TRAINING, CERTIFICATION AND QUALITY IMPROVEMENT FOR COMPETENCE TO STAND TRIAL EVALUATIONS

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STANDARDS FOR COMPETENCE TO STAND TRIAL (CST) HAVE BEEN DEVELOPED (NATIONAL JUDICIAL COLLEGE; AAPL; ZAPF & ROESCH)

AT LEAST 19 STATES HAVE DEVELOPED CERTIFICATION PROGRAMS FOR CST EVALUATORS

POSTDOCTORAL TRAINING PROGRAMS FOR FORENSIC PSYCHOLOGISTS AND PSYCHIATRISTS
WHAT WE KNOW ABOUT QUALITY

- Many states have seen a dramatic rise in referrals for competence to stand trial (NASHMHPD, 2017)
- The demand for forensic evaluations exceeds the supply of qualified evaluators
- Quality of reports is poor in many jurisdictions (e.g., Packer & Grisso, 2011)
- A major factor is lack of training (e.g., Gowensmith et al., 2016)
- Also, low reimbursement rates
PROBLEMS WITH REPORTS

- Lack of understanding of legal standards
- Confusing mental illness with incompetence
- Relying only on evaluee self-report (malingering, but other problems as well)
- Not considering acute effects of substance use
- Not tying the opinion on competence to the data
CERTIFICATION STANDARDS
(GOWENSMITH ET AL., 2016; PUTNEY ET AL. 2021)

- 1. EDUCATIONAL CLASSES/TRAININGS
- 2. EXAM REQUIRED
- 3. WRITTEN REPORT SAMPLES
- 4. SUPERVISION/MENTORING
- 5. QUALITY ASSURANCE PROCESS
MASSACHUSETTS MODEL

- CONSIDERED THE GOLD STANDARD (FROST ET AL., 2006)
- INITIAL WORKSHOP
- INDIVIDUAL MENTORING
- REPORT REVIEW
- WRITTEN EXAM
- ONGOING QUALITY IMPROVEMENT PROCESS – OVERSEEN BY STATE MENTAL HEALTH AGENCY
- WITHOUT REPORT REVIEW, WORKSHOPS ALONE DO NOT SUFFICE
DATA FROM MASSACHUSETTS

- Quality of reports found much higher than in other jurisdictions (Packer & Leavitt, 1998; Skeem and Golding, 1998)

- Anecdotal data: Inpatient evaluators have few complaints about the outpatient evaluations that led to admission

- Recent survey of judges in Massachusetts found that overall they had a positive evaluation of the quality of CST reports (Putney, Vincent, & Packer, 2021)
GOWENSMITH ET AL. FOUND AVERAGE PAYMENT FOR CST EVAL WAS $750

INCREASING PAYMENT WILL MORE THAN EASILY BE OFFSET BY SAVINGS OF HOSPITAL BED COSTS (FROM INAPPROPRIATE ADMISSIONS)