiatry and the Law, which takes place each October. Some programs are also able to pay for the fellows to attend the three-day review course in forensic psychiatry immediately preceding the AAPL annual meeting. The review course covers a wide variety of topics to prepare candidates for Board certification in forensic psychiatry. This instruction by nationally-recognized forensic psychiatrists early in the fellowship year provides fellows with a solid foundation in forensic psychiatry. We encourage efforts for any UW-WSH program to secure funding for fellows to participate in these activities.

Elective Activities

The UW workgroup learned from several fellowship programs that it is useful for fellows to have flexibility to tailor a portion of their education to their specific interests. Areas of interest may relate to specific patient populations (e.g., insanity acquittees, parolees, elderly in forensic settings, individuals with traumatic brain injury), research interests (e.g., quality improvement project, scholarly legal case analysis), or particular clinical or evaluation activities (e.g., use of certain psychological instruments). Although all forensic psychiatry fellows will obtain some experience with juvenile forensic evaluations, those

trained in child and adolescent psychiatry may want additional experience with this population. Further, there is local expertise at WSH in the evaluation of individuals with intellectual disabilities and it may be worth exploring possible opportunities in this area for interested fellows.

Some fellows may seek experiences with legislation or mental health policy. Legislative advocacy can support forensic training, for example, by reinforcing understanding of the legal regulation of psychiatry and demonstrating statutory interpretation (Piel, in press). There are several local organizations involved in this type of advocacy. Fellows may also benefit from attending public legislative hearings to better understand the process.

H. Funding

The budget for forensic programs is addressed in more detail in Chapter 5 of this Report. Identified here are some preliminary considerations that relate to forensic psychiatry fellowship training.

As an initial matter, there is no perfect model for funding forensic psychiatry fellowship programs. A review of models across the country reveals that programs are funded by a variety of sources and in a variety of different manners, depending on local resources and local priorities. Some are funded directly from state legislatures and others are primarily funded through primary training sites. State departments of health and departments of corrections are among primary funders of fellowships.

Despite the variance in funding sources, **the UW workgroup proposes that a UW-forensic psychiatry fellowship program would require new state funds**, which would be distributed to WSH, OFMHS and UW, respectively, to support the fellowship. Although there may be occasion for the forensic psychiatry fellowship program to contract with organizations or programs (e.g., legal aid clinic that would provide trainees with unique educational experience) that may provide some financial support for the program, the state would support most, if not all, of the fellowship.

It is imperative that the forensic psychiatry program has a consistent funding source. Program directors interviewed by the UW workgroup commented that this is an essential component to develop and sustain a high-quality program. The state funding should be sustainable and renewable. Other program directors commented that longer renewal cycles (e.g., 5 years or more) allows programs to plan and foster continued stability in the program.

Funding of the proposed programs is discussed in detail in Chapter 5. Broadly, funds would support the following:

- Salaries and benefits for fellows
- Program coordinator salary
- Additional administrative support and resources
- Faculty support, including required administrative effort for the program director as well as supervisor(s)
- Funding to support offsite (community) supervisors, if needed
- Recruitment of fellows (and, possibly, faculty)
- Meeting and travel expenses
- Other operating costs

Some costs will necessarily be incurred well in advance (perhaps years) before the induction of the first fellows in the program.

Section Summary: Forensic psychiatry fellowship

A high-quality forensic psychiatry fellowship will require incremental development of personnel and training curriculum with the following primary goals:

1. Recruit/select a forensic psychiatry program director. If the program director is not directly affiliated with WSH, a site director at WSH should be selected.
2. Recruit sufficient faculty members with academic qualifications to supervise and maintain the fellowship.
2. Obtain ACGME accreditation for the program, ACGME approval for two forensic psychiatry fellows, and funding for the program.
3. When possible, coordinate with the forensic psychology postdoctoral program.
4. Focus first on quality forensic evaluations through WSH using the existing forensic evaluation services.
5. For treatment, an outpatient model of care is preferred. Correctional facilities and outpatient restoration programs should be explored as training sites.
6. Provide avenues for fellows to engage in scholarly activities and teaching. Fellows should be involved in teaching general psychiatry residents rotating at WSH.

Starting and sustaining a successful forensic psychiatry fellowship can attract and serve as a foundation to retain high-quality clinicians and faculty. In turn, this will help sustain the training program, foster high-quality forensic services, and help to grow a skilled forensically-trained workforce to meet the needs of the state.

VI. Forensic Psychology Postdoctoral Fellowship

The UW workgroup has attempted to familiarize ourselves with the current offerings of the WSH forensic psychology postdoctoral fellowship in a variety of ways. In addition to reviewing all publicly-available documentation concerning the program and hospital, the workgroup interviewed the current program director and postdoctoral fellow, as well as a sample of current psychology staff, previous fellows, and previous program directors. During the 2016-2017 academic year, members of the workgroup attended several WSH postdoctoral fellowship seminars on such topics as malingering, competency restoration, medications for competency restoration, traumatic brain injury and trial competency, and ethical issues in forensic psychology. Members of the workgroup have made independent visits to the hospital to tour units; speak with staff; and better understand the training opportunities, challenges, workflow, and productivity requirements. A general overview of the WSH forensic psychology postdoctoral fellowship was detailed in Chapter 2, Section IV. The following section attempts to ground the reader in a basic understanding of the current fellowship structure and the training activities that are designed to meet the training objectives of the fellowship.

A. Current Structure

The WSH forensic psychology postdoctoral fellowship places primary emphasis on experiential training by providing supervised experience in forensic interviewing, assessment, and report writing. Approximately 65% of fellows' work weeks are spent in activities related to forensic evaluation. Attempts are made to match training experiences with fellows' training needs, interests, and developing competencies. Fellows complete three 16-week rotations with emphasis on trial competency evaluations. However, cases are assigned by the fellow's rotation supervisor to provide exposure to a wider range of clinical and forensic issues. Additional evaluation types include: assessing risk (minimum of two reports over the training year), mental status at the time of offense (minimum of six reports over the training year), special populations (e.g., intellectual disabilities), and civil commitment (minimum of 4 reports over the training year). Fellows are required to complete a minimum of 30 CST evaluations over the course of the year in addition to completing evaluations that provide opportunities to address a range of special considerations, including but not limited to intellectual deficits, feigning or malingering, and language barriers. A mock trial experience is offered on hospital grounds, facilitated by the program director and supervisors.

As outlined in the fellowship training brochure, the first rotation is supervised by Dr. Hendrickson and focuses on CST evaluations and expert testimony, the second rotation emphasizes continued exposure to CST evaluations as well as violence risk assessment

evaluations, and the third rotation focuses on mental state at the time of offense (MSO) evaluations on the outpatient evaluation services unit. Efforts appear to be made to select CST evaluations of increasing complexities over the course of the training year.

B. Recommendations for Enhancing the Forensic Psychology Postdoctoral Training Program

The UW workgroup compared the current practices and offerings of the WSH forensic psychology fellowship program to national guidelines, aspirational principles, and the practices and offerings of exemplary programs described in Chapter 2. The existing WSH program parallels other reputable programs in many respects. Recommendations here aim to bolster the existing program. Whenever possible, potential opportunities to leverage existing or prospective institutional characteristics to reciprocally benefit the hospital and training experience are delineated. The recommendations are intended to advance the experience and interests of current and prospective trainees, supervisors, hospital staff, and hospital residents and are attentive to the larger systems demands for expedient, ethical, multiculturally competent, and high-quality forensic services.

Program Director

As Fellowship Director, Ray Hendrickson, J.D., Ph.D., is commended for maintaining a high-quality and nationally recognized forensic psychology fellowship at WSH. Dr. Hendrickson has skillfully and tirelessly fulfilled multiple roles within the fellowship program (e.g., primary supervisor, testing supervisor, didactic instructor, clerical support) while balancing his productivity requirements as a forensic evaluator.

Consistent with many of the high-quality training programs discussed in Chapter 2, as well as the current practice at CSTC, the program director of any future UW-affiliated forensic psychology postdoctoral fellowship should have a portion of his or her FTE designated for the administrative, didactic, and clinical supervisory activities associated with the program. It is recommended that the FTE for these activities does not fall below 30% annually, which does not include time spent engaging in psycho-legal research with trainees. In addition, a future program director should be academically-trained in forensics and be jointly appointed by the UW Department of Psychiatry and Behavioral Sciences and WSH. ABPP certification in forensic psychology is preferred, as it provides some assurance regarding the specialized expertise in the discipline, is recommended by forensic psychology professional bodies, provides helpful networking and resource opportunities that can directly benefit trainees, and is an increasingly common feature among other high-quality training programs. Previous program directors were selected by a vote of program-affiliated psychology staff. While it is of clear benefit to solicit and consider the opinions of the

program-affiliated staff, the workgroup advises that UW and hospital administrators also be actively involved in the selection of future program directors.

Fellowship Positions

WSH has developed a comprehensive training program consisting of numerous opportunities for didactics, seminars, and supervised practical experiences within the context of a real-world forensic psychiatry hospital service. Psychology staff avail themselves of opportunities to enhance their knowledge, skills, and abilities and are clearly passionate about training the next generation of forensic psychologists. In addition, the program receives an increasing number of applications from highly-qualified applicants each year, which attests both to the applicants' interest in specialized forensic psychology fellowship positions as well as to the reputation of the WSH training experience.

With an expansion of the number of training positions comes opportunities to offer further specialized training experiences that are responsive to the needs of the institution, state, and trainees. Such an approach is consistent with the model developed by the American Psychological Association to recognize, within the specialty of forensic psychology, proficiencies in specific areas (American Psychological Association, 1991, 2013; Packer & Borum, 2013). Dr. Hendrickson has identified a need in the state for Developmental Disability Professionals (DDPs) and proposes a specialized track that prioritizes developmental disability evaluations. Although hours accrued during the fellowship year would not be sufficient for meeting Washington State requirements for designation as a DDP, these hours and the specialized training would facilitate more expedient certification post-fellowship. The workgroup solicited consultation on this topic from high profile figures in forensic psychology postdoctoral training. All who were consulted believed this to be a tenable idea given sufficient staff expertise and demand for these specialized evaluations and provided that fellows would still receive the core training curriculum. Similarly, trainees with an interest in providing or understanding the empirically-supported treatment options for individuals with severe mental illness in forensic contexts may be provided with specialized training in forensic case formulation, treatment planning, and research-based interventions for addressing psychopathology relevant to the disposition of the legal issue. Of course, such opportunities to be exposed to and administer psychological or psycho-legal treatment should only be provided on units or to patients where fellows are not also engaged as evaluators so as to avoid the risk of placing a trainee in a dual role.

Rather than create distinct fellowship tracks for specialized training experiences, the workgroup recommends that trainees are given the opportunity for an elective rotation during the latter portion of the training year. This structure ensures that sufficient attention has been paid to developing core competencies in forensic interviewing, assessment, report

writing, consultation, and testimony. With approval from the program director and assuming the fellow is meeting or exceeding expectations, the trainee can elect to receive additional relevant experience either in WSH or at partnering settings where appropriate supervision is available. More information on the proposed revisions to the rotation structure can be found in Section E, below.

Research/Scholarly Activities

The ability to critically evaluate research and how it applies to forensic practice is considered a core competency for advanced forensic training. Similarly, there is no doubt that the national reputation of a fellowship is based in part on the contributions that are made to the literature by members of the training site. Research opportunities were identified as an unmet need of the existing program by both trainees and supervisors.

Interviewed psychology training staff as well as current and former fellows cited the lack of opportunity to engage in research activities and the lack of research infrastructure as a limitation of the current training program. Fellows are afforded some time for research activities, but program staff noted that most fellows use this time either for report writing or professional development. Training staff report that they lack capacity, with regard to both time and resources, to engage in research endeavors. For example, psychologists do not currently have ready access to scholarly databases, so they are unable to volunteer their time for research projects, even if they wished to do so. As previously mentioned, opportunities to engage in QI or scientific endeavors to advance the state of the field and/or practices adopted by WSH should be a core component of the fellowship year. Participation in the UW's PBSCI-525 (course in Psychiatry and the Law) may be an option for some fellows; the course includes a mentored research project on a topic related to mental health and the law. Fellows may also have opportunities to initiate or contribute to research projects through the OFMHS. Scholarly productivity may be evidenced by in-service presentations, presentation at a regional or national professional conference, development and submission of a grant proposal, and/or submission of a manuscript to a peer-reviewed journal. This work can be directly supervised by the academically-trained forensic psychologist or psychiatrist referenced in Section III, D. Research.

Seminars and Didactics

Seminars and didactics are considered critical to a high-quality forensic psychology fellowship and help to advance the fellowship's goal of preparing psychologists for forensic psychology Board certification. Foundational knowledge covering basic principles of the legal system is preferably attained prior to the forensic psychology postdoctoral fellowship to permit for a more advanced understanding of how the mental health and legal systems

interact in the areas of criminal and civil forensic psychology. Consistent with this goal, the WSH fellowship program director meets with each fellow following new employee orientation to provide an orientation to training goals and requirements. The trainee and program director collaboratively develop a personalized training plan that aims to assess the fellow's professional developmental stage and adequately address basic forensic knowledge and skills. Required readings aim to complement formal didactics (Appendix K, WSH Forensic Psychology Fellowship Brochure pp 11-12).

Currently, the forensic seminar operates on a 10-month schedule, consisting of approximately 30 seminars on approximately 25 forensically-oriented topics. Seminars are taught by volunteer hospital staff, guest lecturers, and the program director. In addition, a case law discussion group convenes weekly to review landmark legal cases and legal doctrine. The landmark case series is informed by cases identified by the American Board of Forensic Psychology. The program director and the postdoctoral fellow are the most frequent discussants. Additional psychology staff take turns presenting cases. The program benefits from Dr. Hendrickson's dual credential in law and clinical psychology, as these credentials confer expertise in the ability to identify the relevant factual and clinically-relevant elements of a case as well as to identify and synthesize the law and implications for practice. The forensic seminar and landmark case series aim to ensure that fellows are well-versed on basic principles of the legal system, legal doctrines relevant to mental health and forensic evaluations, and core legal cases relevant to forensic psychology by the end of the fellowship training year. An optional weekly internship seminar that is more broadly focused on clinical issues among forensic populations or in forensic settings is also available to fellows as their schedule and interests permit.

An affiliation with the UW and OFMHS can increase capacity at WSH for providing high-quality educational activities that are guided by the most recent and relevant literature. High-quality training programs attempt to enlist specialized expertise in jurisprudence and specialized content areas to ensure that fellows are trained both in a given content area (e.g., CST) as well as in the ability to critically read and evaluate case law and scholarship on this topic area. It is important that supervisors have broad knowledge of these forensic topics to aid fellows in their application of knowledge to their clinical and evaluation roles. That should not imply that supervisors should attend all case law and fellowship seminars. Rather, attempts should be made to ensure that supervisors have received such training in the past, that they attend those seminars that are relevant to the activities in which they provide supervision, that they engage in other relevant continuing education opportunities, and that they are knowledgeable about legal, ethical, multicultural, and other issues that bear upon forensic practice.

Readings provide the opportunity for multimodal learning, reinforcement of key concepts, and higher-level discussion during seminars and didactics. Currently, fellows are provided with a reading list at the beginning of the training year and spend the first few weeks self-identifying and reviewing readings to which they have not previously been exposed. Three minor modifications are recommended: (1) readings corresponding to a given topic area should be read immediately prior to the seminar to which they are relevant. Accordingly, dedicated time for pre-seminar readings has been integrated into the trainees' weekly schedules (see **Figure 4** Proposed Restructuring of Psychology Fellowship Training Year). (2) Issues related to diversity and multiculturalism (including but not limited to neurodiversity, gender identity, sexual orientation, race, nationality, socioeconomic status, and religion) should be integrated into all seminars, whenever possible. Specific attention should be paid to best practices in forensic assessment with culturally and individually diverse evaluees as well as to the limitations in the interviewing and assessment of individuals from non-majority cultures. (3) The forensic and landmark case seminars should be in sync with one another and, when possible, with the training activities so that factual and procedural knowledge gleaned from the seminars is applicable to the evaluations in which the trainees are engaged (e.g., foundational instruction and landmark cases on CST, criminal responsibility, and ethical issues in forensic psychology practice will be presented during the first rotation).

Figure 4: Proposed Restructuring of Psychology Fellowship Training Year

* Denotes activities that will recur throughout the remainder of the training year.
** Focal evaluations for rotations 2 and 3 will be reversed for the two postdoctoral fellows.

To the workgroup's knowledge, there is currently no dedicated instruction on professional development. Training specific to professional development would provide fellows with the opportunity to discuss a wider range of relevant topics, including, for example, best practices in supervision, getting licensed, Board certification, malpractice, and career options. This content could be provided in the form of a seminar or could be incorporated into a formal mentorship program. A professional development seminar could be provided monthly and alternate with a case conference series that would provide a forum for fellows' to apprise one another of their active cases, gain experience in presenting cases, and receive peer and staff consultation. Should specialized tracks or training experiences be developed, the professional development and case conference series would permit more opportunities for fellows to interact with and learn from one another. All forensic mental health trainees should participate in shared didactics whenever possible.

Rotation Structure and Testing Opportunities

The opportunity to receive supervision on specialized criminal and civil forensic assessments is a defining feature of a forensic psychology postdoctoral fellowship. High-quality training programs reviewed nationally offer a broad range of exposure to and experience in both criminal and civil forensic assessments. Approximately 90% of the forensic evaluations conducted by psychologists based at WSH are CST evaluations. The UW workgroup recognizes the necessity of meeting the legal requirement for expeditious and high-quality CST evaluations for individuals referred to WSH. In addition, the prospect of retaining fellows as forensic evaluators within the state at the completion of the fellowship training lends itself to CST reports constituting the majority of trainees' forensic evaluations. CST evaluations occur at different time points (e.g., initial, 45-day, 90-day) and evaluees present with an array of challenges (e.g., intellectual impairment, traumatic brain injury) that affect the nature, scope, and complexity of these evaluations, supporting the educational benefit of trainees completing a high volume of CST evaluations. Nevertheless, it is critical that trainees are exposed to a diverse range of evaluation types and that they are able to gain experience administering, interpreting, synthesizing, and writing up the results of an array of standardized forensic, personality, intelligence, cognitive, diagnostic, functional, and risk assessments. In an effort to balance the larger system's need for expedient processing of CST evaluations with the unique opportunities for training in high-level formulations that a rigorous training program can advance, a modified rotation schedule is proposed (**Figure 4**).

The proposed rotation schedule consists of four rotations over the course of the training year, in contrast to the three 16-week rotations currently in place. Throughout the training year, fellows would devote one full day per week to either an initial CST or restoration evaluation. In addition, one full day each week would be devoted to seminars and didactics (4-5 hours/week), preparation for seminars (2 hours/week) and supervision (minimum of 2 hours/week). Testing referrals are vetted through the rotation supervisor and/or program director. In addition to the typical workflow, testing cases will also be referred by specialty hospital committees, such as the FQRP, except during their first rotation.

During the first rotation, fellows will become oriented to the hospital, establish personal training goals with the program director, participate in live observation of forensic interviewing (as-needed) and expert testimony, and will begin conducting CST evaluations and authoring reports. At a minimum, fellows are expected to produce 1 CST report weekly. During this 12 week period, fellows may also begin conducting MSO/Criminal Responsibility evaluations and reports. Fellows will attend FQRP or other hospital committee meetings at least monthly.

During the second rotation, the fellow will focus on violence risk assessments and response style (e.g., malingering) of increasing complexity. Trainees will use a variety of measures and

methods to assess response style and will integrate such measures into other types of evaluations, as appropriate. Trainees will also have the opportunity to use a wide range of assessments to facilitate structured professional judgment of violence risk, including the PCL-R, HCR-20, START, and VRAG. They will continue to have opportunities to observe forensic psychologists and psychiatrists provide expert testimony. Referrals will come directly from the forensic inpatient units as well as the FQRP. During the second rotation, four hours each week will be devoted to scholarly activities, as trainees develop and begin to implement a research plan. The second rotation should culminate in a mock trial for the trainees, likely to be held on hospital grounds.

During the third rotation, evaluations of civil commitment are prioritized. Trainees may seek to use their 4 hours of research time to participate in PBSCI-525, which involves an opportunity to develop a research proposal. Around the end of the third rotation, all trainees will participate in a mock trial experience. The second mock trial is preferably in coordination with trained legal professionals.

If a fellow has made acceptable progress and has met or exceeded training requirements, they may be able to augment their training experience through exposure to another setting, population, or evaluation type. Options may include but are not limited to developmental disability evaluations, juvenile competency evaluations at CSTC, sex offender treatment or evaluation, treatment within a civil forensic or correctional setting, or conducting forensic civil evaluations. During the fourth rotation, fellows are encouraged to present their research project locally and/or to a broader regional or national audience. By the completion of the final rotation, fellows work with a supervisor or job mentor to meet licensure requirements in the state and pass state forensic evaluator credential requirements, as applicable. The revised rotation structure provides exposure to a wider array of specialized forensic experiences and, potentially, settings, while maintaining a high number of CST reports over the course of the training year. Fellows will continue to conduct assessment batteries to address a variety of psycho-legal referral questions. They are followed closely by the program director, a preceptor, and their rotation supervisor to ensure that evaluations are meeting their training needs and goals and to resolve issues as they arise.

Supervision

Fellows are currently receiving a minimum of two hours of formal, direct individual supervision per week by a licensed doctoral-level psychologist, which exceeds the minimum requirement of one hour of weekly supervision established by the Guidelines for Supervised Postdoctoral Experience (National Register of Health Service Psychologists, 2017). The program director functions as the coordinating supervisor for each fellow; fellows also meet

with their rotation supervisor weekly. Additional supervision occurs on an as-needed basis if, for instance, the fellow is engaged in an evaluation that would benefit from additional specialized expertise (e.g., from a neuropsychologist). Clinical and research supervision is critical to ensuring that trainees are coached in developing the knowledge, skills, and abilities that form the basis for advanced professional practice in the areas of forensic clinical activities (e.g., assessment, expert witness testimony); research, quality improvement, or program evaluation; and teaching and supervision. Accordingly, the university should invest in developing evidence-based supervisory and teaching practices among faculty/staff who are serving as clinical supervisors.

The UW workgroup met with several members of the psychology staff who now or have previously provided formal supervision to psychology fellows. They enjoy supervising fellows, although it is challenging to dedicate the time for this, particularly on time-consuming cases or when trainees require more intensive supervision. In order to retain high-quality evaluators as supervisors, it is advisable to provide some FTE with commensurate reduction in testing reports during the rotations on which they are the primary supervisor.

In addition to receiving direct supervision of training activities, each fellow should have the opportunity to have a designated job mentor within the state. The job mentor may or may not be based at WSH but should be a state employee in a role and/or setting that the trainee desires to work in after the completion of the training year. Trainees can meet with their job mentor as frequently as they like. Most likely, these mentorship meetings will occur more frequently toward the latter half of the training year.

Teaching and Supervision of Trainees

Specialized forensic psychology fellowships provide a high-level of advanced training to psychologists. Therefore, fellowships are poised to produce the future leaders in the field of forensic psychology (Bersoff et al., 1997). In addition to modeling for others the most advanced specialized skills and professional integrity, fellows are ideal candidates for imparting their skills to others via teaching and supervision, and opportunities to teach, supervise, and receive supervision of supervision should be fully explored. Beginning in Academic Year 2018, a biweekly 1-hour seminar on forensic psychological testing will be co-facilitated by a forensic evaluator, Dr. Simone Viljoen, PhD, and the forensic psychology postdoctoral fellow. The seminar is designed to instruct trainees on various standardized measures that are used in forensic practice, the research and cultural considerations associated with gold standard measures, and their proper scoring and interpretation. This seminar is geared toward psychology doctoral interns. Psychiatry residents and fellows may

benefit from attending select sessions, to be determined collaboratively by Dr. Viljoen, the forensic psychiatry fellowship program director, and the fellows. Psychology fellows currently provide supervision to doctoral interns and practicum students. Opportunities for didactics and/or supervision on providing supervision should be pursued through the university.

Expert Testimony

Forensic psychologists are often required to provide expert testimony. Graduates of a forensic psychology postdoctoral fellowship should have knowledge of the rules governing expert witnesses (e.g., Federal Rules of Evidence, Washington Rules of Evidence) and courtroom preparation through formal instruction and appropriate modeling. In addition, a high-quality program will provide experiential opportunities for fellows to develop the skillset of presenting relevant data and expert opinions to the legal system in both written and oral form. To foster the development of these competencies, the UW workgroup recommends that trainees are provided with multiple opportunities to observe expert testimony, attend court hearings associated with their evaluations, when able, and that they engage in informal mock testimony with training staff as well as a formal mock testimony experience that better simulates a real-life expert witness experience. Toward that end, efforts should be made to leverage relationships with judges, attorneys, and/or law students.

Coordinating Efforts toward Forensic Evaluator Competencies

The OFMHS recently proposed standards and guidelines for forensic evaluators in Washington State. Accordingly, fellowship training activities and benchmarks should be compared to forensic evaluator training and certification requirements that are approved. At the University of Massachusetts Medical School forensic psychology postdoctoral fellowship program, the core faculty are contracted by the state to develop and train to professional competency standards. As a result, the program has incorporated the same competency benchmarks within the fellowship training program so that fellows have completed all requirements to be a forensic evaluator except conferral of their state professional license. Drs. Packer and Grisso theorize that, in contrast to those programs that do not make training milestones consistent with state forensic evaluator standards, this practice assists with expedient retention into forensic evaluator positions. This practice is therefore of great benefit to the state.

Coordinate Efforts and Opportunities with Other Forensic Psychology Postdoctoral Fellowship Programs

During the 2017 meeting of forensic psychology postdoctoral program directors at the American-Psychology Law Society annual conference, there was a great deal of discussion on coordinating application protocols and timelines for fellowship programs as well as shared didactics using teleconferencing technology. Participation in such coordinated efforts has the benefit of exposing trainees to learning about core forensic mental health issues from nationally-renowned content experts. Currently there are few opportunities to bring outside experts to WSH for trainings, and no opportunities to have national experts on particular forensic topics provide the seminar on those topics each year. By participating in a consortium of postdoctoral forensic mental health training programs, WSH trainees and primary supervisors could benefit from broadcast lectures by renowned forensic scholars and practitioners to teach core or specialty mental health topics.

Section Summary:

The forensic psychology postdoctoral fellowship at WSH has been maintained through the dedicated volunteer service of several psychology staff based at WSH. As the Program Director, Ray Hendrickson, J.D., Ph.D., has been extremely effective in continuing to adhere to national guidelines in forensic psychology education and training. The program continues to be well-regarded nationally, institutionally, and by graduates of the program. Psychology staff are eager to continue to provide supervision of trainees but reflect the need for a greater level of institutional support and resources, including those that support their own professional development as competent forensic evaluators. Adding both psychology and psychiatry advanced trainees will increase the time demands on professional staff. The recommendations in this section of the report are intended to bolster the training experience and the ability of the hospital and university affiliates to maintain a rigorous training program. Recommendations include:

1. WSH and UW executive leadership should engender institutional support for the training program using a variety of strategies. Specifically, executive leadership should help to establish a culture within the institution that places a high value on postdoctoral training and establishes the expectation that trainees and training staff are highly-valued and respected members of the hospital.
2. Future program directors should have UW faculty status with allocated and protected time of at least 30% FTE to put toward the fellowship. For future program directors, consideration should be given to academically-trained and Board certified forensic psychologists.
3. Increase number of fellowship positions from one to two or three. This enhances the educational experience of trainees because they can learn from one another. Upon fellowship completion, it also will increase the number of trained psychologists available to meet the needs of the state.

4. Enhance the ability to attract and retain high-quality supervisors by providing rotation supervisors with dedicated FTE (recommended between 5-10%, depending on roles and responsibilities) and corresponding reduction in testing reports during the rotations on which they provide active supervision. A training committee should function to assist with quality assurance and improvement efforts in coordination with the program director. In addition, a job mentor program will link trainees with professionals working within various forensic settings in the state.
5. Remodel the rotation structure to
    a. create an elective rotation for fellows who have demonstrated core competencies and are interested in developing more specialized expertise;
    b. increase the number of CST evaluations, which meets a critical need of the hospital and state, while at the same time enhancing trainee experience and acquisition of expertise. CST evaluations should be carefully cultivated by supervisors so as to offer diverse testing and training opportunities that meet the goals of the trainee, rotation, and/or overall training experience;
    c. increase time for professional development activities, such as seminars/didactics, scholarly activities, and consultation on complex testing cases via specialty hospital committees (e.g., FQRP).
6. Any requirements developed for a Washington forensic evaluator certification should be integrated into the training curriculum, when possible, to prepare trainees to assume practice upon completion of the fellowship year.
7. Efforts should be made to support joint training of psychiatry and psychology trainees (and trainees of other disciplines, although this is beyond the scope of our report) at WSH as well as through participation in a consortium of similar programs.
8. All efforts to enhance the national profile of the psychology doctoral internship program will further strengthen the applicant pool and reputation of the postdoctoral fellowship.
9. Apply for American Board of Forensic Psychology 5-year experience waiver.

VII. Faculty Development

At all stages of our model, the UW workgroup encourages efforts aimed at faculty development. Trainings on-site at WSH, at UW, and in the community are encouraged. The University has several resources available to faculty through the School of Medicine, as well as specific meetings for faculty in the Department of Psychiatry and Behavioral Sciences.

Listed here are several topics for faculty development training:

- Adult learning strategies

- Collaboration in teaching
- Competency-based clinical training
- Educational approaches to learning
- Engagement with program leadership
- Evaluations of trainee
- Evaluations of program
- Formal versus “just in time” teaching
- Giving feedback
- Lecture tips
- Recognizing burnout and enhancing wellness
- Syllabus/reading list development
- Teaching to small groups
- Ties to the University
- Transition from trainee to supervisor
- Use of technology in teaching

It is also useful to have regular meetings for faculty to collaboratively discuss common professional issues and strategies for management. Some of the UW-affiliated sites have peer mentorship meetings for faculty. This model can work well for peer support and feedback for academic work (development of curriculum, presentations, manuscripts), as well as fostering professional development, networking, and sense of community with like-minded clinician-educators.

For specific assistance with training in forensic mental health, collaboration with other forensic training programs or state offices of forensic services may be useful. Participating in relevant professional organizations can also be useful for establishing a sense of community and for mentorship.

The faculty involved in the UW-WSH forensic teaching services should specifically organize meetings or retreats, at least annually, to review the educational program objectives, discuss coordination of programs, review curricula, and discuss methods of program assessment, as well as assessment for trainees and faculty.

Besides formal faculty development programs, junior faculty can learn from modeling senior faculty and fostering mentoring relationships with others in the field. These relationships can help ease transitions of practice (such as from trainee to junior faculty) and help mentees grow professionally and personally.

Section Summary:

Avenues for faculty development should be encouraged and supported throughout the continuum in developing forensic teaching services at WSH. To foster this, the following should be encouraged:

1. Support faculty in engaging in faculty development programs at UW
2. Encourage peer mentorship and informal faculty mentorship at WSH
3. Encourage participation in relevant professional organizations.

Creating a community of UW and WSH forensic faculty will help address the needs of both institutions, including improving ability to attract and retain high-quality forensically trained psychiatrists and psychologists, fostering formal and informal consultation, and supporting quality forensic trainings.

VIII. Conclusion

Establishing high-quality forensic teaching services requires effort and resources. With commitment to teaching, UW-WSH can create new programs and enhance existing programs that will contribute positively to WSH and the larger community. Many psychiatry residents will go on to work with justice-involved persons. Early exposure to this population and opportunities for gaining clinically-relevant forensic experiences will help general residents feel more comfortable and competent in working in public psychiatry settings. Further, this experience in residency may increase interest in a forensic and public psychiatry. Fellows in forensic psychiatry and psychology are highly skilled and, under supervision, can conduct high-quality forensic evaluations and consultations. After completion of fellowship, they should be able to practice independently. Although forensic psychiatry fellowships largely focus on evaluations, graduates are employed in a variety of settings, with many involved in providing clinical services to justice-involved patients. Both forensically-trained psychiatrists and psychologists are in demand for employment. The training programs will help support this needed workforce – at WSH and at other sites in our state.

CHAPTER 4: Risks, Benefits, and Barriers to Implementation of UW-Affiliated Forensic Training Programs

I. Introduction

Presented in this chapter is an appraisal of the risks, benefits, and barriers associated with developing and sustaining a co-sponsored UW-WSH forensic teaching service. This assessment is based on a variety of data sources, including published literature, the experiences of other programs (including those visited, interviewed, and surveyed by the UW workgroup); our understanding of existing programs and resources at WSH; interviews with WSH-based staff, trainees, and patients; as well as the needs and goals of other relevant stakeholders. Several common benefits and barriers were also touched upon in Chapters 1 and 2 of this report.

We begin this chapter by reviewing the benefits of developing UW-affiliated forensic teaching services at WSH, followed by the barriers and risks. The impact of forensic teaching services includes direct, indirect, and intangible benefits. Although some of the indirect and intangible benefits are difficult to identify and quantify, the UW workgroup expects the benefits of high-quality forensic teaching services to extend beyond WSH.

The UW workgroup approached this task by considering the impact of high-quality forensic education on a variety of stakeholders: trainees, WSH, UW, the state, and WSH consumers, including patients, evaluees, and their loved ones. There may be a myriad of risks, benefits, and barriers relevant to broader communities as well, such as patient advocacy groups; the residential communities of which patients and evaluees are members; and the communities that serve patients and evaluees following their discharge from WSH. The workgroup sought input from many, but not all, of these stakeholders. Priority was given to WSH employees (particularly those who may have formal involvement in future training experiences), personnel from the OFMHS, executive leadership at WSH, current and previous training program directors and supervisors, current and former WSH trainees, and WSH patients. This input proved invaluable to the workgroup. We have made our best efforts to incorporate feedback from these stakeholders in the hopes that the final proposal represents a shared vision that can realistically be implemented and sustained. It is important to recognize that the benefits, barriers, and risks are both dynamic and contextually-dependent (e.g., based on local laws and other state agencies and infrastructure) and are therefore likely to change over time.

Developing successful high-quality forensic teaching services at WSH may be challenging and will require committed leadership from the state, WSH, and the university. Executive leadership within the UW and WSH should have or develop an understanding of the forensic and educational goals of the teaching service and how to best support the mission and goals of the training programs within their respective roles. The following discussion of the identified risks,

benefits, and barriers associated with the proposed training plan applies to all forensic teaching services at WSH unless otherwise specified.

II. Benefits from Expanding Forensic Teaching Services at WSH

In general, graduate medical and advanced psychology programs have favorable impacts on trainees, the facility hosting the training, university sponsors, and the greater community (including patients and evaluees). Although the UW workgroup has organized this chapter by stakeholder group, it is important to know that many of the benefits, risks, and barriers associated with a future UW-WSH forensic teaching service cross stakeholder type. Equally important, the benefits to one stakeholder group may have downstream benefits for another. The value of the teaching service (when considering a collection of stakeholders) is likely to increase over time, provided that it is supported with sufficient and reliable human and financial resources. For example, trainees benefit from quality educational programs at WSH. In turn, positive trainee attitudes toward working with a forensic population or in public psychiatry (as well as competence in working with justice-involved persons) may translate to career choices that can contribute to a needed workforce in the state.

Table 4-1 summarizes the primary benefits for the key stakeholders.

Table 4-1: Benefits for Key Stakeholders*

Trainees**	WSH	UW	State	Patients and Evaluees
Meet educational requirements (general residency)	Quality and timeliness of care and forensic evaluations	Support public mission	Quality and timeliness of care and forensic evaluations	Quality and timeliness of care and forensic evaluations
Foster interest in forensics	Increase educational infrastructure	Recruit and retain trainees	Retain a highly trained and qualified workforce	Research and QI projects to inform patient care and evaluation services
Exposure to public psychiatry	Ability to recruit and retain a highly trained and qualified workforce	Respond to trainee interest	Develop clinician leaders	Inform policy and regulations affecting justice-involved persons
Work with individuals with severe mental illness and complex psychopathology	Internal consultation services on complex medico-legal cases	Support broader education in forensic mental health	Service on community boards/organizations	
Develop forensic literacy	Foster local and national reputation	Provide forensic consultation to other UW providers	Research to benefit community	
Work with diverse individuals with complex psycho-legal challenges	Research and research-based endeavors to enhance safety, patient care and evaluations	Expand research	Leadership in legislation and policy	
Prepare for career	Support a positive workforce culture	Complementary educational and training opportunities across programs		

*There is overlap between stakeholder categories. Some benefits cross multiple stakeholders but are not explicitly delineated for each stakeholder to reduce redundancy.

**Additional detailed benefits listed in section on Benefits to Trainees

A. Benefits to Trainees

Benefits to general psychiatry residents, forensic psychiatry fellows, and postdoctoral forensic psychology fellows are largely educational: exposure to a challenging and unique patient population; exposure to forensic topics and evaluations; and exposure to medically underserved populations. **Tables 4-2** and **4-3** list some key benefits for trainees of UW-WSH forensic teaching services.

Table 4-2: Training Benefits to General Psychiatry Residents

UW psychiatry resident interest in forensic rotations exceeds existing resources
UW residents have an interest in completing a rotation at WSH
Promotes forensic literacy for general psychiatry residents
Supplements didactic learning in forensic topics offered to all general psychiatry residents
Provides exposure to the subspecialty field
Promotes collaboration with other trainees (e.g., psychiatry fellow if fellowship is established)
Provides experiences with persons with severe mental illness
Fosters exploration of social consciousness
Fosters comfort and confidence in working with justice-involved persons
Encourages consideration of specialty training in forensics or public psychiatry

Table4-3: Training Benefits to Psychiatry and Psychology Fellows

Provides dedicated experience in a forensic setting
Conducive to wide variety of training experiences: evaluations, consultation, possible treatment
Supplements didactic learning and other educational activities
Provides training with diverse patient population, including severe mental illness
Strengthens clinicians' general skills in diagnoses and management
Allows clinicians to serve the community
Fosters exploration of social consciousness
Fosters comfort and confidence in working with justice-involved persons
Offers collaboration across disciplines
Allows trainees to network and obtain mentorship with others working in forensic setting
Provides opportunities for research and teaching focused on benefit to the institution
Fosters professional development and identity
Provides a stepping stone for certification/licensure
Prepares trainees for employment opportunities
Fosters clinicians to be leaders in forensic and public mental health settings

WSH is able to provide trainees with opportunities to work with patients who present with complex psychiatric, medical, and/or legal challenges. WSH's forensic units provide clinical services to a unique population that mental health clinicians have limited dedicated exposure to elsewhere. On the forensic units, treatment is provided to persons found incompetent to stand trial and NGRI. Admissions units often require rapid assessment as well as symptom and risk management.

With an increasing population of persons with mental illness also involved with the criminal justice system, it benefits trainees to have dedicated educational experiences with this population. WSH is particularly suited to training mental health clinicians in treatment and evaluations of persons with chronic and severe mental illness. In addition, many in this population face significant challenges beyond their mental illness and legal commitment, such as poverty, family issues, serious co-morbid medical conditions, and difficulty accessing care. Exposing trainees to these issues fosters awareness and sensitivity to patients' situations and needs. Educational programs at WSH can also afford trainees with opportunities to explore issues related to social justice, social consciousness, and access to health care and other services.

WSH offers trainees opportunities to gain experience with a variety of forensic evaluations and consultations. Evaluations through the Inpatient Forensic Evaluation Services include assessments of persons admitted for competence restoration services. Fellows could also evaluate persons for risk of dangerousness, civil commitment, decisional capacity for treatment, and appropriateness for involuntary medication, among others. Through the Community Forensic Evaluation Services, trainees gain experience with CST and mental state evaluations, and other criminal competencies. WSH also provides an excellent setting for developing quality improvement projects and research looking at institutionally relevant questions.

Establishing more than one forensic teaching program (e.g., resident rotation in addition to fellowships) promotes collaborative education. Trainees from different programs working with each other provide bidirectional benefits.

B. Benefits to WSH

Quality of Patient Care and Forensic Evaluations

The literature describes positive impacts of graduate medical education on the quality of patient care. The bidirectional flow of knowledge and exchange of ideas between supervisors and trainees inherent in teaching programs leads to focused attention on patient care, innovation, and improved performance. In training programs, supervisors are more likely to utilize current medical literature to guide instruction and decision-making in clinical care. These same principles may be applied to evaluation services.

Clinicians learn when they teach. Questions posed by trainees foster discussion and continued learning. Whether trainees and faculty are providing direct care, forensic evaluations, team consultation, or continuing education programs, the focus on evidence-based practices and patient-oriented care benefits the hospital. WSH patients interviewed

by the UW workforce observed that trainees appeared to have more time to conduct assessment batteries, collect more comprehensive histories, and provide feedback to the team and evaluee. One patient reported that the presence of a trainee who was shadowing a forensic evaluator led to additional interview questions that he felt enhanced both the process and the final product.

Also, both supervisors and trainees involved in educational programs open themselves up for critique and peer review. This review can also lead to increasing knowledge and improved performance. Self-assessment and assessment from others (whether formally through training program evaluation procedures or informally through direct feedback) facilitates ongoing personal and program evaluation; where deficiencies are noted, this can lead to further review or timely change, when needed.

Contributions to the Educational Infrastructure

Educational programs at WSH will contribute to the educational infrastructure at WSH beyond the direct supervision of trainees. Three primary ways that the partnership will promote the educational infrastructure include: staff development, attention to evidence–based and best practices, and innovation. As already mentioned, attention to evidence-based practices (when available) and current literature will enrich the educational atmosphere at WSH. In addition, faculty and trainees can contribute to – and should take leadership roles in – educational programs to enrich staff training and staff development. These programs could include, for example, case conferences, grand rounds, journal clubs, continuing education lectures, and quality improvement projects. Blending university faculty with clinicians familiar with the operations at WSH, through collaboration, may aid innovation and creative problem-solving.

Research and Research-based Interventions

Among the educational program requirements for fellows in forensic psychiatry and psychology programs is participation in research or other scholarly activity. Faculty associated with the teaching programs will also emphasize scholarly work. Some faculty should be actively involved with research activities. Members of the current WSH staff have also expressed interest in participating in research. Creating a high-quality research environment has the potential to increase job satisfaction and improve employee retention. Finally, a sample of WSH patients promoted the idea of research occurring in the hospital, noting that without formal evaluation, programmatic successes were going unacknowledged by the public and policymakers. As will be discussed in the Barriers section of this chapter, below, faculty salaries and time for research activities will require financial investment. However, other institutions, such as the University of California – Davis, have

had success with integrating research into the state hospital. Much of the research there has focused on practical measures to improve patient outcomes or other relevant metrics. The hospital has been able to use this research in support of hospital audits and accreditation reviews.

Moreover, research enhances the credibility of the institution and may impact practices for the larger community. Externally-funded research may further support the hospital's mission and advance programs for patient care at WSH.

Consultation Services for Complex Cases

Forensic teaching services at WSH – namely, the fellowship programs in forensic psychiatry and psychology – lend themselves to providing consultation on complex or time-consuming cases. The fellowship programs may be able to provide consultation for some cases that would not be available utilizing regular hospital staff resources. With faculty supervision (in some cases, this may require supervision from multiple disciplines), fellows may accept consultations for some of the most complex patients. Without the same service demands as WSH staff, the fellow can undertake the necessary document review and detailed assessments required of challenging cases. For example, the University of California – Davis program has a review panel (FQRP), previously described. The fellows perform detailed document review and utilize assessment instruments to provide consultation on complex cases, mostly violence risk assessments in cases where patients provide care management dilemmas or may be moved to a less restricted environment or gain privileges.

Reputation of WSH

Partnership with the UW to create and sustain high-quality forensic teaching services will strengthen the reputation of WSH locally and nationally. The affiliation with an academic program conveys commitment to evidence-based practices, scholarship, and ongoing education. As will be discussed further, the academic affiliation may help attract additional quality staff clinicians and faculty.

Staff Recruitment and Retention

Increasing forensic teaching services is likely to support recruitment and retention of clinicians at WSH. The status of a UW faculty appointment and participation in a strong learning environment is likely to assist recruiting efforts. Clinicians who enjoy their work are more likely to continue their employment and seek to better their work site. For many health professionals teaching and educational activities are important aspects of their professional position. Many forensic psychiatrists and psychologists are drawn to the field, at least in part, due to the scholarly nature of the field, attention to detail, and emphasis on

explanation and reasoning. These skills parallel skills of quality educators, and it is a natural fit for many forensic mental health providers to teach. As such, where academic activities (and sufficient time to carry out the activities) are built into the professional's position, this is likely to help recruit and retain clinicians.

Training programs, particularly the fellowship programs, are useful for "growing your own" staff. Several existing fellowship programs informed the UW workgroup of their success in retaining program graduates as staff after completion of the fellowship year. The existing WSH postdoctoral fellowship in forensic psychology is also illustrative; WSH has retained many graduates of the forensic psychology program after the fellowship year. For some programs, graduates remain engaged with the teaching program and become faculty members in addition to serving in clinical and evaluator roles. This approach has several benefits to the hospital, including that the clinician (or evaluator) is of known quality, already familiar with the services and organization of the hospital, and familiar with local resources and laws. Further, recruitment of former trainees may reduce overall recruitment costs.

Although only a subset of psychiatry residents who train at WSH is likely to seek a fellowship in forensics, a high-quality resident rotation would foster interest in the field. In addition, a high-quality experience may encourage some residents to seek employment at WSH in a clinical role.

Support a Positive Culture at WSH

Having residents, fellows, and other trainees (interns, perhaps medical students in the future) work in the state hospital can contribute to the local culture beyond the academic focus on evidence-based practices. For example, trainees bring enthusiasm for learning and developing skills, motivation for staff to increase their knowledge and skills and to foster the development of the next generation through teaching, and (for some staff) increased enjoyment of and satisfaction with their work. In addition, legal commitment can be stressful and dehumanizing for patients. This affects clinicians caring for them. However, positive interactions with empathic trainees can foster improved interpersonal interactions with patients as well as others involved in the care of persons at WSH.

C. Benefits to UW

Support the University's Public Mission

The vision and values statement of UW includes service to all the citizens of the state (University of Washington, 2017). The UW School of Medicine fully embraces its mission to improve the health of the public (UW Medicine, 2017). And, the UW Department of

Psychiatry and Behavioral Science's mission statement speaks to its dedication to "improve the health of the public though excellent clinical care, education, and research." The Department's core values include embracing "partnerships" with organizations that share a "vision of improving the health of the public through better mental health care" (Psychiatry & Behavioral Sciences, 2017).

In addition to engaging faculty and trainees in partnership with WSH to advance educational and scholarly activities, the collaboration serves patients and evaluees of the state. The relationship engenders positive community relations and draws attention to the UW's focus on the public.

Recruiting and Retaining Trainees

The UW Department of Psychiatry and Behavioral Sciences offers several clinical and research fellowships to psychiatrists who have completed general residency training and also to psychologists at the postdoctoral level. For psychiatry, the UW offers fellowships in other major subspecialty areas of psychiatry, including Child and Adolescent Psychiatry, Geriatric Psychiatry, Addiction Psychiatry, Psychosomatics, and Integrated Care.

When recruiting prospective psychiatry residents to the UW General Psychiatry Residency Program, some applicants are attracted to programs affiliated with a large complement of fellowships. Applicants are commonly looking to remain in the local area for subspecialty training following completion of residency training. They plan to gain more experience in psychiatry before declaring their sub-specialization, and are drawn to programs that have multiple fellowships and diverse training opportunities. Applicants also recognize that with fellowships come faculty with expertise in the subject matter of the fellowships. In this manner, they benefit in general residency training from working with faculty clinicians who hold subspecialty expertise.

For general psychiatry applicants with an early interest in forensic psychiatry, the lack of a UW fellowship in forensics may be a barrier to rating highly the UW psychiatry residency program, and some may not select UW as a training program as a result. Additionally, because there is no current fellowship in forensic psychiatry in the state, Washington State loses to other states psychiatrists wanting to train in forensics. Many do not return to Washington after completion of their forensic fellowship.

Respond to General Psychiatry Resident Interest in Forensic Education

General psychiatry residents at the UW have voiced interest in having more opportunities for education in forensic psychiatry, and they have specifically identified training opportunities at WSH. In part, resident interest in additional forensic training prompted the

UW General Psychiatry Residency Program to create a task force in 2015 to review training in forensic psychiatry for general psychiatry residents (Piel, Gage & Turner, 2015) .

In the past, the UW General Psychiatry Residency Program had an elective rotation for general psychiatry residents at the WSH. Although the resident evaluations of the former rotation received mixed reviews, residents have appreciated having WSH as an option for training and exposure to forensic psychiatry.

Support Education in Forensic Mental Health

Forensic teaching services at WSH will support the educational goals of the UW Department of Psychiatry and Behavioral Science by complementing the existing educational activities in forensic and public psychiatry for general psychiatry residents; fostering forensic literacy relevant to all psychiatry and psychology practices; and advancing cross-disciplinary education to other schools and programs at the UW.

Although the UW general psychiatry residents have a didactic curriculum on forensic psychiatry topics and have some additional opportunities for elective experiences in forensic psychiatry, a WSH rotation for general psychiatry residents would augment the existing educational programs. A rotation at WSH would also attract residents interested in public psychiatry and those interested in working with patients with chronic and serious mental illness.

Although most general psychiatry residents and psychology interns will not go on to specialize in forensic mental health, a working knowledge of basic forensic concepts is an important component to general mental health education. Forensic issues permeate all areas of mental health care. It is important for all mental health clinicians to have a basic understanding of forensic issues and recognize that forensics encompasses a wide range of medico-legal issues and skills. Emphasis on forensic education will increase literacy and foster appreciation for and ability to recognize and respond to forensic issues in their practices.

The presence of trained faculty (as well as forensic psychiatry and psychology fellows) allows for additional training in forensic topics to a wider audience of UW students and clinical trainees. Forensic faculty and fellows can participate in didactic teaching and forensic curriculum design for students in the fields of medicine, social work, psychology, nursing, criminal justice, and law, among others. They can also teach more advanced trainees and faculty.

Provide Forensic Consultation to General Psychiatrists and Other Mental Health Providers

In addition to providing consultation services to general psychiatrists and other mental health clinicians at WSH, faculty and fellows associated with the forensic mental health fellowships may help UW clinicians by providing formal or informal consultation on forensic issues related to general clinical practice. Topics for consultation may include, for example, detailed suicide risk assessment, violence risk assessment, duty to warn/protect, decision-making capacity, and treatment refusals.

Expand Research/Grant Support

There are numerous important research opportunities at WSH for interested and skilled faculty members and trainees. Published research in public forensic psychiatric hospitals is limited and greater attention to issues related to the forensic patient population; commitment statutes; psychiatric treatment; and risk identification and management within this context are needed to help guide best practice and policy considerations. In addition to benefiting the scholarly and practice communities, such research could have a positive impact on psycho-legal evaluations, patient care, patient and staff safety, the local and national reputation of the hospital, and the morale within the hospital.

In addition to benefiting WSH and broader communities, research at WSH can have a positive impact for the UW's dedication to translating research into practice and improving health outcomes. Prospective trainees who are drawn to research or for whom research is considered a core competency (e.g., psychologists) will be more inclined to apply to a joint WSH-UW training program that values and integrates research opportunities. Furthermore, faculty and trainees would have a unique opportunity to engage in translational science in important and innovative ways. The University of California – Davis provides a useful example. Based on archival data analyzed by Drs. Barbara McDermott and Charles Scott that demonstrated a correlation between patient aggressive behavior and transition periods such as meal times, Dr. Scott and his trainees developed trainings for hospital staff to reduce safety risks associated with these transitions. Faculty and trainees have the potential to impact policies, procedures, and practices that can improve hospital functioning and safety, advance research questions and methods, and think more broadly about the dissemination and impact of their research to other forensic and high-risk patient settings.

D. Benefits to the State

Contribute to Quality Care and Forensic Evaluations

Although the primary goal and focus of the forensic psychiatry and psychology fellowships at WSH must remain on the fellows' education, the faculty and trainees will contribute to the quality of patient services, as discussed above in the section on Benefits to WSH. In particular, fellows will contribute to the state's efforts to provide timely and competent criminal forensic evaluations. Fellows will perform a range of criminal forensic evaluations during the course of their fellowship year, and they will have the skills needed to perform evaluations independently after completion of their training year. In addition, they may have the capacity to conduct in-depth analyses and provide consultation on complex cases.

Moreover, the UW is at the forefront of exploring and initiating performance (or quality) measures to assess and apply evidence-based measures in a variety of mental health contexts. By way of illustration, faculty and trainees are increasingly being exposed to and encouraged to evaluate their own practice habits and make use of recognized assessment tools and other measures to track patient parameters and outcomes. From analyzing pooled data across clinicians and practice settings, we learn which tools and interventions lead to better outcomes. Involving WSH will provide additional information and improve the process to further develop appropriate measures, in turn benefitting a larger segment of the public.

Workforce Retention

Training program graduates commonly stay in the local area after completion of their training. For those intending to continue in forensic mental health, staying in the same state can be particularly advantageous due to the difference in laws across the country. Fellows in forensic psychiatry and psychology learn the local laws and resources relevant to the most common types of forensic evaluations and cases. When they move out of state, they commonly have to learn the nuances of a new jurisdiction.

As discussed above, some fellows are likely to remain on staff at WSH after completion of their fellowship. Broader retention of trainees in other public facilities in the state also serves to enhance the quality of the public-sector workforce. Retention may be enhanced by some of the proposed plans for the training programs. For instance, the workgroup proposed a job mentor for the psychology fellowship program that would be a state employee working within a setting that is professionally of interest to the trainee. Further, if the fellowships offer additional placement sites or elective experiences such as correctional facilities, sex offender treatment programs, or community clinics serving justice-involved patients, workforce retention may similarly extend to some of those sites.

Although general psychiatry residents may not go on to specialize in forensic psychiatry, training at WSH will provide them with exposure to a different population and treatment

setting than their other training sites. Residents who rotate at WSH will be conversant in the services and resources available at WSH. The community benefits when providers are familiar with the community resources and utilize resources effectively. In addition, positive experiences throughout residency training – including having diverse training experiences – leads to clinician satisfaction, which encourages clinicians to remain in the local community. Those who remain in the region benefit our community by providing needed mental health services.

Need for Clinician Leaders with Forensic Training

Mental health clinicians with training in forensics are also in demand for administrative and leadership positions in settings serving justice-involved patients and evaluees. Forensic psychiatrists and forensic psychologists have unique training and skills relevant to community forensic mental health which serve them well for leadership roles on forensic units at state hospitals, forensic evaluation services, correctional facilities, and other public agencies and organizations that work with justice-involved persons. Given their broad experience in clinical care, forensic evaluations, and understanding of the criminal court system, forensic mental health clinicians can serve in vital roles in these public facilities that are often difficult to staff.

In addition, forensic mental health specialists can play vital roles in creating and leading emerging resources for justice-involved persons, such as specialty mental health courts, pretrial diversion programs, and re-entry programs. An understanding of these services in the context of care delivery, violence risk assessment and management, and legal and regulatory requirements can be an asset for the state in supporting successful programs.

Service on Community Boards and Organizations

Forensic psychiatrists and psychologists are often valued members on community boards, task forces related to mental health issues, and professional organizations that serve the community of mental health patients and clinicians. With broad exposure to the legal regulation of mental health, forensically-trained clinicians can often provide input in ways that clinicians who lack training in law and regulation cannot.

Research to Benefit Larger Community

A UW-WSH partnership for forensic teaching services will produce research and scholarly contributions that will have larger benefits to the community. In addition to the benefits noted above, having faculty, staff, and/or trainees engaged in both retrospective and prospective research may inform and improve the quality of care of justice-involved individuals. Gathering and analyzing data at WSH may also prove useful for state

policymakers and judges, as these data may inform important funding, personnel, or psycho-legal issues. Research and QI endeavors may also facilitate novel programs that, if found to have positive outcomes, can help to inform program development at Eastern State Hospital or even outside of the state of Washington.

Leadership in Mental Health Legislation, Regulations, and Policy

Mental health clinicians with advanced training in forensics have experience with the legal system, statutory interpretation, case law, advocacy, and forensic ethics. Forensic mental health clinicians may be in positions to consult on or address legislation that would affect patients with mental health conditions or mental health clinicians throughout the state.

E. Benefits to Patients and Evaluees

Patients and forensic evaluees profit – directly or indirectly – from all of the benefits previously described in this report. This section reiterates the key direct benefits to patients and evaluees, but the UW workgroup recognizes that the patients, evaluees, and their families and caregivers are the principal consumers of our proposed forensic services and underscore all the points discussed in this report.

Quality Patient Care and Forensic Evaluations

Patients and forensic evaluees (as well as their family members and caregivers) benefit from having clinicians with interest and expertise in working with justice-involved individuals. Broadly, it is expected that fostering a training-positive culture that seeks to elevate the professional standards and continuing professional development opportunities for faculty, staff, and trainees will enhance the quality of care at WSH. As previously discussed, attending physicians tend to be more mindful of the nature and quality of their clinical interactions with patients and potentially more adherent to evidence-based and best practices when in the presence of trainees. Additionally, an increased focus in medical and clinical psychology education on the importance of accounting for aspects related to personal and cultural identities in treatment and evaluations will engender more culturally competent service delivery.

In addition to clinical care, adding more forensic faculty and trainee personnel may contribute to the quality and timeliness of forensic evaluation services. Although more inexperienced trainees will need more time to complete their assessments and report writing, a smart, energetic, and foundationally-trained cohort with attentive supervisors will adjust to the learning curve and become more efficient and proficient in their evaluations over the course of the fellowship training year. Fellows are likely to complete numerous evaluations over the course of their training year, and they will conclude their fellowship

with the training needed for independent practice. Several of the patients who were interviewed by the UW workgroup reported that they were satisfied with the process of the evaluations conducted or co-conducted by trainees. One individual noted that he received psychological testing that was helpful to his treatment team, and posited that he would not have received this testing had it not been for the psychology trainee's capacity to consult with the clinical team.

Research and QI Projects to Inform Patient Care and Evaluation Services

As noted above, research has potential for a positive impact on patient clinical care and forensic evaluations, as well as the morale within the hospital (which of course has a reciprocal relationship with clinical care and safety). For example, as faculty at the University of California – Davis, Dr. Barbara McDermott leads research efforts in the California Department of State Hospitals. She provides research supervision and mentorship to advanced trainees at DSH-Napa. Dr. McDermott noted the benefits to state hospital patients of using data to inform statewide hospital practices.

Inform Policies and Regulations Affecting Justice-Involved Patients

Forensic clinicians often have interest and unique qualifications to evaluate, respond to, and advocate for policies and regulations that affect justice-involved patients. What is more, research and QI projects at WSH may be used to guide recommendations to local and state policymakers based on empirical data.

III. Barriers to Establishing Forensic Teaching Services at WSH

Partnerships between state hospitals and universities can present a number of programmatic, financial, and administrative challenges. Identified here are core existing barriers to establishing UW-WSH forensic teaching services. **Table 4-2** summarizes categories of barriers to implementing and maintaining high-quality forensic teaching services at WSH.

Table 4-2: Barriers to Forensic Training Services

Foundational Issues	Training Program Issues	Trainee Issues
Funding the educational programs	Depth of program leadership	Distance between UW and WSH
Hospital accreditation	Recruiting trainees to new program	Isolation from UW/lack of connection to the UW Department of Psychiatry and Behavioral Sciences
Infrastructure (facilities, technology, safety resources, etc.)	Trainees' lack of certification/licensure as barrier to some court cases	Few other trainees/lack of senior trainee mentorship at WSH
Adequate well-trained staff	Need for ancillary training sites/programs	
Sufficient number of quality forensic faculty	Civil training experiences	
Commitment to research programming	Scheduling challenges/program design (esp. general residents)	
Balancing service and education	Onboarding	
Creating culture supportive of educational services		

A. Foundational Issues

Funding the Training Programs

To start and maintain high-quality forensic teaching programs requires a committed funding stream. A training program in forensic psychiatry would require an upfront and ongoing investment in on-site faculty. In addition to faculty positions, fellowship programs in forensic psychiatry and psychology recruit new candidates up to a year in advance and thus must commit to training them the following year. As such, the source of funding needs to be established well before trainees begin their program. Maintaining strong programs that attract high-quality applicants requires a commitment to consistent funding over time for trainee stipends and benefits and program personnel and costs, with appropriate cost of living allowances. This latter point is worth emphasizing, as several well-reputed programs across the country noted that they have had to make cutbacks to the type or quality of training experiences because the amount of funding has remained stable as costs associated with the program has increased with inflation. Funding is discussed in more detail in Chapter 5.

Hospital Accreditation

A prerequisite to graduate medical training programs is hospital accreditation by the Joint Commissions or other similar entity to comply with the conditions of Medicare participation. Accreditation is a prerequisite to any high-quality advanced training program

and in the shared interest of all stakeholders. A fellowship program in forensic psychiatry will also require accreditation by the ACGME (Accreditation Council for Graduate Medical Education, 2013). The UW workgroup estimates that it will take at least one year to prepare an ACGME application and for completion of the required site visit. The conditions for accreditation may change over time. Training programs require continued attention to accreditation standards.

Infrastructure

Although many of the foundational elements described in Chapter 3 of this report will be met by fulfilling the accreditation requirements, high-quality forensic teaching services at WSH will require attention and commitment to the infrastructure to support 1) clinical care, 2) safety of persons at WSH, and 3) education. Chapter 3 outlines several of these requirements.

Infrastructure needs include but are not limited to facilities maintenance, a medical record with adequate functionality, and communication support tools. In addition, it is critical to address staff shortages, which place a burden on staff across disciplines and affect the rigor, quality, and timeliness of clinical care and forensic services.

Continued attention to patient, employee, and trainee safety is vital for high-quality teaching programs at WSH. WSH must review and update its Workplace Safety Plan, orient trainees to safety protocols, and have a consistent mechanism to respond to problems and implement best practices.

In addition, training programs require that trainees have access to appropriate office space and computers, as well as access to the medical literature, forensic reference materials, and relevant psychological testing kits. Group rooms for didactics and supervision need to be reserved and consistently available to the training programs.

Finally, optimal training programs will require coordination between various state programs, including WSH, OFMHS, and, potentially, other sites for credentialing and supervision for trainees.

Staffing

Central among the foundational elements is having an adequate number of well-trained clinical staff. Without adequate staffing, existing clinicians may have to take on additional responsibilities. When they lack sufficient time or resources to perform their tasks, this can have a direct effect on patient and staff safety. Insufficient staffing also increases the risk of burnout and job dissatisfaction for those who remain employed, which in turn can

contribute to difficulty retaining staff. Included in this foundational requirement are 1) adequate staffing numbers to meet clinical and administrative responsibilities and 2) professional competency.

It is vital for WSH to maintain well-trained and competent clinical staff and forensic evaluators. For the forensic evaluators, a certification program (currently being developed by the OFMHS) will address evaluator skills and provide some quality assurance for criminal forensic assessments and reports. Clinicians in treatment roles should also attest to personal competencies and receive feedback about their skills and performance. Continuing education programs – for both treatment providers and forensic evaluators – help to ensure staff knowledge and promote quality services. Staff participation in ongoing continuing education helps to sustain a level of efficiency and effectiveness for the organization overall.

Faculty at WSH

In addition to maintaining adequate numbers of clinical staff, developing and sustaining forensic teaching services at WSH requires faculty who are knowledgeable and skilled in forensic mental health, but also motivated and capable teachers. The following are essential for high-quality forensic teaching services:

- Sufficient number of faculty members to provide supervision and training and afford trainees opportunities to train with multiple supervisors
- Faculty with the requisite subject-matter expertise (such as formal forensic training, Board certification in forensics)
- On-going development of faculty as skilled teachers

Developing a team of forensic faculty will require involvement by both WSH and UW to recruit individuals with appropriate academic and clinical skills, who are motivated and capable of helping to grow the forensic teaching services. The ACGME requires that a minimum of two Board-certified forensic psychiatrists are involved in a forensic psychiatry fellowship program. The UW workgroup learned from model existing programs that a higher number of forensic psychiatrists on the faculty affords additional benefits by having sufficient numbers to provide fellows and residents with individualized supervision (particularly if someone is on leave), allows trainees to learn from the perspectives of multiple supervisors, and fosters research and scholarly productivity among the faculty forensic psychiatrists. Some degree of cross-supervision between psychology and psychiatry is both permissible and beneficial to trainees; however each program must adhere to their respective education and training requirements as well as state licensure and Board certification requirements on this matter.

Difficulties in recruiting and retaining psychiatrists is not unique to state hospitals or forensic settings (National Council Medical Director Institute, 2017), but recruiting faculty forensic psychiatrists is further challenged by the facts that there is a limited pool of Board-certified forensic psychiatrists, forensic specialists have many alternative opportunities for employment, salary considerations, and the roles typically filled by psychiatrists at state hospitals. In an effort to retain and recruit well-qualified forensic psychiatrists and forensic psychologists, faculty will need protected time for supervision, teaching, and scholarship. Recognizing the challenges in state employee and union contracts, faculty employment contacts will need to address these issues.

WSH and UW should explore creative ideas to structure forensic psychiatrists' and psychologists' faculty job responsibilities, depending on their interests and skills, to include dedicated time for forensic activities other than direct clinical care. For example, the job structure may include dedicated time for research, performing forensic evaluations through the OFMHS, or other avenues to perform court evaluations (e.g., through establishment of a UW forensic clinic or opportunities for faculty to take on private court cases). In addition, it is important to recruit sufficient faculty to WSH to foster a supportive academic community locally, which would provide opportunities for rigorous debate of forensic issues, peer mentorship, collaboration on projects, and retention of faculty members.

Commitment to Research

To foster the research component of forensic education, the UW workgroup has recommended hiring an academic forensic psychologist or psychiatrist at WSH with dedicated time to develop and lead research programs at the hospital. This position does not currently exist at WSH. Having a faculty member with dedicated time for research and research-related educational tasks is essential to developing a strong research program at WSH. Program evaluation efforts and, to a lesser extent, research efforts have become more well-developed since the inception of the OFMHS. BHA is currently developing an enterprise forensic data system and a larger general data system for tracking relevant outcomes across the state.

Some state hospitals (for example, Oregon State Hospital) have a Research Committee that focuses on projects that directly improve patient treatment services at the facility. In the past year, OFMHS, which operates a centralized database for the four competency restoration sites in the state, developed a Data Integrity Committee. Starting with a lead faculty researcher, involvement in the Data Integrity Committee or development of a research oversight committee at WSH along with team of people regularly involved in research activities at WSH (such as a delegate from OFMHS and other sources of collaboration) would foster projects that aim to improve patient outcomes or evaluation

services for persons at WSH. It will take some time to establish a foundation for ongoing research, identify avenues for outside funding and grant support, and before results can be put into practice.

Tension between Education and Service Demands

To sustain high-quality forensic teaching services, the tension between education and service demands must be thoughtfully addressed. Recognizing that WSH has a high need for clinical and evaluation services, there may be a natural tendency to utilize trainee and faculty resources to meet these demands. This risks tipping the service/education balance away from the priority of education. Although faculty and trainees will provide some direct services to the hospital, to sustain quality training programs, retain faculty/staff, and grow a workforce from the training programs, there must be a commitment to trainee education and to professional development and time for teaching and supervision for faculty.

To develop and sustain forensic teaching programs, program directors and faculty associated with the programs must have protected time for teaching and supervision, administration of the teaching programs (e.g., recruiting, tracking fellows' competencies, maintaining accreditation requirements), and other scholarly activities as dictated by the type of faculty appointment. For forensic psychiatry fellowship programs, the ACGME requires that the program director devote a minimum of 10 hour per week (on average) to a program with 1-2 fellows and 15 hours per week with additional fellows. Not only is protected time required to adequately teach, supervise, and mentor trainees, it is critical for the retention of the faculty and for recruiting fellows to staff positions after completion of their training program.

It is also imperative that hospital administration demonstrate an ongoing commitment to professional development among WSH medical and allied health professional staff. Professional development seminars and other training opportunities that are offered to staff to enhance their knowledge, skills, and abilities will have beneficial effects on the quality of clinical work and may have downstream effects on overall quality of the environment for patients, staff, and trainees. Given the time-sensitive needs of providing clinical care and forensic evaluations, particularly for CST evaluations, the tension between education and service demands represents an ongoing challenge to a high-quality training program.

Fostering Enthusiasm and Commitment to Education Among Staff

A culture supportive of and committed to education requires understanding of the educational mission and long-term goals at the level of hospital leadership, faculty

associated with the program, and hospital staff. This will require developing a culture that is open, adaptable, and collaborative across staff and faculty as well as across disciplines. Although some existing staff may be qualified to transition to a faculty appointment, many current staff may lack interest and skills to contribute directly to teaching and supervising of trainees.

It is not uncommon for clinicians to feel division between faculty and non-faculty staff, although it should also be noted that several of the esteemed programs that were consulted noted good working relationships between hospital staff and university-affiliated faculty. At the University of Virginia, for instance, the forensic psychology fellowship director noted an "easy relationship" with the hospital administration and staff. The hospital received the first national award from the American Psychiatric Association for exemplary collaboration between a public mental health facility and university in 1990. Good internal and inter-institutional communication will be critical to fostering a culture within the hospital, as will a shared commitment to staff education. Clinicians can and should participate in educational programming. Executive leaders are encouraged to verbalize and demonstrate the benefits of being a teaching hospital, collaborate on hospital-wide programming, and provide opportunities for joint continuing educational programs to reinforce the alliance between staff and faculty.

B. Training Programs Issues

Program Leadership

The training programs require a sufficient number of forensically-trained faculty members. As discussed above, the ACGME requires a minimum of two of Board certified forensic psychiatrists for a forensic psychiatry fellowship program, and more are preferred.

In addition, the fellowship programs require depth of leadership. Fellowship programs tend to be highly dependent on the program directors to maintain the administration of the program. This is true of the WSH Forensic Psychology Postdoctoral Program. Ray Hendrickson, J.D., Ph.D. manages the bulk of the administrative and oversight responsibilities of the psychology program. The UW workgroup learned from existing training programs that consolidating the knowledge and administrative responsibilities related to the operation of the fellowship carries risk. Should the program director take leave, for example, information necessary to continuing the program is at risk of being lost or unnecessary burden may fall to someone who has to step in. This can be ameliorated, at least in part, by having at least one additional faculty member associated with each fellowship program directly involved in the administration of the training program or more, such as through an active training committee. In the case of the WSH forensic psychology

postdoctoral fellowship, this role has been assumed by Jacqueline Means, Psy.D. In some cases, a program may formally designate an assistant program director to help with these tasks, become familiar with the operational needs of the program, and assign FTE to ensure that the assistant program director has the time needed to devote to supporting the fellows, the director, and the program as a whole. Finally, the ACGME requires a designated administrative staff program coordinator for graduate medical programs. A coordinator should also assist with the organizational tasks of the program director that do not require the program director to complete.

Recruiting Trainees to a New Forensic Psychiatry Fellowship Program

Although demand for forensic psychiatrists is high, some fellowship slots in forensic psychiatry go unfilled each year. A new program may have increased challenges in recruiting. Applicants will not have information commonly used to make decisions about the training program, such as the experience and level of satisfaction of current fellows, reputation of the program, Board pass rates, and employment of recent graduates. Some applicants may worry that a new program is service driven or that it will need to "work out the kinks" during the initial training years.

Although these are genuine concerns, WSH previously hosted a forensic psychiatry fellowship, and the fellowship spot was routinely filled. To the extent that the existing forensic psychology program can also represent the level of interest in forensic training in Washington, it is noteworthy that the psychology program generates many qualified applicants for the one position. A UW-WSH program has advantages over other sites across the country that may want to establish a new forensic psychiatry fellowship program. Some advantages include:

- Desirable location in the Pacific Northwest
- Lack of competing forensic psychiatry fellowship programs in the state. There is no forensic psychiatry fellowship in the WWAMI region (states partnering with the UW School of Medicine – Washington, Wyoming, Alaska, Montana, Idaho). The programs closest in proximity are the Oregon Health and Sciences University and the University of California – Davis.
- Affiliation with a strong general psychiatry residency program
- General psychiatry program fills positions consistently with high-quality applicants
- Affiliation with a forensic psychology postdoctoral program
- Local forensic psychiatrists with regional and national recognition
- Reputation of the former forensic psychiatry fellowship program at WSH

- Applicants are very likely to consider fellowship programs in the same region as their residency program, and there are several strong residency programs on the West Coast

To minimize risk of having a position go unfilled, the program director and affiliated personnel should engage in active recruitment efforts. The UW-WSH will want to establish a web presence to announce the programs and provide useful information for prospective applicants; announce the programs to relevant professional bodies, such as the AAPL and the AP-LS, both of which maintain a website of forensic fellowship programs, as well as the AADPRT, ABFP, American Psychiatric Association, and resident groups; and attend conferences where residents interested in forensic psychiatry would have an opportunity to meet with program faculty and learn about the program. Residency program directors should be informed of the program and accreditation, once granted, to inform interested residents.

Certification and Licensure for Fellows

For forensic psychiatry fellows, those completing residency immediately before starting their fellowship will not be eligible to take the psychiatry Board examination (ABPN, Board certification) until fall of the year in which they graduated from residency. Some fellows will elect to defer sitting for the ABPN examination during their fellowship year to focus on the fellowship without having to also study for the Board exam.

Although many mental health clinicians without formal training in forensics or without Board certification may offer themselves as experts in legal cases, being qualified as an expert in a legal case is always up to the discretion of the judge. One factor used in qualifying an expert is Board certification. Without this qualification, there is increased risk that a trainee would not be qualified as an expert, or that opposing counsel would use this fact in effort to impeach the clinician. Lack of Board certification is among the reasons that deter some attorneys from working with trainees, particularly for civil cases with large financial stakes.

The forensic training programs will need to be mindful of this in selecting and assigning cases to trainees. Forensic psychiatry fellows should be encouraged to complete the ABPN general psychiatry Board examination when eligible to take it, provided that they are sufficiently prepared to take the examination. Those who are successful with the examination will be Board certified in general psychiatry relatively early in their fellowship year.

Educational Program May Require Ancillary Sites

Although our model forensic teaching programs emphasize training at WSH and through the OFMHS, ancillary or new sites may be needed to supplement the educational experience. Although some highly esteemed programs only offer training experience at the state hospital (e.g., DSH-Patton), most offer training opportunities at sites that provide exposure to different populations, legal questions, and evaluations. At the Institute of Law, Psychiatry, and Public Policy (ILPPP) at the University of Virginia, for example, forensic psychology postdoctoral and forensic psychiatry fellows rotate half the year at the state hospital and half the year in the ILPPP forensic clinic, where they have opportunities to participate in death penalty cases, unique and complex violence risk assessments, threat assessment consultations, fitness for duty evaluations, and sexual offending risk assessments. In addition, the ILPPP offers trainees opportunities to engage in secondary analyses of datasets or collect original data during the training year. In general, a variety of training sites is valued by applicants to training programs.

As discussed in more detail in Chapter 3, an outpatient model is preferred for forensic psychiatry fellows to meet their ACGME requirement of treating patients in correctional systems. Correctional facilities or outpatient competency restoration programs would lend themselves to this training requirement.

Federal field offices for agencies that leverage the expertise of forensic mental health professionals (e.g., Federal Bureau of Investigation, Marshals' Behavioral Analysis Unit) and state law enforcement (e.g., State Bureau of Investigation) are other possible off-site training experiences for psychiatry and psychology trainees. Varied training experiences help to expose trainees to the wide variety of professional settings and the roles forensic mental health professionals play in those settings.

Additional training sites may generate some funds to sustain the program by having faculty and/or trainees at their site, provided that the site can offer a quality educational experience. Contracting with additional sites (corrections, courts, legal aid clinics) would need to be arranged well in advance of having trainees at the site. As with the primary training site, the funding source will need to be secured and reliable for ongoing programmatic planning.

If an ancillary site is to be used as a rotation site for a forensic psychiatry fellowship, it will need to be included in the plans for ACGME accreditation and arrangements will need to be made to include it in the site visit for ACGME accreditation.

Civil Forensic Mental Health Training

It is not uncommon for forensic teaching programs to struggle with providing fellows with adequate exposure to civil forensic evaluations. This is related to certification and licensure, discussed above. Attorneys may pass up working with trainees for several reasons, especially when the financial stakes are high in civil litigation. In addition, the duration of civil cases often is unpredictable and lengthy, and may extend beyond the fellows' training year. Careful consideration and attention to this training requirement will be needed for forensic fellowship programs. WSH can provide some but limited civil legal experience (for example, through civil commitment). Ancillary civil forensic training activities will need be explored and developed; several options are discussed in Chapter 3, Section V on Forensic Psychiatry Fellowship.

Scheduling Challenges for General Psychiatry Residents

The scheduling of general psychiatry resident rotations is affected by the residents' other program requirements and is compounded by the distance between UW and WSH. Psychiatry residents have requirements for continuity clinic and didactic teaching sessions, which limit their ability to travel to WSH on certain days of the week.

In addition, psychiatry residents may have on-call responsibilities. For senior residents, their call responsibilities prevent them from traveling to WSH on the day after their call shift. Residents are also afforded vacation and educational leave.

Although the UW workgroup proposed model elective rotations for general psychiatry residents that take these limitations into account (see Chapter 3), efforts should be made to assist residents in maximizing their educational experience while at WSH. To the extent that residents can postpone vacation or educational leave, particularly during a one or two-month rotation, this will help them to have sufficient time onsite for a quality educational experience. WSH has videoconferencing capabilities, which may allow some residents to increase their time at WSH by dialing into didactics and supervision remotely.

Onboarding

Orientation procedures, credentialing, and completion of any necessary background checks can be time-consuming and present challenges to residents and fellows seeking to train at WSH. These procedures may be particularly difficult for general psychiatry residents, whose rotations at WSH are likely to be relatively short in duration. Lengthy orientation and onboarding processes will consume trainees' time that they could otherwise spend in educational activities at WSH.

To the extent that any of these procedures may be completed in advance of trainee rotations at WSH, that is advised. Site and program coordinators should also keep track of

the onboarding requirements and which trainees will be at WSH, in order to complete these requirements in a timely and efficient manner. During an in-person meeting with WSH staff, representatives of the hospital training committee, which develops, operates, and maintains the onboarding and safety trainings for all hospital employees, informed the workgroup that they were excited about the prospect of having more trainees at the hospital and would be happy to collaboratively develop an onboarding training curriculum that meets university, hospital, and trainee needs. Patients who were interviewed by the UW workgroup recommended that a patient delegate of the Community Program be included in developing the orientation programming.

C. Trainee Issues

Distance Between WSH and UW

As noted above, the distance between WSH and UW presents a barrier for some trainees going to WSH. In addition to programmatic challenges in scheduling general psychiatry residents for rotations at WSH in light of their other program demands, the distance between WSH and UW can present personal challenges.

As some fellows are likely to reside in Seattle, this barrier also extends to forensic psychiatry and psychology fellows. Some trainees do not have a car and would need to arrange alternate means to get to WSH. Some have other responsibilities (child care or family responsibilities) that make the distance difficult to manage. Methods of addressing this challenge and projecting associated costs should be explored and applied, as needed.

Lack of Connection to the UW

Trainees (and faculty) at WSH may feel a lack of connection to the UW Department of Psychiatry and Behavioral Sciences. Many trainees are drawn to programs associated with large academic centers to take advantage of the diverse educational opportunities. Psychiatry residents, for example, have regular opportunities for interaction with peers and supervisors while rotating at sites in and near Seattle. For residents and fellows at WSH, opportunities to participate in UW activities (e.g., business meetings, Grand Rounds, committees, interest groups) may be limited due to the distance between sites. Fellows, particularly if they did not complete prior training at UW, may have minimal connection to the University and find it difficult to learn about resources in the Department and make connections with the broader community of trainees and faculty.

To the extent that WSH can utilize technology for remote access participation in some of UW programming, this may help maintain connection between UW and WSH, for trainees and staff at WSH alike. Trainees should be made aware of resources at UW and have

opportunities for interaction with UW education leadership and trainees in other UW educational programs, if desired. This could include participating in joint didactics, conferences, or other educational activities and/or joint social events with fellows in other UW programs. In addition, flexibility allowing trainees to work remotely from WSH on tasks such as writing reports, may allow greater opportunity for connection with the UW community.

Few Other Trainees

Trainees in health care professions are used to interacting with other trainees in their discipline and, commonly, with those in other disciplines during the course of their rotations. Currently, there are relatively few trainees at WSH and they are dispersed to different sites at the WSH campus. Some educational programs utilizing WSH include the psychology internship program, UW rotation in child and adolescent psychiatry for general psychiatry residents, and UW fellowship in child and adolescent psychiatry, in addition to the existing postdoctoral fellowship program in forensic psychology. Trainees often desire to interact with one another and learn from their common experiences at the site.

Opportunities for joint training are encouraged and will aid trainees in meeting and working with one another. Where possible, trainees should have opportunities to work in shared spaces (designated work area) to increase interaction and collaboration. Educational opportunities (like didactics) that can be posted and shared with trainees in other programs may foster additional interaction and educational opportunities for interested trainees.

IV. Risks to Establishing Forensic Teaching Services At WSH

A. Cutbacks in Funding

Securing consistent funding is a prerequisite for the forensic teaching services. Should the programs experience loss of funding or cutbacks, or should funding sources fail to keep up with program cost increases, this would jeopardize the stability of the teaching programs. Without funding, the program would not be able to sustain training slots and would risk loss of faculty and other services.

B. Change in Quality Services in Absence of Adequate Resources

Although the primary goal of the training programs is education, a loss or reduction in program funding and/or faculty positions is likely to result in unintended clinical consequences. Not only would these losses adversely affect the quality of the educational program, but they would also adversely affect patient care and evaluation services.

The UW workgroup has recommended model forensic teaching programs that are designed to provide benefit to the hospital and community, as well as the trainees. With loss of faculty and trainees, other clinicians may have to cover responsibilities that had been performed by the training program and certain services (e.g. consultation for complex cases likely to be a part of fellowship programs) may be lost. Recognizing the need for WSH to balance service demands with the educational goals of the training programs, the UW workgroup cautions against over-reliance on the teaching programs to address service demands.

C. Loss of Mental Health Clinicians if Programs are Poorly Implemented

If the program(s) were poorly implemented due to insufficient funds, inability to sustain quality faculty, safety or foundational concerns, or other reasons, this could deter skilled mental health clinicians from pursing forensic mental health broadly or at WSH specifically.

D. Failure to Fill Training Positions

As discussed above, some forensic psychiatry fellowship positions go unfilled each year. Although UW-WSH programs have many assets that would be attractive to applicants, failure to fill spots is a risk, particularly when starting a new program because applicants will have to trust that their educational experience will be of high quality without evidence of trainees having successfully completed the program.

E. Program Participants Leave the State Post-Training

An intended goal and anticipated benefit of high-quality forensic teaching services at WSH is to retain mental health clinicians at WSH (or in the state) following completion of their training. Despite this, a certain percentage of clinicians will leave the state following completion of their training. As previously discussed, the forensic postdoctoral psychology fellowship program has a demonstrated track record of retaining most trainees at WSH after their training. Health professionals often remain in the area where they trained. The differences in laws and resources affecting forensic practice are added incentives for individuals in forensic mental health to remain in the state where they trained.

In absence of the forensic teaching services, the state is assuredly losing qualified clinicians to other states for training and subsequent practice. Furthermore, program directors from model training programs rightly assert that the future endeavors of their graduates in various settings across the country helps to sustain their national reputation as an elite training site.

V. Conclusion

Building new and bolstering existing forensic teaching programs can present exciting opportunities – full of possibility and with options to design educational experiences that will benefit trainees, WSH, the UW, and the community at large, including patients and evaluees. The benefits to these stakeholders are many and are summarized in this chapter. Chapter 2 further describes benefits identified by existing forensic teaching programs across the United States. Implementing and sustaining forensic teaching services, however, are not without challenges. Chapter 2 also summarizes common challenges experienced by existing programs. This chapter aimed to identify barriers and risks specific to UW-WSH forensic teaching services, which include financing the program, accreditation, and retaining sufficient quality staff/faculty.

CHAPTER 5: Budget and Cost Implications and Projected Implementation Timeline

Chapter Summary

This chapter focuses on the budget and cost implications of establishing a forensic teaching service at WSH and the timeframes and implementation benchmarks for each new or enhanced forensic training program. It is important to highlight that starting and sustaining high-quality programs will take some time and will require a long-term commitment of human and financial resources. As outlined in Chapter 3 of this report, the UW workgroup proposes a step-wise implementation plan with each stage dependent on meeting benchmarks of the previous stage.

Stage 1 focuses on the environment of care at WSH. The UW workgroup estimates that benchmarks associated with this stage can be met by early Fiscal Year (FY) 2020 (July 2019). Stages 2 through 5 outline a plan for sequentially introducing trainees, starting with an additional forensic psychology postdoctoral fellow, then general psychiatry residents, and then forensic psychiatry fellows. Adhering to the model's timeline, the forensic psychiatry fellowship will have its first class of fellows in FY2024 (July 2023).

The costs incurred for Stages 2-5 include the following broad categories: faculty searches; faculty and trainee salaries, benefits, overhead charges, and education and travel stipends; protected time for faculty and supervisors in the training programs; program coordinators for administrative responsibilities associated with the training programs; and facility resources (office space, computers, etc.). Although the UW workgroup has attempted to anticipate relevant costs, costs may vary depending on a number of factors, including any delays in meeting benchmarks or changes to the hospital's infrastructure. Continued engagement and communication between WSH and members of the UW consultation group in the pre-implementation stages is recommended to help identify issues as they arise and to minimize delays.

I. Introduction

This chapter presents the budget and cost implications specific to the proposed forensic teaching service at WSH and the timeframes and associated with required steps for implementation of each new or enhanced program. **Successful introduction and expansion of teaching services at WSH will require new state funding and a long-term financial commitment to funding the programs**, beyond a two-year budget cycle. This report outlines an implementation timeline and an estimated budget for the next ten years focusing on tasks and costs associated with each stage of implementation.

The UW workgroup proposes a stepwise, 5-stage implementation plan and timeline, whereby subsequent stages are contingent on meeting the benchmarks of the previous stage. Within a

stage, tasks may be assumed to occur simultaneously, except when clearly sequential (for example, recruiting the first class of forensic psychiatry fellows would occur before the fellowship actually begins). The stages are consistent with the model components that were presented and justified in Chapter 3 (see **Figure 1** on page 79).

Table 5-1 illustrates some of the basic components of each phase. These will be discussed in greater detail below. Some costs described will be associated primarily with initiating a component – for example, funds for consultation and faculty hiring. Other costs will continue through each phase once started – for example, faculty, trainee, and support staff salaries. Appendix L illustrates the phases and components on a timeline.

Table 5-1. Outline of Stages for Introduction of Forensic Teaching Services at WSH

Stage 1: Environmental Foundation (estimated 2 years, new funding in second year only, FY 2019)

WSH obtains and maintains hospital certification and accreditation

WSH and OFMHS staff recruitment and retention efforts

UW consultation

WSH focus on environment of care benchmarks (e.g. safety, morale)

Review progress toward benchmarks and programs implementation (quarterly)

WSH provides protected time for postdoctoral fellowship director and supervisors (starting FY2019)

WSH provides dedicated training program support staff at WSH, suggested 0.1 of fulltime effort (FTE)

WSH explores and establishes roles for forensic psychiatrists in forensic evaluation service

Planning for joint UW-WSH forensic psychology postdoctoral fellowship

Explore and negotiate contract structure for UW Teaching Service at WSH

Stage 2: Educational Foundation (estimated 1 year, FY2020)

UW consultation

Formalize contract structure for UW Teaching Service

Review progress toward benchmarks and programs implementation (quarterly)

Initiate search and hire forensic psychiatrists into faculty appointments (2)

Initiate search and hire forensic faculty with research focus (1)

Salary, benefits, and support for forensic psychiatrist faculty

Salary, benefits, and support for research faculty member

Focus on QI projects, evidence-based practice, education planning

Recruitment of forensic psychology postdoctoral fellowship position #2

Preliminary planning for UW Center for Psychiatry and the Law

Stage 3: Establish Integrated Forensic Mental Health Educational Programs (estimated 6 months, FY2021)

Develop UW Center for Psychiatry and the Law

Increase FTE for dedicated program coordinator to support forensic training programs (0.5 FTE)

UW consultation (through December 2020)

Review progress toward benchmarks and programs implementation (through December 2020)

Notify ACGME of WSH as a training site for general psychiatry training

Initiate general psychiatry residents elective rotation, fund salary and benefits

Launch joint UW-WSH forensic psychology postdoctoral fellowship (2 positions)

Salary, benefits and support for additional forensic psychology postdoctoral fellow (position 2)

Stage 4: General Psychiatry Residency Elective and Preparation for UW-WSH Psychiatry Fellowship (estimated 18 months, FY2021 –FY2022)

Name forensic psychiatry fellowship program director, fund protected time

Dedicated program coordinator staff (0.5-1.0 FTE, depending on number of programs supported)

Forensic psychiatry fellowship curriculum development

Application for accreditation of a new forensic psychiatry fellowship program and review by ACGME

Stage 5: Introduce UW-WSH Forensic Psychiatry Fellowship (estimated start FY2023)

Recruit forensic psychiatry fellows (2)

Salary, benefits, and support benefits for psychiatry fellows (starting FY2024)

In some cases, there are discrete metrics by which the proposed stages and associated milestones can be assessed (e.g., hospital certification by the Center for Medicaid and Medicare Services (CMS)). In other cases, administrators and other affiliated personnel at the UW and WSH, and the project steering committee, will need to collaboratively evaluate whether satisfactory progress toward the goal has been made and whether there exists a realistic maintenance plan. For example, tracking clinicians' use of evidence-based risk management protocols (e.g., behavior plans based on functional analyses of behavior to reduce risk of institutional violence) may be used to evaluate WSH's therapeutic and safety goals. Because failure to adequately meet milestones can result in a minimum one-year delay to the implementation timeline, it is critical that key decision-makers from DSHS, WSH, and UW remain in frequent communication about whether and how milestones are being met and that problem-solving is both collaborative and expeditious. **It is recommended that direct communication occur between these stakeholders at least quarterly during Stages 1-3, when members of the UW workgroup will continue in a consultative role.**

All aspects of the proposed plan are not included in the timeline outlined herein. Rather, the UW workgroup has focused on components of the proposed plan that have budget, cost, procedural, or infrastructure implications. In this report, the budget and costs outlined are rough estimates based upon information currently available to the UW workgroup. They are likely to change as new information becomes available and as costs for services and salaries change. In the interest of permitting a more nuanced consideration of each, the cost and budget considerations are provided in tandem with the proposed timeline. Sources and other considerations for cost projections are provided in Appendix M.

II. Stage 1: Environmental Foundation (estimated 2 years starting July 2017)

Establishing high-quality forensic teaching services based at WSH first requires attention to the environment and educational infrastructure. This phase focuses on clinical care and evaluation practices with attention to improved staffing on the forensic units, improved compliance with *Trueblood*, and improved safety. A cohesive and well-trained multidisciplinary staff is integral to

high-quality clinical care as well as providing a necessary foundation for high-quality forensic teaching services at the hospital. All efforts to foster well-being, job satisfaction, professional development, a recovery-oriented culture of care, and professional cohesion will advance the therapeutic milieu and support of the hospital's mission to promote recovery. These elements are the touchstone for rigorous, ethical, and culturally competent professional training. Therefore, **the foundational stage must be completed prior to introduction of additional trainees or educational programs.**

Requirements related to the foundational stage are further discussed here by topic.

WSH Obtains/Maintains Hospital Certification and Accreditation

The foundational phase emphasizes the need for regulatory compliance as a prerequisite for forensic teaching programs. WSH will first need to maintain compliance with CMS recommendations and obtain accreditation from the JCAHO. These steps are necessary for meeting the accreditation requirements of the ACGME, which is essential for WSH to host graduate medical programs. Hospital leadership and relevant stakeholders will need to work together during Stage 1 to obtain and maintain relevant certification and accreditation.

WSH and OFMHS Staff Recruitment and Retention Efforts

Adequate staffing of clinical units and the Center for Forensic Services is needed to ensure compliance with *Trueblood*, to enhance safety, and to improve morale. Psychologists and psychiatrists are needed to conduct evidence-based violence risk assessments to guide decision making around safety and treatment and to develop well-designed risk management plans. Allied health professionals and support staff are needed to aggregate data that form the basis for forensic risk assessments, formulations, and treatment and management recommendations. Adequate staffing levels also ensure that periods associated with higher risk of elopement, victimization, aggression, and other serious incidents – such as transitions on the unit – adhere to protocols that minimize these risks. The forensic evaluators based at WSH are employees of OFMHS rather than WSH. OFMHS should continue its efforts to expand and support this workforce with continued emphasis on advanced training and building morale.

UW Consultation

The UW workgroup considers it essential to have continued, regular involvement with WSH and DSHS to help ensure progress toward implementing the agreed-upon plan for establishing high-quality forensic mental health training programs based at WSH. In addition, the consultation period, to start in July 2018 during Stage 1 and extend through December 2020 in Stage 3, will ensure continuity with WSH in the planning for the joint teaching service during hiring and

orientation of faculty and staff leadership for the various training programs. Our proposed budget includes faculty support (0.30 FTE or 0.10 FTE each for three UW faculty) and a program assistant (0.10 FTE) to work with WSH, DSHS's OFMHS, and the UW Department of Psychiatry and Behavioral Sciences during this formative developmental stage. Consultation will come from the forensically-trained members of the UW workgroup who developed the plan proposed here, or appropriate alternates.

Therapeutic Environment

Therapeutic cultures and the policies, procedures, and customs that shape them vary greatly between forensic psychiatric hospitals. The safety and security of patients, staff, and visitors is paramount. Accordingly, custodial and clinical staff must work together and be guided by strong leadership. It is outside the scope of the UW workgroup's charge to make recommendations as to how to maintain a culture of safety that also prioritizes appropriate psycho-legal treatment beyond those recommendations that also pertain directly to the environmental foundation for high-quality forensic clinical training (e.g., staffing levels). Ideally, the culture of care throughout the hospital would place a high value on trauma-informed, culturally competent, and evidence-based treatments.

Forensic Evaluator Certification Program

The UW workgroup supports efforts by BHA's OFMHS to develop and maintain an evaluator certification program. WSH will need to explore and develop opportunities for forensic psychiatrists to have a role in forensic evaluations, as this may help to attract and retain forensically-trained psychiatrists at WSH, support psychologists in the Center for Forensic Services through medical consultation, and establish psychiatry supervisors for general psychiatry residents and forensic psychiatry fellows in performing forensic evaluations.

Institutional Support for Forensic Psychology Postdoctoral Fellowship Key Personnel

To bolster the quality and sustainability of the forensic psychology fellowship, demonstrate institutional support of forensic mental health training, and align the forensic psychology fellowship with compatible programs nationally, the forensic psychology postdoctoral fellowship program director should receive 0.30 FTE toward his or her role (his, if Dr. Hendrickson continues in this role), beginning in July 2018 or sooner if funding can be secured. During the foundational phase, the program director should work toward his or her own forensic ABPP certification as well as the ABFP 5-year experience waiver for the fellowship program. In addition, 0.05 FTE should be granted to each rotation supervisor. This FTE will support participation in training committee meetings, face-to-face supervision, and related administrative responsibilities (e.g., curating testing cases, completing performance

evaluations). The program director and rotation supervisors will work closely with the UW workgroup in planning implementation of the proposed changes to the postdoctoral fellowship outlined in Chapter 3.

It is important to note that here and below "protected time" refers to time from a staff or faculty member's schedule that is dedicated to academic pursuits – including recruiting and supervising trainees, developing curriculum, completing trainee evaluations, facilitating didactics, and engaging in scholarly work product or clinical research. This cannot be associated with an expectation to complete the same workload of clinical care or evaluations within a shorter period of time, but rather must be associated with a decrease in productivity expectations (e.g., fewer patients on an inpatient ward or fewer evaluations completed each month), which may increase overall OFMHS costs, as other forensic evaluators will be needed to cover these services. As such, funding to support the protected time for the program director and supervisors is requested for OFMHS starting in FY 2019.

Additional expenses associated with strengthening the current postdoctoral forensic psychology program in preparation for a jointly-administered academic forensic psychology postdoctoral fellowship are anticipated. These expenses will increase the competitive nature of the program and advance efforts to recruit fellowship applicants who bring a strong foundation in forensic and clinical psychology. Such strategies enhance both the program and the staff, as many fellows will remain at WSH or within the state workforce after they complete their fellowship. For instance, the program director and fellow should attend the AP-LS annual conference, at which both preeminent and emerging scholars and practitioners within the field meet annually. Another incentive is to offer reimbursement of the license examination fee for fellows to sit for their clinical psychology licensing exam during the training year. This is likely to lead to higher rates of fellows who sit for the licensing exam during the fellowship year--a metric relevant to a program's reputation. Because examinees must register for a professional license in one state in order to sit for the exam, providing an incentive to complete the national examination during the postdoctoral training year may provide an incentive for trainees to remain in the state following the fellowship, and facilitate an easier and more expeditious transition from trainee to early career professional. Finally, additional funding is needed to update and expand the testing library and relevant scholarly resources. Appendix N lists suggested acquisitions.

In order to maintain a high-quality training program in psychology (and, in the future, in psychiatry), it is critical that program directors be able to make long term plans for the program. This requires communication and coordination with state programs, which would include alerting the program director of any planned and potential programmatic changes within the state – including within WSH, OFMHS, and DSHS. It is also important for the various

state programs, including WSH, OFMHS, and, potentially, other sites to coordinate credentialing and supervision for the psychology postdoctoral fellowship and future psychiatry training programs to allow trainees access to various systems (including access to computer systems and medical records) and to allow qualified supervisors in each system to supervise the trainees.

Forensic Psychology Fellowship Program Support Staff

To support the mission and goals of the existing postdoctoral fellowship program, 0.1 FTE administrative staff support should start in July 2018.

Planning for UW-WSH Forensic Psychology Postdoctoral Fellowship

The UW consultation team will work with the WSH training committee to discuss the proposed enhancements to the fellowship program and engage in pre-implementation planning. Activities include but are not limited to restructuring the rotation schedule, creating a new recruitment brochure for a joint UW-WSH program, establishing or shoring up opportunities for fellows to contribute to QI or scholarly activities prior to the hiring of research faculty, and exploring ancillary training experiences for postdoctoral fellows (e.g., Department of Corrections, Harborview Psychiatric Emergency Department).

Final Comments on Costs Projections for Stage 1

The UW workgroup recognizes that some aspects relevant to the environmental foundation are ongoing – e.g., staff recruitment efforts, fostering professional satisfaction and cohesion, maintaining patient and staff safety, CMS certification. It is beyond the scope of the UW workgroup to estimate the funds that WSH and DSHS will need to complete all aspects of the foundational phase, as this is highly dependent on current and projected staffing needs. Addressed here are costs specifically associated with establishing forensic teaching services at WSH.

The foundational stage (Stage 1) begins Fiscal Year (FY) 2018 (July 2017) with a no-cost-extension of current funding and will require new funding starting in FY 2019 (July 2018). It is estimated that this stage could be completed in two years, starting with the accreditation components and assuming one year of implementation work during FY 2018 prior to additional budget support. Budget estimates for this stage are included in **Table 5-2** and are based on a timeline assuming one year of funding (FY 2019). **However, if there are delays with any component – for example, JCAHO accreditation or protecting time for the psychology fellowship staff – this phase may require additional time.**

Table 5-2. Budget Components and Estimates for Stage 1

Category	*Description*	*Projected Cost FY 2019*
State Funding to UW		
Personnel (consulting)	0.3 FTE for consultation: Recommend 0.1 FTE each for the following UW workgroup members (or alternates) to continue consultation: Jennifer Piel, JD, MD Sarah Kopelovich, PhD, and Katherine Michaelsen, MD 0.1 FTE in administrative support	$67,488
Services/Supplies	Copying, supplies, parking, etc.	$250
Local Travel	Mileage reimbursement for 9 round-trip (RT) drives from Seattle to WSH	$450
Indirect costs	10%	$6,819
FY 2019 Total for Stage 1 to UW		**$75,007**
State Funding to OFMHS and WSH		
Personnel	0.3 FTE protected time for psychology postdoctoral fellowship program director (currently, Dr. Hendrickson)	$43,583 (OFMHS)
	0.05 FTE protected time for supervisors	$7,264 (OFMHS)
	0.1 FTE in administrative support	$5,683
Services/Supplies	Licensing exam fee ($1000) and WA license application fee ($206) for fellow	$1,206
	Expansion of forensic library and access to online resources	$2,700, with $500 per year in future years
Travel	Psychology postdoctoral fellowship program director and fellow to attend/travel AP-LS national meeting (@$2,000 each)	$4,000
FY 2019 Total for Stage 1 to OFMHS and WSH ***OFMHS total $50,847*** ***WSH total $13,589***		**$64,436**
Total projected cost estimate for FY 2019		**$139,443**

Note: Sources and assumptions for budget calculations are specified in Appendix M

III. Stage 2: Educational Foundation (1 year, FY2020)

Stage 2 requires completion of the elements from Stage 1. However, preparation for Stage 2 also requires negotiating and formalizing a contract structure for the teaching services to allow contracting of UW faculty members to work at WSH and establishing an affiliation agreement for purposes of training. Stage 2 focuses on further developing the educational infrastructure required prior to introducing additional educational programs for general psychiatry residents and forensic psychiatry fellows, with special focus on creating a faculty and supervisor base for trainees.

Initiate Search/Hire Two Forensic Psychiatrists into UW Faculty Appointments

Stage 2 includes the UW-WSH joint search and hiring of a minimum of two forensic psychiatrists into UW faculty positions. The faculty positions would require protected time for academic work (initially 0.2 FTE each). These academic forensic psychiatrists would initially use their protected academic time for curriculum development for future educational programs, staff continuing education development and implementation, QI projects, clinical rounds with forensic consultation development, WSH forensic mental health grand rounds development, research, and coordinating activities with the UW. In anticipation of future training programs, one or both forensic psychiatrists should start planning the forensic elective rotation for general psychiatry residents. This milestone assumes that the contract structure for UW clinical, research, teaching, and/or administrative work has been negotiated and formalized between the institutions.

The UW workgroup further encourages WSH to explore means for forensically-trained psychiatrists to play a role in forensic evaluation services. This may be used as a recruitment and retention strategy for forensic psychiatrists looking to perform forensic evaluations. In addition, psychiatry involvement in the Center for Forensic Services is useful for medical consultation and for performing evaluations in cases with medical or pharmacologic complexity. Psychiatrists will also be needed to supervise future psychiatry trainees who perform forensic evaluations. Psychiatrists familiar with the Center for Forensic Services will be in a better position to supervise trainees conducting forensic evaluations assigned through the Center.

Initiate Search/Hire One Forensic Research Faculty Appointment

Stage 2 also includes joint search and hiring of one forensically-trained faculty member with a primary research focus. This individual should be selected based upon interests and expertise in clinical forensic research relevant to WSH, with a focus on improving safety and quality of care. Although this clinician may have some clinical responsibilities, the position should focus on research and research education (0.75 FTE for research-related activities). This clinician-researcher will provide supervision, enhance research-related education, and facilitate access to research projects for current postdoctoral fellows and future psychiatry trainees.

Costs for faculty would include salary, benefits, relocation and support expenses, with a projected appointment start date of January 1, 2020 (mid-year FY 2020). There is an annual overhead charge of $12,000 applied for each off-site faculty member to cover the direct costs to the department for managing recruitments, appointments, reappointments, promotions, and University-assessed charges including IT and payroll user fees. Faculty members should have yearly funds allocated for travel and education expenses related to professional development, such as continuing education and conference fees. These new faculty hires would require office space. The space allocated should be co-located, so that faculty offices are near

each other and, as much as possible, near the educational program support staff. The space should also easily expand to incorporate the allocated space for trainees, including postdoctoral fellows, the postdoctoral fellowship program director, and, later, general psychiatry residents and forensic psychiatry fellows.

Focus on QI, Evidence-Based Practice, and Education Planning

In coordination with the UW consultants, the newly-hired faculty, OFMHS staff, and WSH administrative personnel will work together to systematically assess and address hospital policies, practices, and procedures that would benefit from QI. Attempts will also be made to identify best practices and to incentivize or otherwise encourage adherence to evidence-based and/or best practices. Key stakeholders (namely, the existing WSH training committee, new faculty hires, and UW consultants) will collaborate on education planning, including developing continuing education programs for staff and future educational programs for trainees.

Recruitment of WSH Postdoctoral Fellow Position #2

Recruitment for two postdoctoral fellows in forensic psychology (as opposed to the current one postdoctoral fellow) may begin upon completion of the Stage 1 milestones and securing adequate funding to support the enhanced fellowship. Salary and benefits for two postdoctoral fellows will begin in FY 2021 (September 2020), which is currently estimated to coincide with Stage 3. Although based at WSH, the fellows are employees of OFMHS. This is reflected in the budget request outlined for Stage 3. Once established, recruitment will emphasize the sponsoring program as a joint UW-WSH fellowship.

With the new faculty hires and recruitment of a second postdoctoral fellow, WSH should continue to allocate protected time for the forensic psychology fellowship program director (0.3 FTE), increase protected time for major rotation supervisors (from 0.05 FTE to 0.1 FTE each once the second fellow begins) and the program and administrative support staff (from 0.1 FTE to 0.2 FTE). Activities for the program support staff would include assistance with program development with the new faculty hires, including development of continuing education offerings, preparation for general psychiatry rotation approval, and creation of a plan for organized credentialing and orientation of residents.

Planning for a UW Center for Psychiatry and the Law

The UW consultants and newly-hired faculty, in collaboration with the UW Department of Psychiatry and Behavioral Sciences, shall explore avenues to foster greater attention, training, and scholarship related to mental health and the law. The UW will explore options to formalize a forensic division within the Department as well as options for collaboration among relevant

schools and departments within the University. Funding and need for additional faculty are among issues that would need further assessment.

Establishing a Center for Psychiatry and the Law would be useful to facilitate interdisciplinary and, possibly, cross-program collaboration related to forensic mental health delivery, research, evidence-based practices, public policy, teaching, and education. A network of clinicians and scholars would serve to strengthen the exchange of ideas and help to advance the development of the forensic training programs and forensic mental health practice in the state. Some sharing of human, financial, and technical resources may provide cost-effective collaboration.

Final Comments on Costs Projections for Stage 2

Stage 2 requires enhancing the educational infrastructure for the current forensic psychology postdoctoral fellowship program and engaging in activities that will support a timely and successful launch of future psychiatry training programs based at WSH. The UW workgroup estimates that Stage 2 could be completed in one year (FY 2020). Some of the costs, such as faculty searches and relocation funds, may be limited to this year. However, other costs, such as salaries and benefits and overhead expenses would continue to future stages. For personnel costs, an annual 3% cost-of-living increase (COL) is factored in for both UW- and WSH based personnel in an effort to more accurately reflect future costs. **Table 5-3** shows budget estimates for this phase, based upon the estimated one-year duration.

Table 5-3. Budget Components and Estimates for Stage 2

Category	***Description***	***Projected Cost FY2020***
State Funding to UW		
Personnel	Consulting effort (0.3 FTE) and 0.1 FTE staff per Stage 1	$69,512
	2 forensic psychiatrists (2.0 FTE, 0.2 protected FTE each), projected start date of 1/1/20	$263,186
	Research-focused forensically-trained faculty member (1 FTE, 0.75 protected), projected start date of 1/1/2020	$131,593
Services/Supplies	Faculty moving expense & relocation incentive (3x $30,000)	$90,000
	Computers/software/supplies for each new hire (@$1,800 each on 4-year replacement cycle)	$5,400
	Copying, supplies, parking, etc. for consulting faculty	$250
Travel	Mileage reimbursement for 9 RT drives from Seattle to WSH for consulting faculty	$450
	Faculty professional development/travel funds (@ $2,500 each)	$7,500
Overhead	Faculty hiring and management fee (@$12,000 per FTE)	$18,000
Indirect costs	10%	$58,589
FY2020 total for Stage 2 to UW		**$644,480**

State Funding to OFMHS and WSH		
Personnel	Continuation of psychologist effort from Stage 1, plus	$52,372 (OFMHS)
	Increase administrative support effort from 0.1 to 0.2 FTE	$11,707
Services/Supplies	Continuation of Stage 1 expenses	$1,706
	Facilities – costs in allocating space for new faculty, e.g. any necessary renovation, furniture expenses	$15,000
Travel	Continuation of Stage 1 expenses	$4,000
FY2020 total for Stage 2 to OFMHS and WSH ***OFMHS total $52,372*** ***WSH total $32,413***		**$84,785**
Total projected cost estimate for FY 2020		**$729,265**

IV. Stage 3: Establish Integrated Forensic Mental Health Educational Programs (estimated 6 months)

Per the projected timeline and assuming that Stage 2 milestones are met, Stage 3 would commence along with Fiscal Year 2021 in July 2020. Establishing the general psychiatry elective rotation is one of the primary objectives of this stage. Initial preparation for the elective rotation should have begun in Stage 2. Stage 3 should include finalizing the proposal for a forensic psychiatry elective for general psychiatry residents at WSH and adding WSH as a general psychiatry residency training site. Additional details regarding the milestones associated with Stage 3 are delineated below.

Develop UW Center in Psychiatry and the Law

As discussed in Stage 2, the UW is poised to promote forensic mental health through the development of a center focusing on mental health, law, and policy. Creation of a center would provide for collaboration of clinicians and scholars invested in research, policy, practices, and education related to mental health and the law.

With its emphasis on forensic mental health, the UW workgroup envisions the center as serving to unite faculty within the department and in related disciplines. In this manner, forensic faculty would have a "home" for collaborative and interdisciplinary scholarship, research, and education. Forensic faculty at WSH would be encouraged to participate in and collaborate with other faculty affiliated with the center.

Outside the UW, some existing institutions bring together their training programs in forensic mental health under an umbrella division (or center) in mental health and the law. The UW workgroup envisions that this will similarly be true at the UW. Although the center's initial planning and development are likely to precede the selection of a program director for the forensic psychiatry fellowship program, it is likely that the forensic psychiatry and psychology

fellowship directors, as well as other core faculty in the training programs, will play central roles in determining the direction of the center.

Notify ACGME of WSH as Training Site for General Psychiatry Residency Elective Rotation

Proposals for elective psychiatry rotations, including rotation content descriptions, structure, and plans for resident supervision, must be submitted to the UW residency program by February of the year in which residents will begin rotating (with rotations starting in July with the academic year). This is necessary for the residency program to review and determine whether to approve the proposal. Upon approval, the elective will be included among the training opportunities for psychiatry residents, which they select in the spring of the year in which the elective would start. If the deadline submission were missed for residents starting in FY 2021 (i.e., rotation description and approval in February 2020), then the introduction of residents would likely be delayed until FY 2022 (with rotations starting July 2021). A program letter of agreement (PLA), or specific written agreement between the general psychiatry residency program and WSH, would need to be developed and in place before the elective rotation could begin.

A general residency forensic elective rotation site director should be identified, most likely the faculty member hired during Stage 2 who took a lead role in developing the elective proposal, and given an additional 0.1 FTE of protected time toward further developing the rotation goals and objectives, educational didactic and clinical curriculum, coordination with UW, and ensuring high-quality supervision and rotation experiences. Further, other forensic psychiatry supervisors will need additional protected time for supervision when there is a resident rotating (0.05 FTE for a supervisor's time).

UW psychiatry training programs are ACGME-accredited and well-regarded. The UW general psychiatry program will notify the ACGME of the addition of WSH as a training site upon approval of the WSH elective rotation in forensic psychiatry.

General Psychiatry Residency Elective Rotation Begins

The forensic psychiatry elective rotation will commence in July following the approval of the rotation. Based on our projected timeline, the rotation will begin in July 2020 if the preceding steps are fulfilled. Since this rotation will be elective and not required, it is likely to fill intermittently based on general psychiatry resident interest. Residents' experiences are likely to influence whether subsequent residents seek the elective.

Costs associated with this stage include salary and benefits for the residents. Estimates are based upon six one-month resident rotations, but costs would vary if more or fewer residents

selected the rotation in a particular year. Resident salaries are set through negotiations with the UWHA and are currently only available through 2019 so cost estimates are based upon FY 2019 salaries with cost of living increases projected at 3% per year. Benefit rates for the university are calculated annually based on detailed projections as well as actual expenses during the prior year and vary slightly year to year. Budget projections use the FY 2018 approved rates across all years. Salaries also increase based on postgraduate year in residency, so that PGY2 residents have a lower salary than PGY 4 residents. It is expected that more PGY2 than PGY3 or 4 residents will elect this rotation based upon the proposed one-month design. Accordingly, our budget estimates are based on four PGY2 residents and two PGY4 residents electing the WSH rotation each year. The university charges an overhead charge for each trainee, which is currently 20% of the salary and benefits. Finally, given that there is a trend toward fewer psychiatry residents owning cars, WSH may increase interest in this elective by assisting with transportation, given the distance from Seattle. This may include mileage reimbursement, coordination of carpooling, or making a car available.

Launch of Joint UW-WSH Forensic Psychology Postdoctoral Fellowship

After recruitment in fall 2019, the second forensic psychology postdoctoral fellow would start in September 2020. Of note, if Stage 2 were extended to more than one year, the additional forensic psychology postdoctoral fellow would start in Stage 2, rather than Stage 3, as this is not dependent upon the completion of other tasks in Stage 2. A training committee comprised of WSH-based staff and UW faculty would coordinate training experiences and oversee the educational activities of the two fellows. The launch would be associated with some costs associated with promoting the program and developing a program website.

Recruitment for Forensic Psychiatry Fellowship Program Director

During the latter portion of Stage 3, there should be recruitment of a program director for the prospective forensic psychiatry fellowship.

Final Comments on Costs Projections for Stage 3

Continuing costs in this and later stages include salaries, benefits, travel for two postdoctoral fellows, protected time for the forensic psychology postdoctoral program director and supervisors, program coordinator time at WSH, and newly hired faculty salaries and benefits. The WSH program coordinator role would expand to coordinate the orientation, credentialing, and schedules of the two postdoctoral fellows and general psychiatry residents (increase to 0.5 FTE). As mentioned above, the residents would require office space and computers – ideally located near the faculty offices and the postdoctoral fellow offices.

Stage 3 is expected to take six months (first half of FY 2021) if the deadline for a new residency rotation is met. There will likely be some overlap with continued residency rotation development and stages four and five as described below. **Table 5-4** provides figures for the estimated budget associated with this stage projected to the full year of FY2021.

Table 5-4. Components and Estimates for Stage 3 Projected to Full year for FY2021

Category	***Description***	***Projected Cost FY2021***
State Funding to UW		
Personnel	Consulting effort and support for 6 months (July – Dec) only	$36,017
	3 Faculty continuing per Stage 2 with additional protected FTE of 0.1 for site director of resident elective and 0.05 for the designated supervisor during each one month elective rotation	$813,240
	General Psychiatry Residents (estimating 6 one month FT rotations)	$44,363
Services/Supplies	Develop program website for joint UW-WSH forensic psychology postdoctoral fellowship (using existing department template), with $300 budgeted in subsequent years for updates	$1,000
Travel	Mileage reimbursement for 6 RT drives from Seattle to WSH for consulting faculty	$300
	Faculty professional development/travel funds (@ $2,500 each)	$7,500
Overhead	Faculty hiring and management (@$12,000 per FTE)	$36,000
	General Psychiatry Residents (@ 20% salary/benefits)	$8,873
Indirect costs	10%	$94,742
FY21 Total for Stage 3 to UW		**$1,042,160**
State Funding to WSH		
Personnel	Continuation from Stage 2, plus	$61,648 (OFMHS)
	Psychology Postdoctoral Fellow, Position 2 including salary and benefits	$91,049 (OFMHS)
	Increase program support staff FTE to 0.5	$30,147
Services/Supplies	Continuation of Stage 2 expenses, plus	$1,706
	Licensing exam fee/WA license application fee (fellow, position 2)	$1,206
	Facilities – costs in allocating space for trainees if not completed in Phase 2	$5,000
Travel	Continuation of Stage 2 expenses, plus	$4000
	AP-LS meeting/travel for fellow, position 2	$2000
FY2021 Total for Stage 3 to OFMHS and WSH ***OFMHS total $152,697*** ***WSH total $44,059***		**$196,756**
Total projected cost estimate for FY 2021		**$1,238,916**

Note: Stage 4 is projected to start January 2021. Additional Expenses for FY21 specific to Stage 4 are included in Table 6

V. Stage 4: General Psychiatry Residency Elective and Preparation for UW-WSH Forensic Psychiatry Fellowship (estimated 18 months)

General psychiatry residents should be rotating at WSH and generally reporting valuable learning experiences prior to the start of Stage 4. Depending on resident interest and rotation schedule, Stage 4 could be initiated as soon as six months after the introduction of resident rotations. This stage is focused primarily on the preparation for a forensic psychiatry fellowship.

Selection of Forensic Psychiatry Fellowship Program Director

A forensic psychiatry fellowship program director should be named and provided with a minimum protected time of 0.25 FTE (as required by the ACGME) to work on the fellowship program.

If the forensic psychiatry fellowship program director is not located at WSH, a fellowship site director should also be named and given additional protected time to allow for preparation and coordination with the fellowship director (0.1 FTE). Although the ACGME requires a minimum of 0.25 FTE for the program director, if the program director is fully located at WSH and there is no additional site coordinator, we propose that the program director's protected time should be increased to at least 0.35 FTE given the challenges associated with establishing a new, high-quality, and integrated fellowship program.

Program Coordinator Hired

A program coordinator should also be budgeted to support the program director and fellowship. The program coordinator should be located at the primary location of the fellowship director – which could be at the UW or WSH for the forensic psychiatry fellowship, depending upon who is named and their other work duties. If the program coordinator is located at WSH, the individual should serve all WSH-based forensic educational programs and the position should be increased to 1.0 FTE. If the program coordinator is located elsewhere, they should have 0.5 FTE and the psychology postdoctoral program and residency rotation coordinator position should be maintained at 0.5 FTE.

Forensic Psychiatry Fellowship Curriculum Finalized

During this time period, the forensic psychiatry fellowship program director will work with Center faculty and other key stakeholders (e.g., the UW department Vice Chair for Education, WSH training committee) to further develop and finalize the fellowship curriculum. They will create an overall educational map for the program, including determining rotations, supervisors, coordination with the forensic psychology program, and methods for assessing fellows.

The fellowship program director and planning group will need to identify whether ancillary sites are needed to supplement the educational experience. If so, program letters of agreement and funding will need to be confirmed during this stage. Clinical supervisors are likely to include some clinicians outside of WSH. For example, the UW workgroup proposal for the fellowship includes performing juvenile evaluations through the CSTC. If child and adolescent psychiatrists at CSTC supervise this portion of the fellows' training, they would need protected time for that portion of the fellows' training. Some supervision and didactic training for fellows is likely to be provided by clinical faculty serving in roles in the community, which may require some additional compensation for their time. Forensic psychologists may also provide some supervision of evaluations and instruction in psychological assessments and should receive protected time (0.05 FTE minimum) once the psychiatry fellows' appointments start during Stage 5.

Although not specifically delineated in the plan for model forensic teaching services, the UW workgroup also recommends searching for and hiring additional forensic psychiatry faculty member(s) to participate in the forensic teaching programs. This will enhance the diversity of forensic supervisors and academic projects at WSH and also help create an academic forensic psychiatry community at WSH, which may help with retention.

Application and Review Period for ACGME Application

The forensic psychiatry fellowship program director will take over leadership of the planning and preparation for the fellowship and put together the fellowship's ACGME application. A basic outline of the steps needed for an ACGME-accredited fellowship in forensic psychiatry is included in **Table 5-5** (reproduced from Chapter 3). Prior to Stage 4, steps 1 through 7 in **Table 5-5** will have been collaboratively completed by UW faculty and WSH administration. During Stage 4, the new program director will submit the ACGME application for the forensic psychiatry fellowship. The projected submission date is Summer 2021. Currently the ACGME reviews new applications in February and April and typically requires submissions a few months prior to the review date. This timeline would aim for ACGME review in February 2022. Review for initial accreditation would be expected to take approximately six weeks. The ACGME makes a site visit once the fellowship has begun. Initial and maintenance accreditation fees are enumerated in **Table 5-6.**

Table 5-5. Steps to ACGME Accreditation

1. Garner interest from sponsoring institution and primary training sites
2. Commitments for funding
3. Appraisal of current clinicians for faculty/supervisory roles for trainees
4. Commitments to adequate supervisory staffing
5. Recruitment for Program Director
6. Identify core faculty, recruit additional faculty/supervisors as needed
7. Draft program schedule
8. Submit Program Information Form to ACGME
9. ACGME performs review
10. Initial accreditation followed by site visit during first year of the fellowship

Final Comments on Costs Projections for Stage 4

During Stage 4, the psychiatry resident rotation will still be relatively new and so the residency site director and forensic psychiatry fellowship director will need to pay close attention to resident and faculty feedback. The general psychiatry resident rotation may help identify additional areas for further development (and funding) prior to introduction of forensic psychiatry fellows, which may in turn require some adjustments to the budget as well as to the ACGME application and timeline. Similarly, WSH will need to assess costs and secure funding associated with space and equipment. Ideally, psychiatry trainees will be in close proximity to or housed with psychology postdoctoral fellows and forensic faculty based at WSH.

Assuming that all tasks are completed on schedule, Stage 4 is estimated to start the second half of fiscal year 2021 (January 2021). If the resident rotation is operating smoothly and the ACGME application is successful on first submission, the first fellows could be recruited starting at the end of FY 2022 (Spring 2022), with the first class of fellows starting FY 2024 (July 2023). **Table 5-6** includes the estimated budget for Stage Four based upon an estimate of Stage 4 lasting approximately one and a half years, or until recruitment of the first forensic psychiatry fellows.

Table 5-6. Components and Estimates for Stage 4

Category	*Description*	*FY21 Stage 4 Supplement*	*Projected Cost FY2022*
State Funding to UW			
Personnel	3 faculty continuing per Stage 3, with an addition of 0.1 FTE protected time for site-specific duties on psychiatry fellowship*		$837,636
	Fellowship program director named with 0.25 FTE protected time per ACGME requirements* (cost projection for the 25% FTE only)		$73,293
	Fellowship program coordinator at 0.5 FTE		$41,587
	General Psychiatry Residents (unchanged at 6 one month FT rotations)		$45,225
Services/Supplies	ACGME Fellowship Application fee	$6,800	
	Website development for forensic psychiatry fellowship (using existing dept. template)		$1,000
	Fellowship recruitment costs (e.g. web updates (2 sites @$300 each, advertising, hosting)		$1,200
Travel	Faculty professional development/travel funds (@ $2,500 each)		$7,500
Overhead	Faculty hiring and management (@$12,000 per FTE)		$36,000
	General Psychiatry Residents (@ 20% salary/benefits)		$9,045
Indirect costs	10%	$680	$105,249
FY2021 and FY2022 UW costs		**$7,480**	**$1,157,735**
Total for Stage 4 to UW		**$1,165,215**	
State Funding to OFMHS and WSH			
Personnel	Continuation from Stage 3, with $157,279 to OFMHS for forensic evaluator and fellow #2 FTE and $31,052 to WSH for program support FTE		$188,331
Services/Supplies	Continuation of Stage 3 expenses, less facilities		$2,912
Travel	Continuation of Stage 3 expenses		$6,000
FY2022 total for Stage 4 to OFMHS and WSH ***OFMHS total $157,279*** ***WSH total $39,964***			**$197,243**
Total projected cost estimate for Stage 4		**$1,362,458**	

*The faculty member selected as program director (PD) may or may not be based at WSH. In either case, the PD will require 0.25 FTE in protected time. If onsite, the PD would receive an additional 0.1 FTE in protected time for site coordination duties. If off-site, an on-site faculty member would receive the 0.1 FTE for the site coordination duties.

VI. Stage 5: Introduce UW-WSH Forensic Psychiatry Fellowship (FY2023 and beyond)

Stage 5 of the projected timeline marks the commencement of the new forensic psychiatry fellowship program.

Forensic Psychiatry Fellowship Approved; Recruitment Begins

Following submission of the ACGME application for a forensic psychiatry fellowship, the program director and core faculty will need to prepare for the ACGME site visit. Several existing forensic psychiatry fellowship program directors informed the UW workgroup that they

consulted with other existing programs in advance of this step in the accreditation process. We have added a one-time budget item for such consultation.

Once the forensic psychiatry fellowship has received initial ACGME accreditation and the UW and WSH are satisfied with the progress of the general psychiatry residency's elective forensic psychiatry rotation at WSH, the program can begin recruitment of the first two forensic psychiatry fellows. Recruitment occurs the spring and summer of the year prior to the start of fellowship, with some programs filling already in June for the following year (i.e., over a year before the start of fellowship). Although the core elements (sites, funding, identified faculty, etc.) will need to be in place for the ACGME application and prior to recruitment, this time lag allows for some additional preparation prior to the first class of fellows and an additional period for evaluation and feedback from the resident rotation.

Annual recruitment costs, in addition to the already allocated program director, faculty, and program coordinator time, may include advertising through the AAPL and provision of lunch and possibly dinner for applicants interviewing with the program. Costs associated with annual updating of the dedicated fellowship websites are included in this budget projection as well.

First Forensic Psychiatry Fellows Begin

Once forensic psychiatry fellows begin, funding is required to meet the costs mandated by the UW collective bargaining agreement (CBA) for the fellows. The costs include, for example, reimbursement of the fellows' Washington State Medical License, professional development allowance, home call allowance and transportation allowance. Expenses include their salaries and benefits, other costs mandated by the CBA, and funds to cover costs of the AAPL annual review course and conference. Since the fellows will be based primarily at WSH, the salary and benefits are not subject to the overhead charge applicable to residents who rotate locations regularly; however, a portion of effort (0.15 FTE) for a department education program coordinator is requested to manage the appointments and other costs associated with the fellows. The fellows will require office space, office supplies, and access to computers. As noted above, office space will ideally be located near that of other trainees and faculty. The UW workgroup proposal recommends that fellows have the patient care portion of their fellowship in the outpatient setting (e.g., corrections or outpatient competency restoration) and this site would be expected to cover this portion of their salary and benefits (proposed 0.2 FTE each, total 0.4 FTE). This would generally also be true for other rotations occurring offsite and providing services to another organization. For the purposes of budget projection, the salary and benefits are included at 1.0 FTE for each fellow.

The fellowship program director and planning group will need to identify whether ancillary sites are needed to supplement the educational experience. If so, program letters of agreement and

funding will need to be confirmed during this stage. Clinical supervisors are likely to include some clinicians outside of WSH. For example, the UW workgroup proposal for the fellowship includes performing juvenile evaluations through the CSTC. If child and adolescent psychiatrists at CSTC supervise this portion of the fellows' training, they would need protected time for that portion of the fellows' training. Forensic psychologists through CSTC may also provide some supervision of evaluations and instruction in psychological assessments. When doing so, they too should receive protected time for their supervision of forensic psychiatry fellows, in addition to their protected time for supervision of psychology postdoctoral fellows. Some supervision and didactic training for fellows is likely to be provided by clinical faculty serving in roles in the community, which may require some additional compensation for their time.

Final Comments on Costs Projections for Stage 5

Table 5-7 shows the estimated budget for Stage 5 and beyond. Of note, the first year and a quarter of Stage 5 (end of FY 2022, spring 2022) should include the faculty and administrative and infrastructure costs associated with the forensic psychiatry fellowship, but would not include the forensic psychiatry fellows' salaries. The direct fellow expenses would be estimated to begin in FY 2024 (July 2023). By FY 2025 budget components normalize and the subsequent years reflect a 3% cost-of-living adjustment (COL).

Table 5-7. Components and Estimates for Stage 5

Category	*Description*	*Projected Cost FY23*	*Projected Costs FY24*	*Projected Cost FY25 (3% COL)*	*Projected Cost FY26 (3% COL)*	*Projected Cost FY27 (3% COL)*
State Funding to UW						
Personnel	Positions and effort continuing from Stage 4, with addition of 0.2 protected time for forensic psychiatry supervisors	$1,021,753	$1,052,403	$1,094,454	$1,127,288	$1,161,107
	PBSCI education program coordinator (@0.15 FTE), amount listed separately for FY2024, then combined in personnel total line above in later years)		$10,174			
	Forensic Psychiatry Fellows (2 FTE), salary and benefits at PGY5 level assuming 3% COL, actual to be negotiated in the UWHA contract		$207,247	$213,464	$219,868	$226,464
Consultation	Consultation with experts in preparation for ACGME site visit		$2,500			
Services/ Supplies	ACGME fellowship fee (annual, Jan 1)	$4,700	$4,700	$4,841	$4,986	$5,136
	WA State medical license fee ($491 ea/1 yr) for two fellows		$982	$1,011	$1,041	$1,072
	UWHA CBA specified allowances (@$2,250 each per current contract)		$4,500	$4,635	$4,774	$4,917
	Fellowship recruitment costs (e.g., web updates for 2 sites, advertising, hosting)	$1,236	$1,273	$1,311	$1,350	$1,391
	Computers/software/supplies for each FTE (@$1,800 each per 4-year cycle)		$9,000			
Travel	Faculty professional development/ travel funds	$7,725	$7,725	$7,957	$8,196	$8,442
	Fellows (2) to AAPL review course and conference		$5,700	$5,871	$6,047	$6,228
Overhead	Faculty hiring and management (@$12,730 per FTE)	$37,080	$38,192	$39,338	$40,518	$41,734
	General Psychiatry Residents (@ 20% salary/benefits)	$9,316	$9,596	$9,884	$10,181	$10,486
Indirect costs	10%	$108,181	$135,149	$138,277	$142,425	$146,698
Annual Total for Stage 5 to UW		**1,189,991**	**1,486,641**	**1,521,043**	**1,566,673**	**1,613,674**
State Funding to OFMHS, WSH and CSTC						
Personnel	Continuation from Stage 4, plus	$193,980	$199,799	$223,140	$229,834	$236,729
	0.1 FTE in protected time for supervision by forensic evaluators (projection listed separately for FY2024, then in with total in later years)		$16,842			
	0.1 FTE protected time for supervision at CSTC		$30,356	$31,267	$32,205	$33,171
Services/ Supplies	Continuation of Stage 4 expenses, plus	$2,912	$2,912	$2,999	$3,089	$3,182
	Facilities for space for forensic psychiatry fellows		$10,000			
Travel	Continuation of Stage 4 expenses	$6,000	$6,000	$6,180	$6,365	$6,556
Annual Total for Stage 5 to OFMHS, WSH and CSTC		**$202,892**	**$265,909**	**$263,586**	**$271,493**	**$279,638**
	OFMHS total	$161,997	$183,699	$189,210	$194,886	$200,733
	WSH total	$40,895	$51,854	$53,410	$55,012	$56,662
	CSTC total		$15,178	$15,633	$16,102	$16,585
Total Projected cost estimate for Stage 5 by FY		**1,392,883**	**1,737,372**	**1,768,996**	**1,822,064**	**1,876,726**

VII. Additional Cost Projections

The UW workgroup proposal referenced several optional enhancements that could be added in Stage 4 or beyond (see Chapter 3). These include a third forensic psychology postdoctoral fellow position and variations on the general psychiatry resident rotation.

A third postdoctoral fellow would require salary, benefits, and fringe benefits (AP-LS conference and licensing exam). It is not anticipated that the program director, rotation supervisors, or program coordinator would need additional FTE if a third postdoctoral fellow was added to the program.

Other potential resident rotations at WSH could include a required resident rotation for one month on a forensic inpatient unit. Actualizing this option would require salary, benefits, and overhead charges for each resident; the current PGY2 class has 19 residents. Establishing a required rotation at WSH presents challenges for some residents to travel to WSH; options for reimbursement for travel would need to be explored in addition to exploring means for travel, including, potentially, providing a means of transportation for residents without cars (public transportation is not currently a viable option from Seattle to WSH). This volume of residents would create a consistent flow of trainees and would require additional program coordinator and faculty supervisor time.

Should a rotation for general psychiatry residents that is based on performing forensic evaluations (as opposed to clinical care on a forensic unit) be created, this would require additional program coordinator time at WSH to identify appropriate evaluations and supervisors and to coordinate evaluator and resident schedules. Even assuming the evaluation rotation is elective, transportation may be a barrier for resident participation. This may be ameliorated, at least in part, should WSH provide transportation or reimbursement for transportation costs to and from WSH, other evaluation sites, and the courts to observe testimony.

VIII. Conclusion

The introduction of new UW-affiliated educational programs at WSH, including expansion of the existing forensic psychology postdoctoral fellowship, introduction of general psychiatry residents, and introduction of forensic psychiatry fellows, will require time, closely coordinated efforts between stakeholders, and consistent funding. This report describes the five-stage implementation approach proposed by the UW workgroup and the estimated costs associated with each stage based upon currently available information.

A high priority for the proposed training environment is the safety of patients, staff, faculty, and trainees. A culture of security within a therapeutic environment is founded on a cooperative and cohesive milieu, patient and staff mutual accountability, and behavioral management based on sound psychological principles. No timeline toward advancing a forensic training program of national prestige would be complete without dedicated time and resources to support the environment of care in which trainees will be primarily based.

The UW workgroup acknowledges that additional assistance may be needed to assess and remediate environmental and treatment delivery issues. The UW cannot mandate how the hospital derives such an assessment; this may be done with internal staff or via external consultation. Similarly, the workgroup recognizes that an assessment of the environment of care is both dynamic and currently lacking clear operational metrics. This speaks to the importance of continual engagement and consultation by members of the workgroup during the pre-implementation and active implementation phases of this work.

Stage 1 will be primarily driven by WSH as they develop the environment of care. Stages 2 through 5 lay the groundwork for and sequentially introduce first an additional forensic psychology postdoctoral fellow and an elective forensic psychiatry rotation for general psychiatry residents, followed by forensic psychiatry fellows. The workgroup has estimated that milestones associated with the first stage of this work can be completed by July 2019 (beginning of FY2020). Activities designated for Stage 2 may commence before that time if all Stage 1 milestones have been met and both institutions are in agreement about moving forward. Stage 2 marks a 12-month time period extending from July 2019 to June 2020 (approximate) during which tasks and milestones are aimed at establishing a strong educational foundation for all of the proposed training programs. Stage 3 extends between July 2020 and December 2020 and also assumes that previous milestones and tasks have been accomplished. While the UW works to develop a center for collaboration on issues related to mental health and the law, Stage 3 includes the start of a general psychiatry residents' elective rotation at WSH and a joint UW-WSH forensic psychology postdoctoral fellowship. Stage 4 involves ongoing preparation for the forensic psychiatry fellowship. If the timeline is followed, this stage begins in January, 2021. Although some activities will continue in perpetuity (e.g., ongoing curriculum refinement), the tasks needed to commence active recruitment of the first forensic psychiatry fellow could be accomplished as early as January, 2022, which would mark the start of Stage 5. Stage 5 includes active recruitment and subsequent hiring of the first two forensic psychiatry fellows, with the first fellowship class starting July, 2023.

Costs incurred during Stages 2 through 5 include faculty searches; faculty and trainee salaries, benefits, overhead charges, and education and travel stipends; protected time for faculty and supervisors; program coordinators; and facility resources (office space, computers, etc.). The

UW workgroup has attempted to anticipate both the costs of bringing the proposed plan to fruition as well as those that each institution (WSH, OFMHS, or UW) might incur in order to meet associated milestones. High-quality academic training and high-quality service delivery are mutually inclusive; therefore, the projected costs and timeline delineated in this report are intended to meet both goals.

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Appendix A – Workgroup and steering committee membership

University of Washington Workgroup Members

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Appendix B - Psychiatry Residency Director Query

Submitted to the **listserv for the American Association of Directors of Psychiatric Residency Training (AADPRT) on December 19, 2016**

We (the University of Washington Psychiatry Residency) are considering adding a state hospital as a training site for general psychiatry rotations for our residents and would like to learn from the experience of other programs.

If you have a state hospital site for your forensic psychiatry rotations, could you please let us know? In general, we'd love to hear the pros and cons your experience.

Some specific questions we have are:

1) Is the state hospital rotation required or elective?
2) How long is it?
3) Is it focused on forensic evaluations, treatment, or both?
4) Do you have an onsite faculty coordinator for the rotation? If so, what type of support or FTE does he/she receive for this?
5) Do supervisors for this rotation have faculty appointments in your department?
6) What do you see as the greatest benefits and challenges of the state hospital rotation/site?

Thank you so much for sharing your experience! We will gladly compile and distribute what we learn to respondents.

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Appendix C Summary of Responses to AADPRT Listerv Query

	University of Connecticut	Eastern Virginia Medical School	University of Massachusetts	University of Michigan
Site for Forensic Rotation	3 Dept of Corrections facilities (forensic mental health provided w/in DOC)	Eastern State Hospital (nearby)	"State hospital based" - not specified	"state forensic center" From web: Center for Forensic Psychiatry
Number of General Psychiatry Residents	N = 28 (7/yr)	N =16	N =30 (7-8/yr)	N =41 (5-13/yr)
Required vs Elective	Required for PGY3; Electives for PGY4	(Formerly, lost funding) Required for PG4	Required for PGY2	Required for PGY4
Length of rotation	PGY3: full year (1 or 1/2 day/week)	1 month FT	1 month FT	1 month FT
Evaluation vs Treatment (or both)	Treatment, also observe Competancy to Stand Trial evaluations for 1/2 day in Hartford	Treatment	Forensic Evaluation (no tx): Resident completes draft of court ordered eval (competency to stand trial, criminal responsibilty, etc) under supervision of state-designated forensic examiner (MD or PhD), other experiences incl visit to court clinics, journal club etc"	Majority "participating in court-ordered evaluations of competency to stand trial or NGRI defences" also chance to roundon inpatients and see pts in corrections system.
Onsite personnel		No onsite coordinator		Fellowship Director and Coordinator oversee and provide admin support for PGY-4s, paid by Fellowship program (Fellowship funding is "jointly sponsored""
Do Supervisors have Faculty appts?	All faculty (UConn provides all medical care for DOC facilities)	Attending supervisor was member of community faculty	Core Faculty (also part of forensic fellowship)	Most State Employees with adjunct appts in dept, but at least one monthly semiar taught by FT UM faculty member
Benefits	"Forensic rotations are well-liked"; 60% go on to fellowships and forensic is "popular" option; DOC pays resident time	Training experience on dedicated forensic unit with NGRI pts, pts being restored to competancy and pts requiring hospitalization on forensic unit	"Feedback has been good, over 20 years"; Several residents have pursued the specialty "likely due to this rotation"	Popular with residents and successful recruitment tool for Fellowship; site only 5 min from town; security is excellent; quality of teaching is high;
Challenges	None mentioned	Funding"shaky" (from state and subject to annual budget and was eventually eliminated by state), significant turnover of providers (Attending was the exception, "long-term presence"), "At one point, Hospital lost it's accreditation" "Worthwhile endeavor with lots of problems"	None noted	Residents who fast-track to Child Psych do not get this rotation (an addl civil forensic exp in PGY3 allows them to meet the RC requirement)
Other:	Drs Robert Trestman and Robert Berger are starting Forensic Fellowship ("doing the paperwork now")	Now meet RRC required forensic exp on inpatient units	From web: Law and Psychiatry Program, under a contract with DMH, is responsible for provision of all forensic evaluation services and violence risk assessment consultations at Worcester Recovery Center and Hospital, Tewksbury Hospital, and hospitals in Western Massachusetts that contract with DMH.	
Residency website:	http://gme.uchc.edu/programs/psychiatry/	http://www.evms.edu/education/centers_institutes_departments/psychiatry_behavioral_sciences/residency/	http://www.umassmed.edu/psychiatry/education/residency/	http://www.psych.med.umich.edu/education/general_psychiatry/

	New York University	University of Wisconsin	University of Colorado	University of Missouri
Site for Forensic Rotation	Kirby Forensic Psychiatric Center	From web: Mendota Mental Health Institute	Denver State Hospital; Colorado Mental Health Institute at Pueblo is 100 mi away; Residents and Med student time there is limited	From web: Fulton State Hospital
Number of General Psychiatry Residents	N=55 13-15/yr	N = 41 9/yr (5 PGY4)	N = 45 (plus 17 fellows, 2 Forensic)	N= 15-20 total (plus Forensic Fellow)
Required vs Elective	Required PGY 2	Required PGY3 rotation	Elective only (PGY2s get do receive a required 8-10 hour didactic seminar)	Required rotation for PGY2
Length of rotation	4 weeks FT	1/2 day per week for 3 months	PGY2 1 month intensive*, **PGY3 6mo/half day	4 week FT
Evaluation vs Treatment (or both)	Both. Gain experience in tx of "NGRI acquitees and pts being restored to fitness" and in forensic evaluations (competency to stand trial)	Mostly evaluations; "almost exclusively observational" (Description for web: PGY3 residents "will gain experience in forensic evaluations, treatment to competency, court-ordered psychological evaluations (as part of the involuntary commitment process) and decisional capacity evaluations."	*PGY II's do 1 month intensive rotations that includes seeing some of the competency and sanity cases assigned from court services. **PGY III's do a six month half day rotation, and similar get some exposure to evaluations because of our relationship with court services at the state hospital in Pueblo	
Onsite personnel	Admin done centrally by Res Prog Coord; Onsite Faculty Coord is also "state site director" for Gen Res Program. No addl financial support or fte allocation for any site Directors	Faculty Supervisor is state employee and dept does not provide any support	not applicable	?
Do Supervisors have Faculty appts?	All have Faculty appts	Yes, Adjunct Clinical Faculty appointments	Electives are under Martinez (Professor who runs the Fellowship)	
Benefits	Greatist benefit is exposure of differnet system of care, both state and forensic	Added 10 yrs ago to meet need for more formal forensic expience; generally very good rotation, mostly because faculty are enthusiastic teachers;	"One of forensic fellowship positions as well as some of Administrative Director is funded by the CO Office of Behavioral Health which overseas the state forensic hospital"	
Challenges	Adminstrative requirements of working in govt (i.e. bureaucratic) system for short period of time (credentialing all the residents for this particular site, mandatory orientations/trainings take up first week of 4 week rotation)	"Due to nature of work, it's almost exclusively observational"; "safety could be a concern, but supervisor and staff do a good job of keeping residents out of harms way"	"We like our relationship, and trying to figure out ways to have residents and students spend more time in Pueblo, but the distance is a problem."	
Other:	Andrew Resnick (U Missouri) "echoed" Bernsstein's responses and added "We do a group orientation at beginning of PGY2 for all residents to avoid each spending time in orientation at start of their forensic rotation"		One of our forensic fellowship positions as well as some of the administrative director is funded by the CO Office of Behavioral health which oversees the state forensic hospital. So we have a close relationship with the state hospital. Since the main forensic hospital is in Pueblo, 100 miles south of Denver, we don't go there very often, but do some evaluations for sanity and competency there. Most of the other evaluations are in metro area jails. But we work closely with what we call court services division that is in Pueblo and assigns all evaluations.	Andrew Resnick (U Missouri) "echoed" Bernstein's responses and added "We do a group orientation at beginning of PGY2 for all residents to avoid each spending time in orientation at start of their forensic rotation"
Residency website:	http://www.med.nyu.edu/psych/education/residency-program	http://www.psychiatry.wisc.edu/residency	http://www.ucdenver.edu/academics/colleges/medicalschool/departments/psychiatry/PsychEducation/PsychResidency/Pages/PsychiatryResidencyHome.aspx	http://medicine.missouri.edu/psychiatry/residency.html

Appendix D - Academic-State Hospital Collaborations in Forensic Training

University/Institution	*State Hospital/ System*	*Forensic Psychiatry Fellows*	*Forensic Psychology Postdoc s*
Programs in bold have been interviewed by and/or have completed a survey for the UW Workgroup			
Albert Einstein College of Medicine - Montefiore Medical Center	**Bronx Psychiatric Hospital**	**2**	**n/a**
Augusta University/Medical College of Georgia	East Central Regional Hospital and a second unnamed forensic hospital	2	1*
Brown University Alpert Medical School	Eleanor Slator Hospital	1	n/a
Case Western Reserve University	**Northcoast Behavioral Healthcare**	**3**	**n/a**
Columbia/Cornell/New York State Psychiatric Institute	**Mid-Hudson Forensic Psychiatric Center**	**2**	**n/a**
Emory University	**Georgia Regional- Atlanta, Central State**	**3**	**2**
Harvard - Mass General Hospital	**Bridgewater State Hospital**	**1**	**2***
Medical College of Wisconsin	Mendota Mental Health Institute	2	2*
New York University School of Medicine	**Kirby Forensic Psychiatric Center**	**4**	**n/a**
Ohio State University –Wexner Medical Center	**Twin Valley Behavioral Healthcare Hospital**	**1**	**n/a**
Oregon Health Sciences University	**Oregon State Hospital**	**2**	**n/a****
Rutgers	Ann Klein Forensic Center (West Trenton) and Trenton Psychiatric Hospital	2	n/a
SUNY Update Medical University	**Central New York Psychiatric Center**	**4**	**n/a**
Tulane University	ELMHS (Eastern Louisiana Mental Health System), Forensic Division	3	n/a
University of Arkansas for Medical Sciences	Arkansas State Hospital	2	3*
University of California - Davis	**Napa State Hospital**	**3**	**n/a**
University of California - Irvine	**Patton State Hospital**	**1**	**2***
University of Cincinnati	**Summit Behavioral Healthcare**	**2**	**n/a**
University of Colorado Denver/ Denver FIRST	**Denver State Hospital and Colorado Mental Health Institute at Pueblo (CMHIP)**	**3**	**1* at CMHIP**
University of Maryland	**Clifton T. Perkins Hospital Center**	**2**	**n/a**
University of Massachusetts Medical School	**Worcester Recovery Center and Hospital (WRCH) and Bridgewater State Hospital**	**1**	**3**
University of Michigan	**Center for Forensic Psychiatry**	**1-3**	**n/a**
University of Minnesota	**MN DHS Direct Care and Treatment-Forensic Division St. Peter**	**2**	**2***
University of Missouri - Columbia	**Fulton State Hospital**	**2**	**n/a**
University of North Carolina	Central Regional Hospital	**2**	**X***
University of Pennsylvania	**Ann Klein Forensic Center (NJ) and Delaware Psychiatric Center (DHSS-DPC)**	**3**	**n/a**
University of Rochester	Regional Forensic Unit at Rochester Psychiatric Center	**2**	**n/a**
University of South Carolina/Palmetto Health	**SC Department of Mental Health Forensic Psychiatry Service**	**2**	**n/a**
University of Virginia	**Western State Hospital**	**1**	**2**
Yale University	**Connecticut Valley Hospital (forensic unit)**	**6**	**n/a**

*For these programs, the Forensic Psychology Postdoctoral Fellowship is based at the State Hospital, but without a formal affiliation with the University listed. The fellowship programs often collaborate on training, most often via shared didactic series.
**A Forensic Psychology Fellow sponsored by a private practice (Northwest Forensic Institute) participates in shared didactics
Note: The UW workgroup also investigated several forensic teaching programs based at forensic hospitals without a strong affiliation with a university including the psychology postdoctoral fellowship at **DSH- Patton (Patton State Hospital)** and the psychiatry fellowship at **Saint Elizabeths Hospital (DC).**

Appendix E – Forensic Training Director Interview Guide

Interviewee:

Email and/or phone:

Institution:

Suggested prompts:

Please tell us about the trainees who your program serves (e.g., general psychiatry residents, fellows, etc.).

Is your forensic training program affiliated with a state hospital? (If no, why not?)

Can you tell me about the relationship between your forensic training program and the state hospital?

At what other types of sites (eg, jails, mental health courts) do your residents or fellows train?

What do you see as the greatest strengths of your forensic training program?

What are the greatest challenges associated with the forensic training program?

(If not addressed above) Are there challenges specific to training within the state hospital?

How has your program attempted to address the challenges?

Are there specific changes or improvements you would like to see for your program?

What features would you consider essential in a model forensic psychiatry training experience?

Who should we contact to obtain more information about your program (e.g., training structure, training requirements, personnel, recruitment, and outcome data)?

Appendix F - Forensic Psychiatry Training Director Survey

Forensic Psychiatry Training Director Survey

University of Washington School of Medicine

1. Name of your Institution:

2. What is your title or role in training at your institution?

3. Thinking about the breadth of training in forensic mental health offered by your institution, which of the following types of trainees does your institution have?

Forensic Psychiatry fellows

General Psychiatry residents

Forensic Psychology fellows

Psychology residents/interns

Psychology practicum students

Other (research fellows, public/community psychiatry, forensic neuropsychology, forensic social work)

Now we'd like to focus on your **FORENSIC PSYCHIATRY FELLOWSHIP** program.

4. In a typical year, how many forensic psychiatry fellows does your program admit?

5. In which types of forensics settings do your forensic fellows train? (Check all that apply.)

State hospital(s)

Sex offender site(s)

Outpatient forensic treatment clinic(s)

Outpatient forensic assessment clinic(s) (e.g. court clinics)

Private offices/clinics (private forensic clinics, worker's compensation programs, etc)

Correctional setting

Other, please specify:

6. What do you see as the greatest strengths of your training program?

7. What are the challenges facing your fellowship program?

8. We have a few questions about the use of state hospitals as training sites. Does your program include a state hospital(s) as a training site?

Yes

No

If yes, Skip to Question 9.

If no, 8b. Please describe any barriers to or reasons for not including a state hospital as a training site.

9. In what training activities are fellows typically engaged **at the state hospital**? (Please check all that apply.)

Clinical treatment

Treatment specific to psycholegal issue (e.g. competency restoration program)

Observing/conducting criminal forensic evaluations

Observing/conducting civil forensic evaluations (e.g. civil commitment, dangerousness)

Structured professional judgment or actuarial risk assessment

Didactic learning

Courtroom observation

Providing expert testimony

Mock trial participation

Research

Teaching of general residents or medical students

Other:

10. How far is the state hospital from the university or training site hub (i.e. either approximate miles or commute time?)

11. What percentage of trainees' time (approximately) is based at a state hospital?

We have a few questions about your program's structure.

12. How many faculty/supervisors are affiliated with your fellowship program?

13. How many of these are teaching or supervising **at a state hospital site**?

14. How many of the supervisors (or what percentage) have faculty appointments at an affiliated university?

15. How many of the supervisors (or what percentage) have formal training in forensic psychiatry or forensic psychology (e.g. have completed a fellowship in forensic psychiatry or psychology or are board-certified in forensic psychiatry)?

In closing, we have a few questions about the time (fte) dedicated to administering and teaching the fellows.

16. How much dedicated time is allotted for the fellowship director? (e.g. a % fte or describe)

17. How much time (fte support) is allotted for teaching faculty? (% fte or describe)

18. How much fte support is available for program support staff? (% fte or describe)

19. Are there other resources that the program receives (or you wish were available) that contribute to its success?

20. We would appreciate your thoughts on features you would consider essential to a model forensic psychiatry training experience.

Thank you very much for your efforts in completing this survey! Please feel free to provide an additional comments or feedback that you would like to share.

21. Any additional feedback

Appendix G Forensic Psychology Postdoctoral Fellowships

University/Institution or sponsoring Organization	*State Hospital/ System (when applicable)*	*Affiliated with Forensic Psychiatry Fellowship (Y/N)*
Augusta University/Medical College of Georgia	East Central Regional Hospital	Y
Central Regional Hospital (NC)	onsite	N
Central State Hospital (VA)	onsite	N
Colorado Mental Health Institute at Pueblo (CMHIP)	Onsite	Y (CU-Denver)
Denver FIRST/ University of Colorado Denver	Colorado Mental Health Institute at Pueblo (CMHIP)	Y (CU-Denver)
Department of State Hospitals- Patton (CA)	onsite	Y (UC-Irvine)
Emory University	Central State Hospital (GA)	Y
Harvard - Mass General Hospital	Bridgewater State Hospital	Y
Liberty Healthcare/Illinois Department of Human Services	Illinois DHS Treatment and Detention Facility	N
MHM Services Inc	Massachusetts Treatment Center	N
Mendota Mental Health Institute	onsite	Y (MCW)
Medical University of South Carolina	n/a	N
Minnesota Department of Human Services/ University of Minnesota	MN DHS Direct Care and Treatment- Forensic Division St. Peter	Y
Mississippi Department of Mental Health	Mississippi State Hospital	N
Northwest Forensic Institute (Portland)	n/a	~Y (OHSU)*
Springfield Hospital Center (MD)	onsite	N
St. Elizabeths Hospital	Federal	Y
University of Arkansas for Medical Sciences	Arkansas State Hospital	Y
University of Massachusetts Medical School	Worcester Recovery Center and Hospital (WRCH) and Bridgewater State Hospital	Y
University of Missouri-Kansas City School of Medicine	Center for Behavioral Medicine, Department of Mental Health	N
University of North Carolina	Central Regional Hospital	Y
University of Pittsburgh/ Western Psychiatric Institute and Clinic	Torrence State Hospital (not currently)	Y
University of Southern California	n/a	X
University of Virginia	Western State Hospital (VA)	Y
University of Washington Child Study and Treatment Center	Onsite	N
Walter Reed National Military Medical Center	(Military)	N
Western State Hospital (WA)	Onsite	N
William James College (MA)	n/a	N

*Northwest Forensic Institute and OHSU collaborate on didactics, but are not officially in collaboration

Appendix H Sample Reading Syllabus for General Psychiatry Resident Rotation

Care of Justice-Involved Patients

Sue, K. (2017). How to Talk with Patients about Incarceration and Health. *AMA J Ethics, 19*(9), 885-893.

Metzner, J. L. (1997). An introduction to correctional psychiatry: Part I. *J Am Acad Psychiatry Law, 25*(3), 375-381.

Confidentiality

Merideth, P. (2007). The Five C's of Confidentiality and How to DEAL with Them. *Psychiatry (Edgmont), 4*(2), 28-29. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2922345/

ONC. (2015). Your Practice and the HIPAA Rules. In *Guide to Privacy and Security of Electronic Health Information* (2.0 ed., pp. 10-21): Office of the National Coordinator for health Information Technology. Available at: http://www.healthit.gov/sites/default/files/pdf/privacy/privacy-and-security-guide-chapter-2.pdf

Jaffee v. Redmond, 518 U.S. 1 (1996)

Civil Competence

Appelbaum, P. S. (2007). Clinical practice. Assessment of patients' competence to consent to treatment. *N Engl J Med, 357*(18): 1834-1840.

Civil Commitment

Anfang, S. A., & Appelbaum, P. S. (2006). Civil commitment--the American experience. *Isr J Psychiatry Relat Sci, 43*(3), 209-218.

Suicide and Violence Risk Assessment

Work Group on Suicidal Behaviors. (2003). Executive Summary. In American Psychiatric Association (Ed.), Practice guideline for the assessment and treatment of patients with suicidal behaviors (pp. 9-16). Retrieved from https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/suicide.pdf

Buchanan, A., Binder, R., Norko, M., & Swartz, M. (2012). Psychiatric violence risk assessment. *Am J Psychiatry, 169*(3), 340.

Appelbaum, P. S., Robbins, P. C., & Monahan, J. (2000). Violence and delusions: data from the MacArthur Violence Risk Assessment Study. *Am J Psychiatry, 157*(4), 566-572.

Columbia-Suicide Severity Rating Scale, available at: http://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare/#filter=.general-use.english.

Grisso, T., Davis, J., Vesselinov, R., Appelbaum, P. S., & Monahan, J. (2000). Violent thoughts and violent behavior following hospitalization for mental disorder. *J Consult Clin Psychol, 68*(3), 388-398.

Steadman, H. J., Mulvey, E. P., Monahan, J., Robbins, P. C., Appelbaum, P. S., Grisso, T., . . . Silver, E. (1998). Violence by people discharged from acute psychiatric inpatient facilities and by others in the same neighborhoods. *Arch Gen Psychiatry, 55*(5), 393-401.

Substance Abuse and Mental Health Services Administration (SAMSHA). (2009). *SAFE-T Card*. (HHS Publication No. (SMA) 09-4432 • CMHS-NSP-0193). Retrieved from https://store.samhsa.gov/product/Suicide-Assessment-Five-Step-Evaluation-and-Triage-SAFE-T-/SMA09-4432.

Duties to Third Parties

Knoll, J. L. (2015). The psychiatrist's duty to protect. *CNS Spectr, 20*(3), 215-222.

Johnson, R., Persad, G., & Sisti, D. (2014). The Tarasoff rule: the implications of interstate variation and gaps in professional training. *J Am Acad Psychiatry Law, 42*(4), 469-477

Borum, R., & Reddy, M. (2001). Assessing violence risk in Tarasoff situations: a fact-based model of inquiry. *Behav Sci Law, 19*(3), 375-385.

Warren, L. J., Mullen, P. E., & Ogloff, J. R. (2011). A clinical study of those who utter threats to kill. *Behav Sci Law, 29*(2), 141-154.

Tarasoff v Regents of University of California, 17 Cal.3d 425 (1976). Available at http://scocal.stanford.edu/opinion/tarasoff-v-regents-university-california-30278

Competency to Stand Trial

Otto, R. K. (2006). Competency to Stand Trial. *Applied Psychology in Criminal Justice, 2*(3), 82-113.

Mossman, D., Noffsinger, S. G., Ash, P., Frierson, R. L., Gerbasi, J., Hackett, M., . . . Zonana, H. V. (2007). AAPL Practice Guideline for the forensic psychiatric evaluation of competence to stand trial. *J Am Acad Psychiatry Law, 35*(4 Suppl), S3-72.

Perlin, M. L. (2003). Beyond Dusky and Godinez: competency before and after trial. *Behav Sci Law, 21*(3), 297-310. doi:10.1002/bsl.537

Criminal Responsibility

AAPL Practice Guideline for forensic psychiatric evaluation of defendants raising the insanity defense. (2014). *J Am Acad Psychiatry Law, 42*(4 Suppl), S3-S76. (Especially S3-S18.)

Malpractice and Disability

Bursztajn, H. J., Paul, R. K., Reiss, D. M., & Hamm, R. M. (2003). Forensic psychiatric evaluation of workers' compensation claims in a managed-care context. *J Am Acad Psychiatry Law, 31*(1), 117-119.

Rodgers, C. (2009). Keys to Avoiding Malpractice. *Psychiatric Times*. Retrieved from http://www.psychiatrictimes.com/articles/keys-avoiding-malpractice

APA Commission on Psychotherapy by Psychiatrists (COPP). (2002). *Documentation of Psychotherapy by Psychiatrists Resource Document*. Retrieved from: http://www.americanmentalhealth.com/media/pdf/200202apaonnotes.pdf

Gold, L. H., Anfang, S. A., Drukteinis, A. M., Metzner, J. L., Price, M., Wall, B. W., . . . Zonana, H. V. (2008). AAPL Practice Guideline for the Forensic Evaluation of Psychiatric Disability. *J Am Acad Psychiatry Law, 36*(4 Suppl), S3-s50. (Available at: http://www.aapl.org/docs/pdf/Evaluation%20of%20Psychiatric%20Disability.pdf)

ADA Amendments Act of 2008, Pub. L. No. 110-325, 3406 Stat. (2008 September 25, 2008). (Available at: https://www.eeoc.gov/laws/statutes/adaaa.cfm)

Psychopathy and Malingering

Resnick, P. J., & Knoll, J. (2005, November 1, 2005). Faking it: How to detect malingered psychosis. *Current Psychiatry, 4,* 12-25.

Cleckley, H. (1988) The Mask of Sanity. 5th edition. Augusta, GA: Emily S. Cleckley. Available at: http://www.cix.co.uk/~klockstone/sanity_1.pdf

Gregory, S., Fytche, D., Simmons, A., Kumari, V., Howard, M., Hodgins, S., & Blackwood, N. (2012). The antisocial brain: psychopathy matters. *Arch Gen Psychiatry, 69*(9), 962-972.

Resnick, P.J. (2006) Malingering of Psychiatric Symptoms. *Profiles in Psychiatry, Primary Psychiatry*, 13:35-38.

Rogers, R. (Ed.) (2008) *Clinical Assessment of Malingering and Deception,* 3rd Edition., New York: The Guilford Press, 2008.

Ethics

Cervantes, A. N., & Hanson, A. (2013). Dual agency and ethics conflicts in correctional practice: sources and solutions. *J Am Acad Psychiatry Law, 41*(1), 72-78.

American Academy of Psychiatry and the Law. (2005). Ethical guidelines for the practice of forensic psychiatry. Retrieved from http://www.aapl.org/ethics.htm

Forensic Evaluations

Glancy, G. D., Ash, P., Bath, E. P., Buchanan, A., Fedoroff, P., Frierson, R. L., . . . Zonana, H. V. (2015). AAPL Practice Guideline for the Forensic Assessment. *J Am Acad Psychiatry Law, 43*(2 Suppl), S3-53.

Forensic Issues Pertaining to Minors

King, R. A., & Work Group on Quality Issues. (1995). Practice Parameters for the Psychiatric Assessment of Children and Adolescents *J Am Child Adolesc Psychiatry, 31*, 1386-1402. (Available at: http://www.jaacap.com/article/S0890-8567(09)62591-0/pdf)

Lee, T., Fouras, G., Brown, R., & and the AACAP Committee on Quality Issues. (2015). Practice Parameter for the Assessment and Management of Youth Involved With the Child Welfare System. *J Am Acad Child Adolesc Psychiatry, 54*(6), 502-517. (Available at: http://www.jaacap.com/article/S0890-8567(15)00148-3/pdf)

American Academy of Child & Adolescent Psychiatry. (2017). Parameters, Updates, and Guidelines. Retrieved from https://www.aacap.org/aacap/Resources_for_Primary_Care/Practice_Parameters_and_Resource_Centers/Practice_Parameters.aspx

Appendix I Vision and Mission Statement for Forensic Teaching Service at WSH

Vision Statement

The forensic teaching service (Service) at Western State Hospital (WSH) will be a collaboration between WSH and the University of Washington aimed at high-quality education in forensic evaluations, clinical service and research.

Mission Statement

The mission of the forensic teaching service at WSH is to provide trainees in psychiatry and psychology with a rich educational environment through practical experiences with forensic evaluations, clinical service, and research. The Service will provide educational opportunities through didactics, direct supervision, and other clinical and educational experiences to enable trainees to reach the highest levels of intellectual achievement and expertise and to prepare them for independent practice, including any relevant certifications for practice in the field of forensic mental health. The Service also will provide an environment conducive to continuous professional development. It shall have a positive impact on the clinical care of patients at WSH as well as the court system. The hospital will promote safety, respect, and communication between and among its staff, trainees, patients, evaluees, and community partners to support the mission of the Service.

Primary goals include:

1. Emerge as a national leader in forensic mental health education through excellent and (as applicable) accredited programs for teaching, research, and clinical service
2. Produce graduates that are well-trained to practice independently and become future leaders in the field
3. Provide excellent evidenced-based and patient-centered clinical care to improve the mental health of forensic patients
4. Support staff with time and resources to provide the highest level of teaching and service
5. Enhance the hospital's role in the justice system through quality evaluations and clinical services

Appendix J Sample Reading Syllabus for Forensic Psychiatry Fellowship

Amnesia:

Bourget, D., & Whitehurst, L. (2007). Amnesia and crime. *J Am Acad Psychiatry Law, 35*(4), 469-480.

Civil commitment:

Simpson, J. R., & Carannante, V. (2016). Hospitalization: voluntary and involuntary. In R. Rosner & C. Scott (Eds.), *Principles and Practice of Forensic Psychiatry, Third Edition* (3rd ed., pp. 125-130). Boca Raton, FL: CRC Press.

Appelbaum, P. S. (2001). Thinking carefully about outpatient commitment. *Psychiatr Serv, 52*(3), 347-350.

Civil competencies

Piel, J. L., Leong, G. B., & Weinstock, R. (2017). Competence Assessments. In R. Rosner & C. L. Scott (Eds.), *Principles and Practice of Forensic Psychiatry, Third Edition* (pp. 99-104). Boca Raton, FL: CRC Press.

Appelbaum, P. S. (2007). Clinical practice. Assessment of patients' competence to consent to treatment. *N Engl J Med, 357*(18), 1834-1840. doi:10.1056/NEJMcp074045

Moberg, P. J., & Kniele, K. (2006). Evaluation of competency: ethical considerations for neuropsychologists. *Appl Neuropsychol, 13*(2), 101-114.

Shickich, B., Joye, S., & Fox, H. (2016). Consent to Healthcare - General Rules. In Washington State Society of Healthcare Attorneys (WSSHA) (Ed.), *Washington Health Law Manual- Fourth Ediction* (pp. 2A-2-2A-27).

Spaulding, W. J. (1985). Testamentary competency: Reconciling doctrine with the role of the expert witness. *Law and Human Behavior, 9*(2), 113-139. doi:10.1007/BF01067047

Correctional psychiatry

Scott, C. L. (2010). Overview of the Criminal Justice System. In C. L. Scott (Ed.), *Handbook of Correctional Mental Health, Second Edition* (2nd ed.). Arlington, VA: American Psychiatric Association Publishing.

Metzner, J. L. (1997). An introduction to correctional psychiatry: Part I. *J Am Acad Psychiatry Law, 25*(3), 375-381.

Burns, K. A. (2016). Psychopharmacology in correctional settings. In R. Rosner & C. L. Scott (Eds.), *Principles and Practice of Forensic Psychiatry, Third Edition* (3rd ed., pp. 573-580). Boca Raton, FL.

Criminal Competencies:

Mossman, D., Noffsinger, S. G., Ash, P., Frierson, R. L., Gerbasi, J., Hackett, M., . . . Zonana, H. V. (2007). AAPL Practice Guideline for the forensic psychiatric evaluation of competence to stand trial. *J Am Acad Psychiatry Law, 35*(4 Suppl), S3-72.

Otto, R. K. (2006). Competency to Stand Trial. *Applied Psychology in Criminal Justice, 2*(3), 82-113.

Noffsinger, S., & Piel, J. DSM-5: competencies and the criminal justice system. In C. Scott (Ed.), *DSM-5 and the Law: Changes and challenges* (pp. 101-126). New York: Oxford University Press.

Perlin, M. L. (2003). Beyond Dusky and Godinez: competency before and after trial. *Behav Sci Law, 21*(3), 297-310. doi:10.1002/bsl.537

Fogel, M. H., Schiffman, W., Mumley, D., Tillbrook, C., & Grisso, T. (2013). Ten year research update (2001-2010): evaluations for competence to stand trial (adjudicative competence). *Behav Sci Law, 31*(2), 165-191.doi:10.1002/bsl.2051

Criminal responsibilty:

Scott, C. (2010). Competency to Stand Trial and the Insanity Defense. In R. I. Simon & L. H. Gold (Eds.), *The American Psychiatric Publishing Textbook of Forensic Psychiatry, Second Edition* (2nd ed.). Arlington, VA: American Psychiatric Association Publishing.

American Academy of Psychiatry and the Law. (2014). AAPL Practice Guideline for forensic psychiatric evaluation of defendants raising the insanity defense. *J Am Acad Psychiatry Law, 42*(4 Suppl), S3-S76.

Noffsinger, S., & Piel, J. (2015), DSM-5: Not guility by reason of insanity and diminshed mens rea defenses. In C. Scott (Ed.), *DSM-5 and the Law: Changes and challenges* (pp. 127-151). New York: Oxford University Press.

Piel, J. (2015). The Defense of Involuntary Intoxication by Prescribed Medications: An Appellate Case Review. *J Am Acad Psychiatry Law, 43*(3), 321-328.

Melville, J. D., & Naimark, D. (2002). Punishing the insane: the verdict of guilty but mentally ill. *J Am Acad Psychiatry Law, 30*(4), 553-555.

Dangerousness:

Slovenko, R. (2006). Violent attacks in psychiatric and other hospitals. *Journal of Psychiatry & Law, 34*(2), 249-268.

Piel, J., & Schouten, R. (2017). Violence risk assessment. In R. Schouten (Ed.), *Mental Health Practice and the Law* (pp. 39-60). New York: Oxford University Press.

Newman, W., & Tardiff, K. (2016). Clinical management of aggression and violence. In R. Rosner & C. Scott (Eds.), *Principles and Practice of Forensic Psychiatry, Third Edition* (3rd ed., pp. 623-632). Boca Raton, FL: CRC Press.

Disability evaluations:

Bursztajn, H. J., Paul, R. K., Reiss, D. M., & Hamm, R. M. (2003). Forensic psychiatric evaluation of workers' compensation claims in a managed-care context. *J Am Acad Psychiatry Law, 31*(1), 117-119.

Foote, W. E. (2012). Forensic evaluation in Americans with Disabilities Act Cases. In I. B. Weiner & R. K. Otto (Eds.), *Handbook of Psychology, Volume 11, Forensic Psychology* (2nd ed., Vol. 11, pp. 271-294). Hoboken, NJ: John Wiley & Sons.

Death penalty:

Scott, C. L. (2006). Psychiatry and the death penalty. *Psychiatr Clin North Am, 29*(3), 791-804. doi:10.1016/j.psc.2006.04.002

Duty to warn/protect and confidentiality:

Walcott, D. M., Cerundolo, P., & Beck, J. C. (2001). Current analysis of the Tarasoff duty: an evolution towards the limitation of the duty to protect. *Behav Sci Law, 19*(3), 325-343.

Johnson, R., Persad, G., & Sisti, D. (2014). The Tarasoff rule: the implications of interstate variation and gaps in professional training. *J Am Acad Psychiatry Law, 42*(4), 469-477.

Johnson, R. C. (2017). Confidentiality and Testimonial Privilege. In R. Schouten (Ed.), *Mental Health Practice and the Law* (pp. 196-220). New York: Oxford University Press.

Ethics in forensic psychiatry:

Weinstock, R., Darby, W. C., Candilis, P. J., Leong, G. B., Piel, J. L., (2017). Forensic psychiatric ethics. In R. Rosner & C. Scott (Eds.), *Principles and Practice of Forensic Psychiatry, Third Edition* (pp. 65-78). Boca Raton, FL: CRC Press.

Rosner, R. (2017). What makes it right: Foundations for profesional ethics. In R. Rosner (Ed.), *Principles and Practice of Forensic Psychiatry, Third Edition* (3rd ed., pp. 79-82). Boca Raton, FL: CRC Press.

American Academy of Psychiatry and the Law. (2005). Ethical guidelines for the practice of forensic psychiatry. Retrieved from http://www.aapl.org/ethics.htm

Expert witness:

Resnick, P. J., & Piel, J. (2017). Guidelines for courtroom testimony. In R. Rosner & C. Scott (Eds.), *Principles and Practice of Forensic Psychiatry, Third Edition* (3rd ed., pp. 43-50). Boca Raton, FL: CRC Press.

Piel, J., & Resnick, P. J. (2016). Psychiatrist as expert witness. *Directions in Psychiatry CME Journal, 36*(3), 165-178.

Eyewitness testimony:

Loftus, E. F., & Polage, D. C. (1999). Repressed memories. When are they real? How are they false? *Psychiatr Clin North Am, 22*(1), 61-70.

Forensic assessment and reports:

Glancy, G. D., Ash, P., Bath, E. P., Buchanan, A., Fedoroff, P., Frierson, R. L., . . . Zonana, H. V. (2015). AAPL Practice Guideline for the Forensic Assessment. *J Am Acad Psychiatry Law, 43*(2 Suppl), S3-53.

Grisso, T. (2010). Guidance for improving forensic reports: A review of common errors. *Open Access Journal for Forensic Psychology, 2*, 102-115.

History of forensic psychiatry:

Prosono, M. T. (2016). History of forensic psychiatry. In R. Rosner & C. Scott (Eds.), *Principles and Practice of Forensic Psychiatry, Third Edition* (3rd ed., pp. 15-32). Boca Raton, FL: CRC Press.

Juvenile forensic psychiatry:

Dalton, M. A. (2002). Education rights and the special needs child. *Child Adolesc Psychiatr Clin N Am, 11*(4), 859-868.

Ludolph, P. S. (2010). Child custody evaluation. In E. Benedek, P. Ash, & C. Scott (Eds.), *Principles and Practice of Child and Adolescent Forensic Mental Health* (pp. 147-156). Arlington, VA: American Psychiatric Publishing.

Lahaie, M., & Kinscherff, R. (2017). Juveniles and the law. In R. Schouten (Ed.), *Mental Health Practice and the Law* (pp. 243-270). New York: Oxford University Press.

Legal principles:

Group for the Advancement of Psychiatry. (1991). The law and the legal process *Mental Health Professional and the Legal System* New York: Brunner-Routledge.

Shuman, D. W. (2010). Introduction to the Legal System. In R. I. Simon & L. H. Gold (Eds.), *The American Psychiatric Publishing Textbook of Forensic Psychiatry, Second Edition* (2nd ed.). Arlington, VA: American Psychiatric Association Publishing.

Malingering:

Resnick, P. J., & Knoll, J. (2005). Faking it: How to detect malingered psychosis. *Current Psychiatry, 4*(11), 12-25.

Resnick, P. J. (1998). Malingering of posttraumatic stress disorders. *J Pract Psychiatry and Behavioral Health, 4*, 329-339.

Malpractice:

Meyer, D. J., Simon, R. I., & Shuman, D. W. (2010). Professional Liability in Psychiatric Practice and Requisite Standard of Care. In R. I. Simon & L. H. Gold (Eds.), *The American Psychiatric Publishing Textbook of Forensic Psychiatry, Second Edition* (2nd ed.). Arlington, VA: American Psychiatric Association Publishing.

Piel, J., & Resnick, P. J. (2017). Malpractice. In R. Schouten (Ed.), *Mental Health Practice and the Law* (pp. 170-195). New York: Oxford Universty Press.

Psychological testing:

Shah, S., & Otto, R. K. (2016). Use of psychological assessment tools in forensic psychiatric evaluation. In R. Rosner & C. Scott (Eds.), *Principles and Practice of Forensic Psychiatry, Third Edition* (3rd ed., pp. 701-712). Boca Raton, FL: CRC Press.

Right to treatment/refuse treatment:

Appelbaum, P. S. (1988). The right to refuse treatment with antipsychotic medications: retrospect and prospect. *Am J Psychiatry, 145*(4), 413-419. doi:10.1176/ajp.145.4.413

Geller, J. L. (2017). The right to treatment. In R. Rosner & C. Scott (Eds.), *Principles and Practice of Forensic Psychiatry, Third Edition* (3rd ed., pp. 145-154). Boca Raton, FL: CRC Press.

Nesbit, A., Hoge, S. K., & Pinals, D. A. (2017). Treatment Refusal. In R. Schouten (Ed.), *Mental Health Practice and the Law* (pp. 153-169). New York: Oxford University Press.

Roles and responsibilities of forensic psychiatrist:

Weinstock, R., Leong, G. B., Piel, J., & Darby, W. C. (2017). Defining forensic psychiatry: Roles and Responsibilities. In R. Rosner & C. Scott (Eds.), *Principles and Practice of Forensic Psychiatry, Third Edition* (pp. 7-14). Boca Raton, FL: CRC Press.

Strasburger, L. H., Gutheil, T. G., & Brodsky, A. (1997). On wearing two hats: role conflict in serving as both psychotherapist and expert witness. *Am J Psychiatry, 154*(4), 448-456. doi:10.1176/ajp.154.4.448

Sexual harassment:

Rosman, J. P., & McDonald, J. J., Jr. (1999). Forensic aspects of sexual harassment. *Psychiatr Clin North Am, 22*(1), 129-145.

Gold, L. H. (2017). Sexual harassment and gender discrimination. In R. Rosner & C. Scott (Eds.), *Principles and Practice of Forensic Psychiatry, Third Edition* (3rd ed., pp. 327-336). Boca Raton, FL: CRC Press.

Sex offenders:

Hanson, R. K., & Thornton, D. (2000). Improving risk assessments for sex offenders: a comparison of three actuarial scales. *Law Hum Behav, 24*(1), 119-136.

Rösler, A., & Witztum, E. (2000). Pharmacotherapy of paraphilias in the next millennium. *Behavioral Sciences & the Law, 18*(1), 43-56.

Tucker, D. E., & Brakel, S. J. (2016). Sexually violent predator laws. In R. Rosner & C. Scott (Eds.), *Principles and Practice of Forensic Psychiatry, Third Edition* (3rd ed., pp. 823-832). Boca Raton, FL: CRC Press.

Appendix K WSH Forensic Postdoctoral Fellowship Training Plan Reading List

Source: Western State Hospital. (2016). Postdoctoral Fellowship on Forensic Psychology 2016-2017, pp 11-12.

Forensic Postdoctoral Fellowship Training Plan

Psychology & Center for Forensic Services, Western State Hospital

Fellow:_____

Training Year:_____

Required Readings:

American Psychological Association. (2010). Ethical principles of psychologists and code of conduct. Available online at www.apa.org/ethics/code/index.aspx

American Psychological Association. (2012). Specialty Guidelines for Forensic Psychology. Available online at www.apapracticecentral.org/ce/guidelines/index.aspx

Brodsky, S. (2012). Testifying in court: Guidelines and maxims for the expert witness (2nd ed.). Washington, DC: American Psychological Association.

Bush, S. S., Connell, M. A., & Denney, R. L. (2006). Ethical practice in forensic psychology: A systematic model for decision making. Washington, D.C.: American Psychological Association.

Conroy, M. A., & Murrie, D. C. (2007). Forensic assessment of violence risk: A guide for risk assessment and risk management. New York: Wiley.

Fogel, M. H., Schiffman, W., Mumley, D., Tillbrook, C., & Grisso, T. (2013). Ten year research update (2001-2010): Evaluations for competence to stand trial (adjudicative competence). Behavioral Sciences and the Law.

Frederick, R. I., DeMier, R. L., & Towers, K. D. (2003). Examinations of competency to stand trial: Foundations in mental health law. Sarasota, FL: Professional Resource Press.

Frederick, R. I., Mrad, D. F, & DeMier, R. L. (2007). Examinations of criminal responsibility: Foundations in mental health law. Sarasota, FL: Professional Resource Press.

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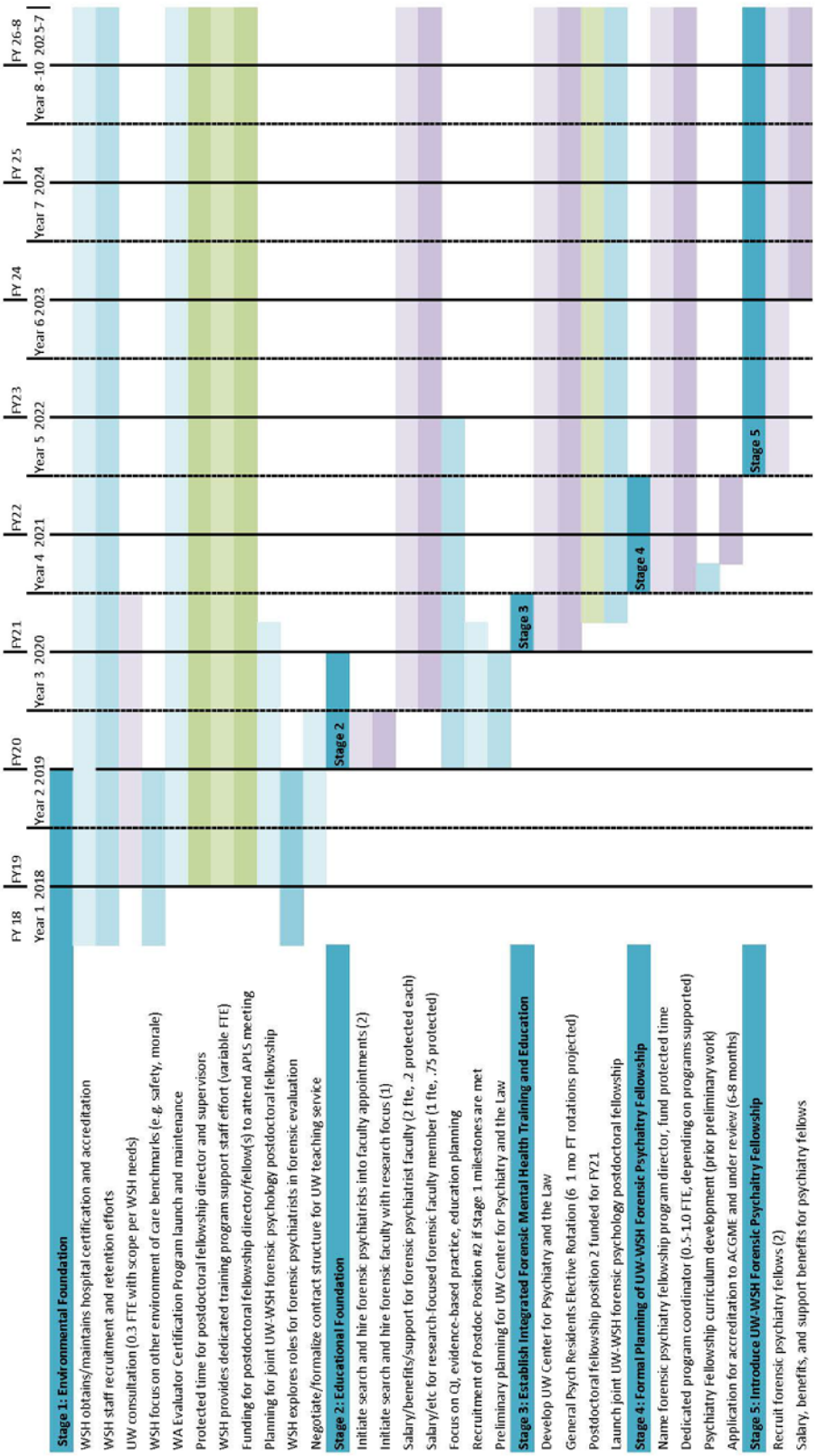
Appendix L – Timeline



Appendix M Budget Sources and Assumptions

UW Personnel

- For *named personnel*, actual FY2017, or where available FY2018, base salaries are used, with 3% cost-of-living adjustment (COL) for subsequent years.
- For projected *new faculty hires*, the 2015 AAMC salary survey data are used. The starting salary is the 50Th percentile for a psychiatrist at the Assistant Professor level, with 3% COL applied for subsequent years.
- *Benefits* are at standard UW load rates, which are specific to job classification and are calculated for each fiscal year based on projections and the prior year actual cost. Approved rates for FY2018 are applied across all budget years. Load rates, the calculation process, and a description of included benefits are available at http://finance.uw.edu/fr/fringe-benefit-load-rate.
- An annual *overhead fee* of $12,000 is applied for each full-time faculty hire. This supports a range of HR costs incurred for faculty search, hiring, reappointment, and promotion as well as university-imposed fees for basic IT services and payroll. Not included in this fee are the one-time expenses associated with relocating for the new position (see services/supplies). The fee is based on a detailed analysis of costs and is currently used by the department with Seattle Children's-based faculty.
- *General Psychiatry Residents'* effort: Salary and benefit costs associated with resident employment are subject to the collective bargaining agreement (CBA) with UW Housestaff Association (UWHA). The current CBA is available at http://hr.uw.edu/labor/unions/uw-housestaff-association/uwha-contract and runs through FY2019. This report uses FY2019 salary levels, adding a 3% COL for each subsequent year, and projects a total of 6 one-month elective rotations: 4 at the PGY2 salary level and 2 at the PGY4 level. An overhead charge of 20% of salary and benefits is added for resident rotations. This is a standard charge and represents the corresponding direct costs of resident appointments, including allowances specified in the UWHA CBA and other costs.
- *Forensic Psychiatry Fellows* effort: Salary and benefit costs associated with resident employment are subject to the collective bargaining agreement (CBA) with UW Housestaff Association (UWHA). The current CBA is available at http://hr.uw.edu/labor/unions/uw-housestaff-association/uwha-contract and runs through FY2019. Salary and benefits are calculated at the PGY5 level, using FY 19 approved rates plus 3% COL for subsequent years. Given the proposal to have the fellows based at WSH, the salary and benefits are not be subject to the 20% overhead rate for resident rotations; however, 0.15 FTE for the department's education program coordinator is included to support the direct costs of managing the appointments.

OFMHS/WSH Personnel

- *For WSH-based personnel,* the Office of Financial Management classified job listing database served as the source for salary information. The database is accessible at: http://hr.ofm.wa.gov/Compensation-Job-Classes/classifiedjoblisting/specifications
- *Forensic Psychology Postdoctoral Fellowship Program Director and Supervisor effort,* the budget request reflects Job class title "Psychologist-Forensic Evaluator" (code 362F). The job description is accessible at http://hr.ofm.wa.gov/compensation-job-classes/ClassifiedJobListing/

Specifications/ 4488. Given the likely senior nature of the director, the salary is based on Step M. A 3% COL was applied to future years. The Forensic Evaluators based at WSH are employed by the OFMHS and as such funding for salary and benefits for their effort are designated as OFMHS expenses.

- *For the Administrative support,* the budget request reflects Job class title "Program Specialist 2" (code 1071). The job description is accessible at. http://hr.ofm.wa.gov/compensation-job-classes/ClassifiedJobListing/Specifications/1661. The salary is based on Salary Range 42, Step J. A 3% COL was applied to future years.
- *For the Forensic Psychology Postdoctoral fellow, Position 2,* the Job Class of "Psychologist 3" at the FY2017 rate of $65,096 with a 3% COL applied for each future year. The postdoctoral fellows are employed by OFMHS and funding for the new position is designated as an OFMHS budget item.
- *Benefits* for all OFMHS/WSH personnel were calculated at 28%. This percentage is a placeholder estimate pending confirmation of actual or projected rate(s) from DSHS/WSH.

CSTC Personnel

- *During Stage 5*, 0.05 FTE is projected for supervision of the forensic psychiatry fellows at CSTC. The supervisors may be child psychiatrists or forensic psychologists; however, for budgeting purposes, the 2015 AAMC salary survey data were used again at the 50Th percentile for a psychiatrist at the Assistant Professor level.

Facilities (WSH)

- *Office space for faculty and trainees at WSH.* At the onset of Stage 2 and in anticipation of new hires and an expansion in the number of trainees on-site, a placeholder estimate of $5000 per each FTE is projected for minor renovation and/or furnishings of office space. An actual cost projection is dependent on an assessment of available appropriate space at WSH.

Outside Consultation

- Consultants engaged in advance of the ACGME post-accreditation site visit will be compensated on an hourly basis at the established rate of $250/hour. The Stage 5 budget projects a total of 10 hours or $2,500 total. This cost projection is informed by expert input: program directors from similar programs have successfully followed this model.

Services/Supplies

- *Copying, supplies, parking*. During the consultation phase, funds totaling $250 per year are requested for reimbursement of direct costs specific to the project such as parking, copy/print services and supplies. This total is based on prior experience.
- *WA license application fee ($206) and board certification exam fees ($1,000) for postdoctoral fellow(s)*. Current fees are available online at http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/Psychologist/Fees and https://www.abpp.org/i4a/ams/public/memberapp_description.cfm.

- *Expansion of forensic library and online resources*. The request for $2,700 is derived from a review of current resources and includes the cost of new acquisitions or updated versions of evidence-based tests including Leiter, SAPROF, DCT, RBANS, WMS-IV, and BAI. An ongoing allowance of $500 per year will allow for expanding the library to include seminal books as well as new tests and updates as deemed appropriate by the training committee. A detailed list of recommended resources and pricing is included as Appendix N.
- *Faculty moving expense and relocation incentive*. The total amount is negotiated with each new hire, depending on circumstances (e.g., distance, challenges associated with the move). The budgeted amount of $30,000 represents the 25th percentile of the range ($20,000 to $50,000) negotiated for recent appointments.
- *Computers/software*. $1,800 is budgeted for each new full-time hire to include desktop or laptop computer, software and appropriate peripherals. The budget projections allow for replacement equipment after 4 years.
- *Website development and maintenance*. The department has an established template for use by fellowship programs which will be adapted and subsequently maintained for the UW-WSH fellowships. Based on experience, cost for the initial site programming is estimated at $1,000, with $300 per year projected for updates.
- *ACGME fellowship evaluation and accreditation application fee.* ACGME established a new rate in 2018 and the current fee is used without projected COL increase. Rate information is available at http://www.acgme.org/About-Us/Policies-and-Related-Materials/Fees. The fee is invoiced upon receipt of the application.
- *ACGME annual accreditation fee*. This annual fee for 2018 is $4,700 for programs with five or fewer residents. Accredited programs are billed this annual fee on January 1 of each year. Fee information is available: http://www.acgme.org/About-Us/Policies-and-Related-Materials/Fees. The rate is generally held constant for several years; therefore, current rate is applied through FY2024 and projections for FY2025 and beyond include a 3% COL.
- *WA State Medical License application fee.* UWHA CBA Article 21 requires this cost be paid on behalf of the fellows. Current license fee is $491 and specifics are available at http://www.doh.wa.gov/LicensesPermitsandCertificates/MedicalCommission/MedicalLicensing/Fees.
- *UWHA CBA-specified allowances.* Details are provided in the current CBA (Articles 21,23,25) which is available at http://hr.uw.edu/labor/unions/uw-housestaff-association/uwha-contract . Allowances include professional development fund ($350), home call stipend ($1,150 for AY2019), and transportation allowance ($700) per fellow per year.

Travel

- Mileage reimbursement based on the 2017 IRS standard rate of $0.535 per mile, calculating round trip drives from Seattle (UW campus) to WSH, assuming 3 round trip drives per year per consultant.
- For conference travel, published conference registration fees are used. Per diems and length of travel are calculated using actual conference schedule and a higher-end per diem given

conferences tend to be held in major cities. Round-trip airfare is calculated at $500 and the total estimate is rounded.

- *Faculty professional development/travel funds.* The budget requests $2,500 per year for full-time faculty. The amount is designed to cover membership in a professional organization as well as travel to a national meeting.

Appendix N Recommended Resources for the Center for Forensic Services Library

Tests	Cost
Leiter-3	1095.00
Structured Assessment of Protective Factors for violence risk (SAPROF)	49.50
DCT (The Dot Counting Test)	153.50
Repeatable Battery for the Assessment of Neuropsychological Status (RBANS Update) Form A	214.00
RBANS Update Form A Record Form	115.00
RBANS Update Coding Score Template A	12.00
Wechsler Memory Scale - Fourth Edition (WMS-IV)	815.00
Beck anxiety Inventory (BAI)	132.95
Inventory of Legal Knowledge (ILK)	158.00
Evaluation of Competency to Stand Trial–Revised (ECST-R)	312.25
Structured Inventory of Reported Symptoms Second Edition (SIRS-2)	339.00
Rogers Criminal Responsibility Assessment Scales (R-CRAS)	166.00
Fitness Interview Test - Revised (FIT-R)	60.00
Structured Clinical Interview for DSM-5 Personality Disorders (SCID-5-PD)	77.00
Structured Clinical Interview for DSM-5 Disorders—Clinician Version (SCID-5-CV)	84.00
Structured Inventory of Malingered Symptomatology (SIMS)	168.00
State-Trait Anger Expression Inventory–2™ (STAXI–2)	312.00
The b Test	188.50
Neuropsychological Assessment Battery (NAB)	1999.00
Clinician-Administered PTSD Scale (CAPS) (DSM-5 version can be requested from the VA)	131.50
Total for all tests requests:	**6582.20**
Books	**Cost**
Harris, G. T., Rice, M. E., Quinsey, V. L., & Cormier, C. A. (2015). Violent offenders: Appraising and managing risk (3rd ed.). Washington, DC: American Psychological Association.	79.95
Conroy, M. A., & Murrie, D. C. (2007). Forensic assessment of violence risk: A guide for risk assessment and risk management. Hoboken, NJ: John Wiley & Sons.	100.00
Weiner, I. B., & Otto, R. K. (2012). Handbook of psychology, volume 11, forensic psychology (2nd edition). Hoboken, NJ: John Wiley & Sons.	195.00
Heilbrun, K. (2009). Best practices in forensic mental health assessment: Evaluation for risk of violence in adults. New York, New York: Oxford University Press.	41.95
Goldstein, A., & Goldstein, N. E. S. (2010). Best practices in forensic mental health assessment: Evaluating capacity to waive Miranda rights. New York, New York: Oxford University Press.	44.95
Pinals, D. A., & Mossman, D. (2011). Best practices in forensic mental health assessment: Evaluation for civil commitment. New York, New York: Oxford University Press.	56.00
Zapf, P., & Roesch, R. (2008). Best practices in forensic mental health assessment: Evaluation of competence to stand trial. New York, New York: Oxford University Press.	38.95
Lichtenberg, E. O., & Kaufman, A. S. (2012). Essentials of WAIS-IV assessment (2nd Edition). Hoboken, NJ: John Wiley & Sons.	55.00
Drozdick, L.W., Holdnack, J.A., & Hilsabeck, R. C. (2011). Essentials of WMS-IV Assessment. Hoboken, NJ: John Wiley & Sons.	50.00
Bush, S. B. (ed.) (2017). APA handbook of forensic neuropsychology. Washington, DC: American Psychological Association.	199.00
Melton & Petrila (2017) Psychological Evaluations for the Courts (to be released in December 2017)	117.00
Ben-Porath, Y. S. (2012). Interpreting the MMPI-2-RF. Minneapolis, MN: University of Minnesota Press.	75.00
Total for all book requests	**1052.80**

Glossary of terms

Attending physician – staff physician who has completed training and attends to a clinical practice. An attending physician might supervise trainees.

Board certification – formal certification and recognition of competency or expertise by professional organization, typically after completion of requisite training and examination

Civil commitment – the legal process by which a person is detained to receive mental health assessment and treatment

Competence to stand trial (or trial competency) – legal requirement that a criminal defendant has sufficient mental abilities in understanding the legal proceedings and assisting in their defense

Conditional release – termination of commitment and release from hospitalization, contingent upon obeying the conditions of release

Deinstitutionalization – social and legal movement to move persons from psychiatric inpatient hospital settings to community settings

Diagnostic and Statistical Manual of Mental Disorders (DSM) – a recognized classification and diagnostic manual of mental disorders, published by the American Psychiatric Association

Diminished capacity – legal defense to some crimes whereby the defendant has diminished mental awareness at the time of the offense, resulting in conviction of a lesser crime

Doctoral internship – the capstone clinical experience for professional psychology doctoral candidates. Completion of a doctoral internship is required prior to awarding of the doctoral degree in clinical psychology and is a prerequisite for obtaining professional licensure. The doctoral internship was formerly referred to as a predoctoral internship***.***

Duty to warn/protect – obligation of mental health clinician to take measure to prevent a dangerous patient from harm to a third party

Empirical studies/practices – based on research conducted on basis of objective and verifiable results

Full-time effort (FTE) – increment for budgeting of employee time, with 1.0 FTE representing one full-time employee and 0.2 FTE, for example, representing 20% for full-time effort.

Insanity (or not guilty by reason of insanity, or criminal responsibility) – a legal standard that, when met, absolves a criminal defendant from culpability on mental grounds

Malingering – a person's intentional falsification or exaggeration of symptoms in order to obtain personal benefit from feigned injury or illness

Miranda – referring to a legal case (Miranda v. Arizona, 384 U.S, 436 (1996)) establishing constitutional rights of arrestees against self-incrimination by affording the right to avoid speaking with police unless they voluntarily, knowingly, and intelligently waive their right

Post-graduate year (PGY) – describing medical school graduates during their postgraduate training as interns (PGY-1, first year), residents (PGY-2, 3, 4) and fellows (PGY-5, 6)

Protected time – time spent in professional activities – teaching, research, administration, etc. – that cannot be used for clinical duties

Psychiatry fellowship – an organized training program designed to provide a planned, programmed sequence of supervised training experiences in an a specialty area of psychiatry, such as a forensic psychiatry fellowship

Psychology postdoctoral fellowship – an organized training program designed to provide a planned, programmed sequence of supervised training experiences in an area of professional psychology

Resident (or resident physician) – one who holds a medical degree (M.D. or D.O.) and is engaged in a program of medical specialty training under direct or indirect supervision from an attending physician

Risk assessment – evaluation through clinical (direct inquiry though interview, observation) and/or actuarial evaluation of a person's future likelihood of violence (violence risk assessment) or suicide (suicide risk assessment)

Sell – refers to a court decision (Sell v. United States, 539 U.S. 166 (2003)) establishing the constitutional standards for forcible administration of medication in order to restore one's competence to stand trial

Structured professional judgment – a model of violence risk assessments that incorporates standardized measures assessing static, stable, dynamic, and/or future risk factors for violence based on the empirical literature

Testamentary capacity – referring to whether someone has sufficiently sound mind to perform the necessary legal requirements for making and executing a will

Trueblood – refers to Washington State court decisions (*Trueblood et al. v. Washington State Department of Social and Health Services (DSHS) et seq.* 2014) governing the timeline for completion of competence to stand trial evaluations

Glossary of acronyms

AADPRT American Association of Directors of Psychiatric Residency Training

AAFP American Academy of Forensic Psychology

AAPL American Academy of Psychiatry and the Law

ABFP American Board of Forensic Psychology

ABPN American Board of Psychiatry and Neurology

ABPP American Board of Professional Psychology

ACGME Accreditation Council for Graduate Medical Education

APA American Psychological Association

AP-LS American Psychology-Law Society

BHA Behavioral Health Administration

CBA Collective bargaining agreement

CE Continuing Education

CMS Centers for Medicare and Medicaid Services

COA Commission on Accreditation

COL Cost of living increase

CRSPPP Commission for the Recognition of Specialties and Proficiencies in Professional Psychology

CST Competency to stand trial

DFP Designated Forensic Psychologists

FQRP Forensic Quality Review Panel

FTE Full-time effort, with 1.0 FTE representing one full-time employee

ILPPP Institute of Law, Psychiatry and Public Policy

JCAHO Joint Commission on Accreditation of Healthcare Organizations

MSO Mental State at Time of Offense

NGRI Not guilty by reason of insanity

OFMHS Office of Forensic Mental Health Services

PBSCI Psychiatry and Behavioral Sciences

PGY Postgraduate year

PRITE Psychiatry Resident-In-Training Examination®

QI Quality improvement

UWHA University of Washington Housestaff Association