

The Differences Between Forensic Psychiatry and Forensic Psychology

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Forensic psychiatry and forensic psychology face a common threat: the erosion of their credibility. It is proposed that they can combat this threat better by collaboration than by independent efforts. Similarities between the two professions are reviewed to examine their potential for collaboration. Their differences are reviewed to demonstrate the value of that which they can contribute collaboratively, beyond that which either can contribute independently, to increasing their credibility in the eyes of the public and the courts. Three specific areas for collaboration are proposed: individual practice, quality control of expert testimony, and training.

Both the American Academy of Psychiatry and the Law (AAPL) and the American Psychology-Law Society (AP-LS) began in 1969. Both organizations spawned boards for forensic certification in 1976: the American Board of Forensic Psychiatry and the American Board of Forensic Psychology, which developed also an organization for its diplomates, the American Academy of Forensic Psychology. My recent research on the history of AP-LS,¹ however, indicates that despite the concurrent development of their organizations, forensic psychiatry and forensic psychology have rarely collaborated with each other in pursuit of their professional objectives. Forensic

psychiatrists and psychologists as individuals occasionally collaborate in forensic assessment cases and legally relevant research, but this is sufficiently infrequent to be considered uncommon.

Any proposal encouraging greater collaboration between forensic psychiatry and forensic psychology may seem grossly antithetic in the context of the ongoing battle between the American Psychiatric Association and the American Psychological Association. Their heated competition for the mental health market is being played as a zero-sum game in which any gains for one side must be achieved at the expense of the other. In this context, specialty areas within psychiatry and psychology can be prime sites for skirmishes related to the larger battle.

Proposals for collaboration between forensic psychiatry and forensic psy-

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chology cut across the grain of another contextual fact: both professions historically have manifested very unkind perceptions of each other. The founders of AAPL and AP-LS were exceedingly narrow-minded in this regard during the early years of these organizations.

For example, an AAPL Bulletin presidential message in the 1970s lamented the limited pool of forensic psychiatrists, as well as the rush of psychologists who—for a lower fee—were willing to fill the need. AAPL's president asked, "How long would it take a person with a background, say in clinical psychology, to pick up enough knowledge and supervised experience to begin to match the psychiatrist's background?" "No other group has (psychiatry's) training or knowledge requirement. *Ipso facto* we are more qualified."² Quite independently, an early president of the American Psychology-Law Society wrote in 1971, "I personally doubt that psychiatry, at least as we presently know it as a clinical specialty, will ever be able to offer anything of much value to the judicial process. I do, however, believe that psychology as a scientific discipline has much to offer."³

We do not encounter such statements so often today. For example, Dr. Richard Rada, in his AAPL presidential address last year, characterized the current status of competition between forensic psychiatry and forensic psychology as "healthy and even desirable."⁴ This is a reasonable assertion; in the context of a free enterprise model, competition drives both professions independently to improve their services.

Perhaps the time has come, however, when forensic psychiatry and forensic psychology should ask themselves whether it is in their best interests to perceive each other merely as competitors. There are signs that both professions face a serious threat to their current roles in society as they enter the twenty-first century. That threat arises not so much from each other as competitors, but from external forces that they experience in common, and from weaknesses inherent in both disciplines. I propose that they begin thinking about how the two disciplines can survive collaboratively, lest they both perish independently.

To make this point, first I will describe the threat itself. Then I want to explore certain similarities and fundamental differences between forensic psychiatry and forensic psychology, primarily to show why neither of them is fully equipped to deal with the threat. Finally, I will describe how they will be better able to survive if they can become "collaborative competitors," while still retaining their own independent professional identities.

The Imminent Erosion of Our Credibility

The threat of which I speak is the potential erosion of our credibility as experts in legal forums. This is an old threat, nearly as old as the history of medical testimony in courts. But many commentators believe that it is more pressing now than ever before. It is a recurrent theme in forensic psychiatry's current literature, especially in the re-

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cent issue of the AAPL Bulletin devoted to the memory of Dr. Bernard Diamond. The article by Dr. Diamond himself laments forensic psychiatry's poor public image and increasingly frequent challenges to its credibility.⁵

I can assure you that the matter is no less pressing for forensic psychology. This summer, for example, a *Boston Globe* columnist wrote a commentary on a matter involving the release of sex offenders from Bridgewater State Hospital. She began her article by explaining that the prisoner introduced the expert testimony of Dr. So-and-so, who "is a forensic psychologist—in other words, a hired gun."

Public perception of forensic psychiatry's and psychology's low degree of credibility is influenced by many things, some of which the professions cannot reasonably be expected to do much about. There are two things that contribute to the problem, however, that they can strive to control. One is the fragility of their scientific base. The other is their lack of effective ways to maintain the overall quality of forensic practice as it is experienced by the courts.

Concerning the first of these, no one reasonably can accuse forensic psychiatry or psychology of having no scientific base. Forensic psychiatry has accumulated an enormous body of reliable knowledge based on clinical experience and the results of research on mental illness. Forensic psychology can borrow from knowledge accumulated across decades of controlled, empirical research on human behavior in the basic fields of developmental, personality, cognitive,

social and abnormal psychology. This knowledge serves both professions well when they make diagnoses, describe personality, and recommend treatment.

Forensic psychiatrists' and psychologists' claim to a scientific base is harder to defend, however, when they are asked to explain how they know what they say they know in their responses to specific forensic questions. For example, virtually none of us can actually demonstrate the reliability of our own individual interviews and diagnostic conclusions, or the validity of our reasoning about special mental states that are relevant for various legal decisions about mentally disordered criminal defendants. The same can be said for our opinions about the future custody of children, or questions of civil commitment or legal competency. Our opinions usually are not haphazard; they are guided by psychological concepts, clinical experience, careful observation, and reasoning guided by well-accepted theories. But we have little evidence, based on controlled research, regarding the actual validity of many of our opinions.

The second source of threat with which both professions contend is the effects of inadequate or unethical practice by their own peers. Increasingly we encounter professionals who, because of either ignorance or lack of integrity, offer expert testimony that degrades the image of the forensic expert as perceived by lay persons and legal professionals alike.

Readers will be familiar with examples involving forensic psychiatrists. In forensic psychology, examiners' behav-

ior in child custody evaluations has become one of the most frequent categories of complaint filed with the American Psychological Association's Ethics Committee.⁶ In addition, we now have psychological tests designed specifically for child custody evaluations that are widely advertised and aggressively marketed as valid, yet with little or no empirical research to back up the claim.

The tenuous credibility that our professions currently retain cannot withstand these conditions indefinitely. What they try to do with integrity has been identified by less scrupulous colleagues as a market that is ripe for exploitation. Elizabeth Loftus has suggested that we should simply rely on the "social engineering" effect of the courts to handle this.⁷ She means that we should allow judicial acceptance and rejection to produce a "survival of the fittest" through which adequate expert testimony will evolve. The danger in this passive approach, of course, is that judges and attorneys do not necessarily share forensic psychology's or psychiatry's own professional values; the "fittest" who survive may not be those who represent the best that forensic psychiatry or psychology have to offer.

Therefore, as suggested by my colleague Paul Appelbaum in the recent special issue of the *AAPL Bulletin*,⁸ our response to the potential demise of our credibility must be aggressive, not delayed, and controlled by our own hand.

But why should forensic psychiatry and forensic psychology do this collaboratively? I think that they have a better chance to save themselves by collabora-

tion than by independent efforts. Before building that argument, however, I must take stock of the ways that they are alike and the ways that they are different.

How We Are Alike

Whether forensic psychiatry and forensic psychology are amenable to collaboration may be dependent in part on their similarities. Cultural anthropologists have a concept called consociation. It refers to collaboration between two cultural groups, while maintaining their separate identities and a concern for their independent interests. Anthropologists have found that two groups' capacities for consociation are related to several circumstances. It helps if they are similar in size, if they normally function in relative isolation from each other, if they have some previous experience of mutual accommodation, if they have a common enemy, and if the two groups do not experience extreme social or economic inequalities in comparison with each other. Many of these criteria have to do with similarities between the groups. What similarities exist between forensic psychiatry and forensic psychology?

First, their groups seem to be the same size. AAPL now claims about 1500 members. The American Psychology-Law Society has about 1,700 members, approximately 75 percent of whom identify themselves as engaged in forensic practice. Forensic psychiatry has about one-third more diplomates than does forensic psychology. Overall, therefore, the number of mental health professionals who are identified with our

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forensic organizations are about equal for psychology and psychiatry.⁹

Second, both professions labor in the same vineyard. Forensic psychiatrists and forensic psychologists play the same part in the sociology of the legal process. They are both outsiders in a world of lawyers, where they are exposed to the same courtrooms and cross-examination, and face the same ethical dilemmas peculiar to that setting and role. They are similarly in love with the exhilarations, risks, and disappointments that are relatively unique to the experience of the forensic mental health expert. When they talk to each other about their work experiences, this common ground allows them to understand each other in ways that transcend their separate professional identities.

A third similarity is the theories and research findings that they share. Both psychiatry and psychology have contributed to the pool of psychodynamic, social, and behavioral theories that guide the logic of both forensic psychiatrists and psychologists. They read each others' research reports, and they recognize no professional boundaries for publication in each others' scholarly journals.

Finally, forensic psychiatrists and forensic psychologists are perceived similarly by others, especially when others perceive them negatively. When the *Boston Globe* reports the latest unethical antics of an expert witness, I do not breathe a sigh of relief if the expert is identified as a psychiatrist. Like much of the public, news reporters tend to use the term "psychiatrist" as a generic reference to any mental health profes-

sional; the expert could just as well have been a psychologist. But the reporter's designation hardly matters. Public perception does not seem to differentiate between psychiatry and psychology reliably enough for the two professions to ignore the quality of each other's work. I suspect that they share a loss of credibility in the public eye when experts in either profession provide inadequate forensic services. They are yoked together in this regard, whether they like it or not.

In summary, forensic psychiatry and forensic psychology meet many of the criteria for consociational potential: similar size, a history of relative isolation for one another, some past history of accommodation, a common experiential context, and a common threat. The one criterion in question is the matter of social and economic equality. One group's collaboration with another is inhibited to the extent that collaborative activities are perceived as detracting from its own economic advantage in relation to the other. I will return to that point later, but let me set it aside for the moment to examine differences between the two professions.

How We Are Different

While organizing my thoughts about the relative strengths and weaknesses of our two forensic professions, I was greatly assisted by conversations this past summer with six eminent people in forensic psychiatry, as well as the reflections of several nationally recognized forensic psychologists.¹⁰ Their views revealed a remarkable consensus, at least among our leaders, regarding compara-

tive qualities of forensic psychiatry and forensic psychology. I will group them into four categories.

First, there are differences of *content* in contributions to the understanding of forensic cases. The most obvious differences of this type, of course, arise in cases involving biological, medical, or psychopharmacological questions. But this did not produce as much comment in my informal poll of our leading professionals as did another distinction. Both forensic psychologists and forensic psychiatrists tended to agree that, holding competence constant, the background of forensic psychiatrists favors their capacities to diagnose serious mental disorder. In contrast, psychologists were seen as especially prepared to go beyond the matter of mental disorder to describe the person: the individual's abilities, personality, social role, and interpersonal life as a context within which mental disorder is manifested.

These differences are rooted in the historical purposes of the two professions. Recently I was reminded of this in a conversation with Dr. Loren Roth. We were in a group that was designing a study to determine factors that might improve clinical judgments about the risk of violence among mentally ill persons. Someone questioned whether we had to include hallucinations and delusions as potential factors. "We have to," Loren said. "The whole history of *psychiatry* has been built on hallucinations and delusions. Without them—without serious mental illness—there would be no psychiatry. We'd be *nothing!* Why, we'd be . . . *psychologists!*"¹¹

He meant, of course, that mental illness historically has been the true purpose and reason for psychiatry in a way that has not been true for psychology. Psychiatry developed as a branch of medicine, which itself exists for the purpose of diagnosing, treating, and preventing illness. Its closest counterpart in psychology is clinical psychology. But clinical psychology arose from general psychology, which developed (out of philosophy) with a mission to better understand human behavior generally (one might say, the range of "normal" behavior). Psychology's historical purpose is identified with the development of scientific principles regarding broader matters than illness: for example, human development, cognitive and intellectual abilities, and the adaptive and maladaptive aspects of personality and social-emotional functioning. If there were no mental illness, there might be no psychiatry; but there would still be a field called psychology.

Unless the forensic psychologist has forsaken or forgotten psychology's tradition and identity, he or she will bring this perspective to forensic cases: a perspective that provides a description of a person's abilities, ways of adapting to problems in everyday life, and other stylistic features of development and behavior. And the forensic psychiatrist will bring a background and experience that, on balance, can provide a more finely grained picture of mental *disorder* within that context. These two perspectives complement each other; one in isolation from the other has limited social value or relevance for legal decision-

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making.

A *second* difference between forensic psychiatry and forensic psychology lies in their *methods* for constructing a forensic case. My inquiries this summer suggested that forensic psychiatrists generally are seen as better able to use interviews, on-the-ward observations, and record reviews to reach diagnostic and forensic conclusions. This emphasis begins in the intern and residency experiences of young psychiatrists.¹² Their training occurs in the context of a never-ending flow of clinical cases, which encourages efficient, practical decision-making. Residents learn to make the best decisions possible under circumstances of limited clinical information, and to do it with confidence.

In contrast, the average forensic psychologist was perceived by the psychiatrists and psychologists alike as better prepared to obtain and use standardized, quantitative assessment data. This also is rooted in their pre-specialization training. Clinical psychology graduate students have their share of clinical cases, of course, but typically not with the intensity found in the psychiatry residency, and with a greater emphasis on attention to theory and method in the process of case analysis.

Clinical psychology students are pressed to devote more time to discussing not merely *what* one knows, but how one knows it: how one can support the reliability or validity of one's claims about the case. Much of young clinical psychologists' training is designed to sensitize them to sources of bias in their interpretations of what they have ob-

served. In a sense, they are taught to *mistrust* their senses or ideas, and to experience confidence in their hypotheses about a case only when they are supported by some standardized data sources, preferably through the convergence of data from several quantitative methods. This is a very demanding, sometimes impractical standard when applied to forensic cases. When the standard can be met, however, it offers especially convincing evidence.

The *third* difference, as expressed by those whom I consulted this summer, was forensic psychologists' more adequate capacity to "do research." I think, however, that this generalization misses the mark. Psychiatrists and psychologists both engage in fine research. Both fields are empirically minded, and journals probably carry as many research reports by forensic psychiatrists as by forensic psychologists. If there is a difference here, it is *epistemological*.

The research tradition of psychiatry is rooted in medicine's reliance upon applied clinical experience in the evolution of knowledge. The knowledge base for the field (or for the individual psychiatrist) tends to evolve through doing cases, and by cumulative cross-referencing of them in search of generalizations. Its data base is drawn from the world as it presents itself in clinical circumstances. Well-trained forensic psychiatrists typically will use their forensic experiences to contribute to their field's knowledge base through case studies or observations based on larger patient samples.

In contrast, forensic psychologists are

trained in psychology's tradition, which places a higher value on knowledge that evolves from controlled experimentation. Knowledge is derived from the cumulative results of studies in which various conditions are held constant, or are systematically varied, in order to examine their relationship to other conditions or outcomes. Forensic psychologists' training in general psychology has required that they be able to design and perform controlled research studies on questions relevant for psychological or forensic practice. They believe that this way of building knowledge offers more reliable information than can be gained by the accumulation of cases alone.

Finally, there are differences in the two professions' *mentoring* systems. Post-residency training for a forensic specialty in psychiatry has a more developed, programatic history than does formal post-doctoral training for a forensic specialty in clinical psychology. At least at the time of Dr. Park Dietz's review in 1987,¹³ there were 23 forensic psychiatry post-residency fellowship programs in the United States. In contrast, there are only about eight law-and-psychology post-doctoral programs. Moreover, only four of them focus primarily on forensic clinical application.

The difference may lie in forensic psychiatry's capacity to use psychiatry departments at teaching hospitals as post-residency sites for specialization training. In contrast, psychology's "home base" generally has been the graduate program in a psychology department located in a liberal arts university. These are fine places for pre-doctoral training

in psychology or post-doctoral training in psychology-and-law research. But usually they are not appropriate sites for obtaining specialized, applied forensic experience. There are many pre-doctoral clinical psychology internship sites that provide some forensic experience. But they offer only the level of forensic exposure that might be found in some third or fourth year psychiatry residency programs.

Having outlined these differences between forensic psychiatry and forensic psychology, immediately one is aware of their vulnerability as generalizations. Nevertheless, I believe that beyond certain types of knowledge and abilities that they share, forensic psychiatry and forensic psychology are especially good at different things. Moreover, I propose that the world will benefit most—the legal system will be better served—if they both strive to perfect what they do best. The alternative is to try to imitate each other, which risks the evolution of uniformly mediocre services.

That is not to say that they cannot learn from each other, and that they cannot seek ways to integrate their efforts. Indeed, their ability to use their different capacities collaboratively for their mutual benefit is the main point of my thesis today. Let me return, then, to the problem with which I started: threats to our credibility. How can our differences work together to reduce this threat for both of us?

Using Our Differences

There are at least three general spheres of activity in which forensic psychiatry

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and forensic psychology might work together in a consociational way to improve the quality and credibility of their services to courts: (1) collaboration at the level of individual forensic cases, (2) collaboration in quality control through continuing legal education, and (3) collaboration in training and research.

Collaboration on Forensic Cases-

Some forensic psychiatrists and forensic psychologists already work together on cases, although this seems still to be fairly uncommon. Even when one is open to such collaboration, the additional expense suggests that it should be done selectively in those cases that especially call for potential interdisciplinary benefits.

I am not prepared to offer a refined set of criteria for determining which cases call for such collaboration and which do not.¹⁴ Some considerations, however, can be suggested in the following illustration from a case on which I collaborated recently with a psychiatrist. There were at least three things that contributed to this decision.

First, the case involved a serious offense and offered very serious potential consequences for the defendant. The 16-year-old boy, whom teachers said never caused problems in school, faced a first-degree murder charge; the victim was his girlfriend, a 14-year-old high school cheerleader. The evaluation would be used in a juvenile court hearing that would determine whether the boy was amenable to rehabilitation in the juvenile system. If he was, he would be tried in juvenile court and, if found delinquent, probably would be provided

treatment in a secure juvenile facility to age 21. If he was considered not amenable, he would be transferred to criminal court for trial, where he would face the possibility of life imprisonment without parole.

Cases like this, in which the stakes are extremely high, call for the highest standard of care in performing the evaluation, such that the likelihood of error in assisting the court is reduced to the absolute minimum possible. Given the differences between forensic psychiatry and psychology in their methods and clinical perspectives, the use of both to avoid error associated with either approach alone often is justified, despite the greater cost and effort.

Second, certain diagnostic and clinical features of the case required the special expertise of psychiatry. The youth reported that he had been self-medicating with massive doses of anabolic steroids, which he had begun in conjunction with a body-building effort about two years earlier. Frequency, dosage, and specific type of anabolic steroids needed to be examined to assess their potential role in his violent aggression. The picture was complicated further by the boy's depression since earlier childhood. The question of amenability to treatment could depend in part on evidence of the boy's potential responsiveness to anti-depressive medication.

Third, there was a need to understand this case in the context of the boy's personality and total developmental history, rather than to build recommendations only on the bases of biomedical information or formal psychiatric diag-

nosis. Several features of the case made this difficult to do through interviews alone. The boy was depressed and not very verbal. The mother, friends of the boy and victim, and the community in general were so shaken or outraged by the offense that their reports could not be accepted without some independent verification. This was best accomplished with psychological testing and the use of multiple sources of information to construct a comprehensive factual and conceptual history of the boy's psychological development.

Either the psychiatrist or the psychologist, working alone, might have constructed a picture of the case that would have resembled the one that eventually emerged. But working alone, neither of us would have had the types of data that were needed to take the formulation beyond the realm of educated speculation. Our confidence in our recommendations, and the detail with which we offered them, were far greater than if we had been working alone.

Most important, cases involving collaboration between forensic psychiatrists and forensic psychologists can provide courts with a level of assistance that speaks well of both of them. Their credibility in the case is enhanced, and they contribute to the perceived value of the professions that they represent.

Quality Control The second sphere for potential collaboration would focus on improving the normative quality of forensic practice generally within both professions. AAPL, AP-LS, the American Academy of Forensic Psychology, and the American Boards of Forensic

Psychology and Forensic Psychiatry currently are engaged independently in several efforts to control the general quality of practice. Organizations representing both professions have active programs for continuing education and diplomate certification for forensic practice. AAPL is working on a revised set of ethical guidelines, and AP-LS together with the American Academy of Forensic Psychology recently ratified and published a set of guidelines for forensic psychologists.¹⁵ Leaders within AAPL have been influential in contributing to the American Psychiatric Association's development of a system of peer review for psychiatric expert testimony.¹⁶

None of these organizations, however, has initiated a systematic program of continuing education for lawyers and judges. They should be educating courts about their services, standards, and ethical guidelines for forensic practice. In this way, courts could learn to recognize unacceptable practice and reject it. Over time, this could contribute to an elevation of the quality of services provided by psychiatrists and psychologists who perform evaluations for courts.

There would seem to be no major obstacle to forensic psychiatry and forensic psychology tackling this effort together. They have broken the barrier concerning collaboration on other educational efforts. For example, they advertise their workshops in each other's newsletters, and they are beginning to teach in each other's continuing education activities. I have little doubt that in contrast to independent efforts, they could provide better continuing legal ed-

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education opportunities by giving courts a view of mental health expertise that integrates the values and methods of forensic psychiatry and forensic psychology.

Training and Research The final sphere in which consociation might be considered is in training and research. As noted earlier, forensic psychology is greatly in need of options for increasing its ability to train forensic post-doctoral fellows in clinical skills related to forensic practice. In contrast, I have heard that forensic psychiatry fellow programs are producing too few forensic fellows who can design controlled research studies that will advance the field of forensic psychiatry, or who can analyze and use the results of such studies effectively in practice. Both disciplines, therefore, are hindered in their production of future leaders who can improve the credibility of expert testimony in forensic psychiatry and forensic psychology.

Forensic psychiatry fellow programs currently are well positioned to provide fellows with the clinical case experience that such education requires. In turn, most forensic psychologists and their fellows are well prepared to develop research projects of forensic relevance. One wonders, therefore, whether both professions might benefit by the establishment of forensic psychology fellow training programs at some of the sites now supporting forensic psychiatry fellow programs. Forensic psychiatry fellows might gain by collaborating with forensic psychology fellows on research projects that the latter are better prepared to design. Psychology fellows, in turn, would receive the benefit of the

enhanced clinical experience offered by psychiatry fellow programs, by reason of the availability of cases, as well as their association with psychiatry fellows themselves.

Conclusion

In summary, forensic psychiatry and forensic psychology face a common threat. Both are facing the erosion of their credibility in the eyes of the public and the courts. I am proposing that they can enhance their credibility by collaborative activities that capitalize on their differences. With care, this could be done in a manner that respects and maintains the differences between them in their methods that traditionally have been part of their professional identities.

The major factor standing in their way is the one that I set aside earlier when describing conditions for consociation. This obstacle is the social and economic differences between the two professions. Many of the similarities between them that could promote their collaboration also make them competitors in the marketplace, when professionals are faced with the harsh realities of making a living for their families. Collaborative efforts in this context can be threatening, because they fear that they may be contributing to the competitive advantage of each other's practice or discipline.

A full analysis of this competition is beyond my purpose here, but a few obvious components should be acknowledged. One is the difference between the two professions in the cost of their services. Forensic psychiatrists' fees and salaries are determined within the context

of the economics of the medical profession. Were forensic psychiatrists' fees lower, the field could not attract medical professionals of quality to this area of specialization. Yet this places forensic psychiatrists at a certain market disadvantage in relation to forensic psychologists, especially in public sector services where available dollars are scarce. Turning this component around, some forensic psychologists tell me that one of the inhibitors of collaboration with forensic psychiatrists is the threat of playing a second-class role, in terms of fees and the greater social status traditionally afforded to medicine and psychiatry.

These realities may have a stronger or lesser impact on various types of collaborative proposals. For example, they need not present major obstacles to collaboration in developing joint conferences and workshop activities. In contrast, the economic and social status differences between the two professions may be more difficult to handle in proposals to train forensic fellows of both disciplines in medical settings.

The risks that collaboration poses for our social and economic interests will be considered too great by many of us, perhaps greater than the current threat to our credibility and long-range survival. If so, we are likely to continue on our independent ways merely as competitors, hoping to outlast each other as society's confidence in us progressively deteriorates.

But some of us in both professions have decided to take the risk, and are fortunate to work in settings that foster collaboration. We invite you to consider

the development of ways to promote our collaboration, to our mutual benefit, and to the benefit of the legal systems served by both forensic psychiatry and forensic psychology.

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9. AAPL and AP-LS have several other historical similarities that, although unrelated to the present argument, are at least interesting. Both began in 1969 with a handful of founders. Both stated the same initial objectives regarding elevation of research, training, and practice in their fields. Both had internal disagreement regarding proposals to use the word "forensic" in their titles, and both organizations rejected it in favor of titles that more clearly recognized interdisciplinary and scholarly objectives. Both developed a newsletter and an affiliated journal in their early years. Both fostered the development of independent boards to offer a diploma in their fields; the American Board of Forensic Psychiatry and the American Board of Forensic Psychology both were inaugurated in 1976. (The American Academy of Forensic Psychology was developed by the American Board of Forensic Psychology to serve as a membership organization for ABFP diplomates; its primary functions focus on stand-

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- ards and continuing education in forensic psychology.) One primary difference in the histories of AAPL and AP-LS is in their relations to their APAs. AAPL has always maintained a collaborative but independent status in its relations with the American Psychiatric Association. In contrast, AP-LS voted to become a division of the American Psychological Association (Division 41) in 1981. Nevertheless, AP-LS retained a quality of independence by providing for special Division 41 membership status by nonpsychologists (e.g., lawyers, psychiatrists, sociologists), and by holding its own biennial conference separate from APA's annual convention.
10. I wish to thank Robert Fein for suggesting this strategy, and to express my gratitude to those forensic psychiatrists and forensic psychologists who graciously shared their views with me. They are not acknowledged here by name because I offered future anonymity as a condition of my discussions with them.
 11. Those who know Dr. Roth will easily recognize that his comment was in no way intended to demean the value of psychology.
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