



American Board of Psychiatry and Neurology, Inc.

A Member Board of the American Board of Medical Specialties (ABMS)

CERTIFICATION EXAMINATION IN FORENSIC PSYCHIATRY

The American Board of Psychiatry and Neurology, Inc. (ABPN) is a not-for-profit corporation dedicated to serving the public interest and the professions of psychiatry and neurology by promoting excellence in practice through certification and continuing certification processes.

The ABPN designs and develops the forensic psychiatry certification examination to assess the knowledge and reasoning skills needed to provide high quality patient care in the broad domain of the subspecialty. It utilizes two-dimensional content specifications. Within the two-dimensional format, one dimension is comprised of forensic psychiatry topics while the other is comprised of competencies and mechanisms that cut across the various topics of the first dimension. By design, the two dimensions are interrelated and not independent of each other. All of the questions on the examination will fall into one of the forensic psychiatry topics and will be aligned with a competency/mechanism. For example, an item concerning the death penalty could focus on interpersonal and communications skills, or it could focus on systems-based practice.

Candidates should use the detailed content outline as a guide to prepare for the certification examination. Please note that no single examination tests everything on the content outline.

For more information, please contact us at questions@abpn.org or visit our website at www.abpn.org.



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CERTIFICATION EXAMINATION IN FORENSIC PSYCHIATRY Content Blueprint

Number of questions: 220		
Dimension 1		
Forensic Psychiatry		
01.	Legal regulation of psychiatry	17-21%
02.	Civil	16-20%
03.	Criminal	16-20%
04.	Death penalty	4-6%
05.	Corrections/correctional health care	8-12%
06.	Legal systems/basic law	8-12%
07.	Children/families	8-10%
08.	Special issues in forensic psychiatry	9-13%

Note: A more detailed content outline is shown below.



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Number of questions: 220		
Dimension 2		
Physician Competencies and Mechanisms		
A.	Behavioral/social sciences and psychosocial mechanisms of diseases	3-5%
B.	Clinical aspects of psychiatric and neuropsychiatric disorders	3-5%
C.	Diagnostic procedures	7-9%
D.	Treatment	2-4%
E.	Interpersonal and communication skills	1-3%
F.	Professionalism, ethics, and the law	54-56%
G.	Practice-based learning and improvement	1-3%
H.	Systems-based practice	21-23%



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Content Outline

220 questions
Dimension 1
I. Legal regulation of psychiatry
A. Hospitalization
01. Involuntary
a. Standard of proof (<i>Addington v. Texas</i>)
b. Due process/dangerousness (<i>Jackson v. Indiana</i>)
c. Least restrictive alternative (<i>Lake v. Cameron</i>)
02. Voluntary (<i>Zinermon v. Burch</i>)
03. Procedural due process (<i>Lessard v. Schmidt</i>)
04. Patients' rights
a. Civil Rights of Institutionalized Persons Act (CRIPA)
b. Protection and Advocacy of Individuals with Mental Illness (PAIMI)
05. Outpatient commitment (Assisted Outpatient Treatment (AOT)/alternatives to hospitalization
06. Failure to place mentally ill in community is discriminatory (<i>Olmstead v. L.C.</i>)
B. Confidentiality/privilege/privacy
01. Definitions
a. Privilege (<i>In re Lifschutz</i>)
b. Confidentiality (<i>Doe v. Roe</i>)
02. HIPAA
03. Psychotherapist-patient privilege (<i>Jaffee v. Redmond</i>)
04. Federal Rules of Evidence (FRE) 501
05. Exceptions to confidentiality/privilege
a. Police powers versus confidentiality
b. Limitations in fraud investigation
06. Reporting statutes
a. Reporting acts override federal confidentiality law (<i>State v. Andring</i>)
b. Degree of reporting required (<i>People v. Stritzinger</i>)
C. Right to mental health treatment
01. Constitutional right to treatment (<i>O'Connor v. Donaldson</i>)
02. Professional judgment (<i>Youngberg v. Romeo</i>)
03. Consent decree/minimal hospital standards (<i>Wyatt v. Stickney</i>)
D. Right to refuse mental health treatment
01. Standards/procedures
a. Proxy decision making
i. Judicial model (<i>Rogers v. Commissioner</i>)



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ii. Professional model (<i>Rennie v. Klein</i>)
iii. Override of treatment approval (<i>Application of the President and Directors of Georgetown College</i>)
iv. Prisoners (<i>Washington v. Harper</i>)
b. Guardianship/conservatorship
c. Substituted judgment
E. Duty to warn/protect
01. Law
a. Statutes
b. Case law
i. Initial precedent (<i>Tarasoff v. Regents of the University of California</i>)
ii. Duty to detain (<i>Lipari v. Sears</i>)
02. Practice
F. Informed consent
01. Elements of informed consent
a. Standard set by law (<i>Canterbury v. Spence</i>)
b. Reasonable person standard
02. Exceptions
03. Advance directives
04. Research (<i>Kaimowitz v. Michigan</i>)
05. Withdrawal of life-sustaining treatment (<i>Cruzan v. Director, Missouri Department of Mental Health</i>)
G. Medical board issues/licensure
01. National Practitioner Data Bank
02. Professional health issues/impaired physicians
03. Out-of-state licensure
a. Forensic experts
b. Telemedicine
04. Physician-assisted suicide (<i>Washington v. Glucksberg</i>)
H. Research
01. Common Rule (45 C.F.R. 46)
a. Institutional review board
b. Vulnerable populations
02. Ethics
II. Civil
A. Professional liability
01. Standards of care
02. Elements of professional liability
03. Damage



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a. Punitive
b. Compensatory
04. Burden/standard of proof
a. Reasonable medical certainty
b. <i>Res ipsa loquitur</i>
05. Types of negligence
a. Comparative
b. Contributory
c. Negligence per se
d. Gross negligence
06. Professional liability insurance/types of policies
a. Occurrence
i. Punitive damages excluded from insurance coverage
ii. Policy language determines coverage
b. Claims made/tail coverage
07. Types of professional liability claims
a. Suicide/homicide and risk assessment
b. Boundary violations (<i>Roy v. Hartogs</i>)
c. Medical management
i. Tardive dyskinesia (<i>Clites v. Iowa</i>)
ii. Other issues
B. Personal injury
01. Legal principles
a. Eggshell plaintiffs
b. Zone of danger (<i>Dillon v. Legg</i>)
02. Causation
03. Damages
04. Posttraumatic stress disorder (PTSD)/Traumatic brain injury (TBI)
C. Workplace issues (AAPL Practice Guideline for the Forensic Evaluation of Psychiatric Disability)
01. Workers' compensation
02. Social Security/Supplemental Security Income (SSI)
03. Disability
a. Private
b. Social Security Disability Insurance (SSDI)
04. Harassment
a. Definition (<i>Meritor Savings Bank v. Vinson</i>)
b. Hostile work environment (<i>Harris v. Forklift Systems</i>)
c. Same-sex harassment (<i>Oncale v. Sundowner Offshore Services</i>)
05. Discrimination/Title VII



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06. Americans with Disabilities Act (ADA)
a. HIV (<i>Bragdon v. Abbott</i>)
b. ADA applies to prisons (<i>US v. Georgia</i>)
07. Fitness-for-duty evaluations
a. Dangerousness
b. Work impairment
D. Competency for medical treatment and finance
01. Guardianship/conservatorship of person and property
02. Assessment of capacity
E. Testamentary capacity
01. Elements
02. Undue influence
03. Insane delusions
F. Competency to enter into contracts
III. Criminal
A. Competency
01. Stand trial (AAPL Competency to Stand Trial Practice Guideline)
a. Assessment of competency to stand trial
i. Standards (<i>Dusky v. US, Godinez v. Moran, Wilson v. US</i>)
ii. Procedural due process (<i>Cooper v. Oklahoma</i>)
b. Restoration of competency
i. Involuntary treatment (<i>Riggins v. Nevada, Sell v. US</i>)
ii. Confinement for restoration (<i>Jackson v. Indiana</i>)
c. Competency to represent oneself (<i>Indiana v. Edwards</i>)
02. Testimonial
a. FRE 601
b. Other
03. Waive rights
a. Confessions (<i>Colorado v. Connelly</i>)
b. Jury/counsel/appeals
i. Standards (knowing, intelligent, voluntary)
ii. <i>Alford</i> plea (<i>North Carolina v. Alford</i>)
c. Silence
04. Forensic assessment instruments
B. Criminal responsibility (Insanity Defense Guideline)
01. Diminished capacity (<i>Montana v. Egelhoff</i>)
02. Mens rea (<i>Clark v. Arizona</i>)
03. Insanity defense



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a. Standards
i. Cognitive prong (<i>M’Naghten</i>)
ii. American Law Institute Model Penal Code
iii. Federal Insanity Defense Reform Act
iv. Product test/ <i>Durham</i> rule (<i>Durham v. US, Washington v. US</i>)
b. Waiving the defense (<i>Frendak v. US</i>)
c. Disposition/outcome
i. Length of confinement (<i>Jones v. US</i>)
ii. Criteria for confinement (<i>Foucha v. Louisiana</i>)
d. Constitutionality (<i>Kahler v. Kansas</i>)
04. Post acquittal/Psychiatric Security Review Board
05. Guilty but mentally ill
C. Alcohol and drug prosecution
01. Status (<i>Robinson v. California</i>)
02. Intoxication (<i>Powell v. Texas</i>)
D. Presentencing/diversion programs
01. Diversion programs
02. Mental health/drug courts
IV. Death penalty
A. Ethics
01. Physician participation
02. Treatment on death row
B. Competence to be executed (<i>Panetti v. Quarterman</i>)
01. Definition (<i>Ford v. Wainwright; Madison v. Alabama</i>)
02. Restoration issues (<i>State v. Perry</i>)
C. Exceptions
01. Intellectual disability (<i>Atkins v. Virginia, Hall v. Florida</i>)
02. Juveniles (<i>Roper v. Simmons</i>)
03. Mental illness
D. Epidemiology
E. Aggravating and mitigating circumstances
01. Due process protections (<i>Estelle v. Smith</i>)
02. Hypothetical questions about dangerousness (<i>Barefoot v. Estelle</i>)
F. Access to experts (<i>Ake v. Oklahoma; McWilliams v. Dunn</i>)
V. Corrections/correctional health care
A. Epidemiology
01. Prevalence of mental disorders and substance abuse



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02. Demographics of correctional populations
B. Settings
01. Differences among lockups, jails, and prisons
02. Community corrections
03. Different custody classification settings (e.g., camps, minimum security, supermax)
C. Special treatment programs
01. Special housing for mentally ill inmates within jails and prisons (e.g., A housing unit for inmates with mental illness who cannot function adequately in the general population housing unit.)
02. Inmates who exhibit inappropriate sexual behaviors (e.g., public masturbation, exposure of genitals)
03. Inmates who self-harm (e.g., cutters, swallowers)
04. Programs for inmates with developmental disabilities
05. Geriatric inmates
06. End-of-life issues
D. Treatment of the seriously mentally ill
01. Understanding levels of care (e.g., crisis stabilization, residential treatment, outpatient, hospital)
02. Service delivery issues
a. Medication management/issues
b. Continuity of care with clinicians
c. Physical plant issues (e.g., need for adequate programming space, sound privacy, safety)
d. Staffing issues
03. Practice guidelines
a. Psychiatric Services in Correctional Facilities, Third Edition. American Psychiatric Association
i. Screening assessment process
ii. Sick call process
iii. Custody interface
iv. Confidentiality/dual agency
v. Other
b. National Commission on Correctional Health Care guidelines on mentally ill inmates in segregation (locked-down settings)
c. APA resource document on the use of restraints and seclusion in correctional settings
E. Suicide prevention
F. Prison Rape Elimination Act (PREA)
G. Due process issues, including role of mental health clinician in disciplinary process
01. Involuntary hospitalization (<i>Vitek v. Jones</i>)



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02. Involuntary medication (<i>Washington v. Harper</i>)
03. Undue hardship
04. Civil commitment following incarceration (<i>Baxstrom v. Herold</i>)
H. Sociology of correctional institutions
01. Gangs
02. Protective custody issues
03. Prison culture (e.g., snitching, correctional officer wall of silence)
I. Conditions of confinement
01. Segregation settings
02. Supermax settings
03. Cell versus dormitory settings
04. General environment (physical conditions, recreational time) (<i>Brown v. Plata</i>)
J. Security versus treatment issues
01. Impact on delivery of mental health services
02. Medical autonomy
03. Deliberate indifference (<i>Estelle v. Gamble, Farmer v. Brennan</i>)
K. Probation/parole
01. Definitions
02. Role of mental health system in probation/parole
a. Dangerousness assessments
b. Treatment recommendations
c. Treatment/monitoring
d. Coordination with probation/parole officers
L. Sex offenders
01. Treatment programs
a. Elements of treatment
b. Problems in treatment
c. Assessment issues re recidivism
d. Treatment setting (e.g., outpatient, residential, institutional)
e. Penile plethysmography
02. Protective custody issues—inmate cultural issues re sex offenders
03. Due process
a. Indefinite commitment (<i>Specht v. Patterson</i>)
b. Civil versus criminal proceeding (<i>Allen v. Illinois</i>)
c. Definition of mental abnormality (<i>Kansas v. Hendricks</i>)
d. Volitional control (<i>Kansas v. Crane</i>)
e. Adequacy of treatment
f. Federal sex offender commitment (<i>US v. Comstock</i>)
04. Sex offender recidivism



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05. Paraphilic disorders
06. Juvenile sex offenders
M. Class actions/consent decrees
N. Quality improvement and adverse event analysis
VI. Legal systems/basic law
A. Sources of law
01. Constitution
02. Statutes
03. Regulations/administrative law
04. Case law
B. Court system
C. Adjudicative process
01. Civil procedure
02. Criminal procedure
03. Evidence (including subpoenas)
a. General acceptance (<i>Frye v. US</i>)
b. Standards for expert testimony (<i>Daubert v. Merrell Dow</i>)
c. Judicial discretion
d. Judge as gatekeeper (<i>Kumho Tire v. Carmichael</i>)
04. Burden/standard of proof
VII. Children/families
A. Civil
01. Abuse/neglect/foster care
02. Child abuse reporting statutes
a. Battered child syndrome (<i>Landeros v. Flood</i>)
b. State has no constitutional duty to protect (<i>DeShaney v. Winnebago</i>)
03. Divorce/custody/visitation (<i>Painter v. Bannister</i>)
04. Guardian ad litem
05. Termination of parental rights (<i>Santosky v. Kramer</i>)/fitness to parent
06. Competency—emancipation, mature minor
07. Commitment (<i>Parham v. JR and JL</i>)
08. Informed consent/assent
09. Adoption
10. Evaluation of child sexual abuse
11. Children as witnesses/evaluation of psychic harm/PTSD claims in children (<i>People v. Stritzinger</i>)
12. Professional liability/ethics/confidentiality
B. Criminal



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01. Juvenile court (<i>In re Gault</i>)
02. Children in Need of Services (CHINS)/ Persons in Need of Supervision (PINS)
03. Waiver
04. Competence to be a witness
05. Delinquency
06. Sentencing
<i>a. Graham v. Florida</i>
<i>b. Miller v. Alabama</i>
C. Forensic evaluation of children, adolescents, and their families
D. Individuals with Disabilities Education Act (IDEA)/ADA (<i>Irving Independent School District v. Tatro, Board of Education v. Rowley</i>)
VIII. Special issues in forensic psychiatry
A. Hypnosis
01. Use of hypnosis in a forensic context
<i>a. Orne criteria (State v. Hurd)</i>
B. Polygraphy
C. Syndromes (battered woman, rape trauma) (<i>Ibn-Tamas v. US</i>)
D. Malingering, factitious disorder imposed on self, factitious disorder imposed on another
E. Neuropsychological assessments of malingering
F. Psychological/neuropsychological testing
01. Uses in forensic evaluations
02. Uses in malingering (SIRS, TOMM, MMPI-2)
G. Psychopathy/antisocial personality disorder
H. Neuroimaging
I. Prosecution for drug and alcohol use (<i>Robinson v. California, Powell v. Texas</i>)
J. Psychological autopsies
01. Suicide by cop
02. Cause of death—accident, homicide, or suicide
K. Ethics
01. AAPL ethical guidelines
02. AMA Council on Ethical and Judicial Affairs (CEJA)
03. APA guidelines
L. Practice
01. Videotape/audiotape
02. Confidentiality
03. Dual agency



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04. Teaching forensic psychiatry (AAPL Practice Resource for Forensic Training in General Psychiatry Residency Programs, Journal of AAPL, March 2019, Vol.47, Supplement 1)
05. Private practice (malpractice insurance, retaining agreements, etc.)
M. Expert witness
01. Conflicts that might influence opinion
02. Federal Rules of Civil Procedure 26 (Rule 26)
03. Federal Rule of Evidence (FRE) 702
N. Risk assessment
01. Suicide
02. Violence to others
a. Sex offenders
b. Stalking
c. Fire setting
d. Other (e.g., fitness for duty, <i>Buck v. Davis</i>)
03. Standardized assessment instruments



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Dimension 2
Physician Competencies and Mechanisms
A. Behavioral/social sciences and psychosocial mechanisms of diseases
I. Psychology
i. Social psychology
ii. Other
II. Sociology
III. Anthropology, culture, ethnicity, race, and spirituality
IV. Biostatistics
V. Other
VI. Normal development
B. Clinical aspects of psychiatric and neuropsychiatric disorders
I. Epidemiology
II. Factors affecting psychiatric and neuropsychiatric disorders (predisposing, protective, and perpetuating factors, precipitants)
III. Clinical presentation, symptoms, and signs
IV. Comorbidity
V. Differential diagnosis
VI. Prognosis and course of illness
C. Diagnostic procedures
I. General physical and neurological examination
II. Psychiatric interview and mental status examination
III. Psychological testing
IV. Neuropsychological testing
V. Diagnostic assessments and rating scales
VI. Laboratory testing
VII. Neuroimaging
VIII. EEG
IX. Sleep Studies
X. Neurophysiologic testing
XI. Other
D. Treatment
I. General treatment planning and decision making
II. General principles of psychopharmacology and neuropharmacology
i. Pharmacokinetics/pharmacodynamics
ii. Drug interactions
iii. Age, gender, and ethnicity issues
iv. Genomics
III. Specific pharmacologic agents



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i. Tricyclics and heterocyclics
ii. Monoamine oxidase inhibitors
iii. Selective serotonin reuptake inhibitors (SSRI)
iv. Selective norepinephrine reuptake inhibitors (NRI)
v. Selective serotonin-norepinephrine reuptake inhibitors (SNRI)
vi. Other antidepressants
vii. Lithium
viii. Anticonvulsants
ix. Benzodiazepines
x. Beta blockers
xi. Alpha agonists
xii. Typical antipsychotics
xiii. Atypical antipsychotics
xiv. Psychostimulants
xv. Hypnotics and sedatives
xvi. Cognitive enhancers
xvii. Calcium channel blockers
xviii. Dopamine agonists (including L-DOPA)
xix. Anticholinergics
xx. Opioid agonists/antagonists
xxi. Other agents used in the management of psychiatric disorders
xxii. Other agents used in the management of neurologic disorders
xxiii. Other agents used in the management of other medical disorders
IV. Treatment of substance-related and addictive disorders
i. Pharmacologic
a. Management of intoxication and withdrawal
b. Management of use and relapse prevention
c. Management of co-occurring conditions
ii. Nonpharmacologic
a. Management of intoxication and withdrawal
b. Management of use and relapse prevention
c. Management of co-occurring conditions
V. Treatment of aggression/self-injury
i. Pharmacologic
ii. Nonpharmacologic
VI. Treatment of sleep-wake disorders
i. Pharmacologic
ii. Nonpharmacologic
VII. Treatment of pain



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i. Pharmacologic
ii. Nonpharmacologic
VIII. Treatment of neuroleptic malignant syndrome, TDEPS, and serotonin syndrome
i. Pharmacologic
ii. Nonpharmacologic
IX. Treatment in special situations
i. Renal disease
ii. Hepatic disease
iii. Pregnancy
iv. Breast-feeding
v. Tardive dyskinesia and extrapyramidal symptoms
X. Augmentation strategies
XI. Nonpharmacologic somatic treatment
i. Biofeedback
ii. Electroconvulsive therapy
iii. Phototherapy
iv. Chronotherapy
v. Vagal nerve stimulation
vi. rTMS (repetitive transcranial magnetic stimulation)
vii. Neurosurgical approaches
viii. Other
XII. Psychotherapy
i. Supportive
ii. Cognitive and/or behavioral (including DBT)
a. Contingency management
iii. Interpersonal
iv. Psychodynamic and psychoanalytic
v. Couples and family
vi. Group
vii. Crisis intervention (e.g. critical incident debriefing, psychological debriefing/early intervention)
viii. Motivational interviewing
ix. Other (e.g., hypnotherapy, sex therapy, mindfulness, meditation)
XIII. Psychosocial interventions
i. Psychoeducation
ii. Vocational and occupational rehabilitation
iii. Self-help groups (e.g., AA, NA)
iv. Community-based treatment programs (e.g., halfway houses, day hospitals, multimodal treatment programs, therapeutic communities, opioid agonist treatment programs)



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a. Nursing homes
v. Other
E. Interpersonal and communication skills
I. Communication with patients
II. Communication with other professionals
III. Communication with the public
IV. Communication with patients' families
V. Communication with the healthcare team
F. Professionalism, ethics, and the law
I. Sensitivity to diversity
II. Adherence to ethical principles (e.g., informed consent, research issues, clinical care)
III. Fatigue management, work-life balance, and physician well-being
IV. Professional behavior
V. Participation in the professional community
VI. Legal issues in psychiatry
i. Criminal matters
ii. Civil matters
iii. Statutory v. regulatory law
iv. State v. federal law
VII. End of life issues
G. Practice-based learning and improvement
I. Development and execution of lifelong learning
i. Self-assessment and self-improvement
ii. Use of evidence in the clinical workflow
II. Formal practice-based quality improvement
H. Systems-based practice
I. Patient safety and the healthcare team
i. Medical errors, patient safety, quality improvement, and improvement activities
ii. Regulatory and educational activities related to patient safety
II. Resource management (e.g., utilization management and review, integration and systems of care, managed care issues)
i. Parity
ii. Access to care
iii. Telepsychiatry
III. Community-based care
i. Community based programs
a. Other (e.g. nursing homes, skilled nursing facilities, assisted living)
ii. Prevention
iii. Recovery and rehabilitation
iv. Integrated care (collaborative care)



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IV. Consultation to nonpsychiatric medical providers and nonmedical systems (e.g., military, schools, businesses, forensic)

V. Public health and prevention, and public policy
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VI. Documentation of practice, management of records, insurance, and reimbursement
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