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FORCED MEDICATIONS TO RESTORE ADJUDICATIVE COMPETENCY

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Assessment of competence to stand trial is probably the most common evaluation done by psychiatrists for the court system. Approximately 7000 defendants are involuntarily committed each year to public hospitals for restoration of competence. The issue of forced medications to restore competency is a complex one. Most states rely on landmark decisions to make decisions regarding forced medications for this purpose. Before commitment reforms these mentally ill defendants were committed for long time to restore competency. Currently the law has defined situations and time duration for restoration. If they cannot be restored within this time, charges are dropped and they may be civilly committed. In this article we review literature on the assessment of competency to stand trial. We also discuss landmark decisions like Riggins v. Nevada, Sell v. U.S. and Jackson v. Indiana that have shaped policies on forcibly medicating defendants to restore competency.

**PERSONALITY DISORDER CONCEPTUALIZATION IN SERIAL MURDER:
A METHODOLOGICAL CRITIQUE AND PROPOSAL**

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Literature on conceptualization of personality disorders in serial murderers is reviewed to investigate the historical assumption that most serial murderers are diagnosed with antisocial personality disorder. First, various methodological issues relevant to research in this area are reviewed. Second, 13 studies related to personality disorder conceptualization in this population are reviewed and summarized. Third, the methodology and reporting practices are critiqued. Finally, a standard protocol for future personality research with this population is proposed. In conclusion, although the psychological diagnosis of antisocial personality disorder may be frequent within this population, it is not necessarily the best fit. More scientifically rigorous research by independent examiners assessing personality functioning and reporting empirical findings is needed.

THE TWO-PHASE APPROACH TO COMPETENCY EVALUATION

**Daniel P. Greenfield, M.D., M.P.H., M.S., Maureen Santina, Ph.D.
and Jack A. Gottschalk, M.A., M.S.M., J.D.**

This article discusses the distinction in the exculpatory criminal insanity defense between the strictly cognitive M’Naghten insanity defense test and the emotional/affective/cognitive insanity defense test of the Model Penal Code (MPC) of the American Law Institute (ALI). A parallel is drawn between the continuum of those two tests and what the authors call the “Two-Phase” (cognitive-mental state) evaluation approach to the forensic psychiatric/psychological evaluation of a defendant’s criminal competency to stand trial (CST) status, focusing on the elements of the

CST status in one representative jurisdiction, the state of New Jersey. Finally, drawing on six case vignettes, the authors discuss subtleties and nuances of clinical presentations of defendants in forensic psychiatric/psychological CST evaluations, and emphasize the need for evaluators to consider both overt cognitive and subtle emotional/affective/cognitive (mental state) aspects of their evaluatees' clinical presentations in their CST evaluations.