

**Commonwealth of Massachusetts  
Department of Mental Health**

**Forensic Service**

**DESIGNATED FORENSIC PROFESSIONAL PROCEDURES  
MANUAL**

**Property of the Massachusetts Department of Mental Health**

**Developed in collaboration with the University of Massachusetts Medical School,  
Law and Psychiatry Program**

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## **I. Purpose, Scope of Work and Structure of the DFP Training and Certification Committee**

### **A. Purpose**

The Designated Forensic Professional (DFP) Training and Certification Committee (Committee) is appointed by the Assistant Commissioner for Forensic Mental Health to implement 104 *CMR 33.03, Department of Mental Health* regarding the appointment, training and certification of forensic professionals.

### **B. Scope of Work**

The Committee is responsible for:

1. Overseeing the training of DFP candidates
2. Making recommendations to the Assistant Commissioner regarding
  - a. appointment and re-certification of DFP's
  - b. appointment of Forensic Mental Health (FMH) Supervisors
  - c. termination of DFP candidacy
  - d. revocation of the DFP credential
  - e. appointment of DFP Training and Certification Committee members
3. Developing recommended standards for performance of forensic evaluations of adults conducted pursuant to M.G.L. C.123.
4. Taking referrals from the Continuous Quality Improvement (CQI) committees and developing remedial actions as appropriate.

### **C. Committee Structure**

1. The Committee is composed of a Chair, four members-at-large, the Director of the DFP Program and the Chair of the DFP CQI Committees.
2. The Committee Chair, the Director of the DFP Program and the Chair of the DFP CQI Committees serve at the pleasure of the Assistant Commissioner.
3. Members-at-large are appointed by the Assistant Commissioner for a renewable term of four years. Terms are staggered to limit significant turnover in any one year.
4. Members-at-large reflect a cross-section of forensic clinicians from a variety of forensic mental health settings. The Committee seeks representation from both psychiatry and psychology, as well as the adult court clinics, Bridgewater State Hospital and the DMH adult inpatient facilities.

## **II. Procedures for the Training and Certification of Designated Forensic Professionals in Massachusetts**

### **A. Eligibility Requirements for Candidacy**

1. A state employee or a vendor employee under contract to DMH or DOC who regularly performs court-ordered forensic evaluations requiring DFP status
2. Requisite education and experience as defined in 104 *CMR 33.03(3) (a)* or 104 *CMR 33.03(8) (a)*

## **B. Application for Candidacy**

1. Applications for DFP Training and Certification should be submitted to the Director of the DFP Program. The Director will review the application (Appendix A) for compliance with the requirements of 104 CMR 33.03.
2. If there are deficiencies in the application, the Director of the DFP Program may consult with the Committee and/or the Assistant Commissioner. Further information may be requested of the applicant. The Director may make recommendations to the Assistant Commissioner regarding exceptions to the requirements.
3. The Assistant Commissioner will make the final decision regarding exceptions to the requirements and acceptance for candidacy. The candidate will be notified of the decision within 30 days of receipt of all application materials. It is the Candidate's responsibility to notify his/her employer or prospective employer of his/her acceptance for candidacy.

## **C. Time Frame for Completion of Training**

1. Candidates must complete all training requirements within two years of being assigned an FMH Supervisor. Under special circumstances, the Committee may grant an extension of up to one year.
2. The Committee will notify the Assistant Commissioner within 10 working days of ascertaining that all training requirements have been met. The Assistant Commissioner will send a letter of DFP certification to the Candidate within 10 working days.

## **D. Assignment of the FMH Supervisor/Development of the Training Plan**

1. The Director of the DFP Program will assign a FMH Supervisor to each candidate, based on availability and need.
2. The candidate and FMH Supervisor will develop a training plan that conforms to the requirements of 104 CMR 33.04. The training plan will be submitted to the Committee for approval within 90 days of the candidate's assignment of an FMH Supervisor. Training may begin before the training plan is approved.
3. It is the responsibility of the Candidate to be available for regular supervision and submit reports to the FMH Supervisor in a timely manner.

## **E. Written Examination**

1. DFP Candidates must pass a written examination covering the Massachusetts forensic mental health statutes, mental health case law and standards of practice for performing M.G. L. c. 123 forensic evaluations.
2. Candidates may take this examination any time it is offered and may re-take the examination if they do not obtain a passing score. However, a Candidate

who fails the examination three times may be terminated from candidacy, at the discretion of the Assistant Commissioner.

## **F. Mid-Training Reports**

1. No later than a year after assignment of an FMH Supervisor, the Candidate will submit two mid-training reports completed pursuant to M.G.L. c. 123 §15(b). One report will involve competency to stand trial and the other will involve criminal responsibility. Preferably, both reports will be on the same individual. The mid-training reports must have been written within one year of the submission of the report to the Committee.
2. Mid-training reports may be submitted whenever the Candidate and FMH Supervisor agree that the Candidate has made substantial progress in his/her training.
3. Mid-training reports are reviewed by two members of the Committee, then discussed by the entire Committee. All identifiers of the Candidate, the defendant, the facility, and other mental health professionals at the facility where the evaluation was performed must be removed.
4. The Committee will provide the Candidate and FMH Supervisor with written feedback noting the overall quality of the reports and identifying areas requiring further work.

## **G. Final Reports**

1. At least 60 days before the deadline for completion of training, the Candidate must submit to the Committee two final reports completed pursuant to M.G.L. c. 123 §15(b). One report will involve competency to stand trial and the other will involve criminal responsibility. The final reports must have been written within one year of submission to the Committee, and after the mid-training reports have been reviewed by the Committee.
2. Final reports may be submitted whenever the Candidate and FMH Supervisor agree that the Candidate has mastered the skills necessary for performing independent forensic evaluations.
3. Final reports must involve assessment of an individual who is considered to have a mental illness or a mental defect to allow the committee to evaluate how well the candidate can analyze and articulate the relationship between mental disorder and the psycholegal criteria. Preferably both final reports will be on the same individual. If the candidate works predominantly with developmentally disabled individuals, the reports may involve evaluation of such individuals.
4. In the event of disagreement between the candidate and the FMH Supervisor regarding the candidate's readiness to submit the final reports, the candidate may choose to submit the final reports to the Committee. The Committee will review the reports without being informed of the disagreement.
5. The final reports will be reviewed by two reviewers, neither will be the Chair. All identifiers of the Candidate, the defendant, the facility and other mental health professionals at the facility where the evaluation was performed must be removed. The report will be evaluated using the Report Review Checklist (Appendix B).

6. Following discussion of the reviewers' recommendations, the Committee will determine whether to approve the reports. The decision will be made by consensus, or if consensus cannot be reached, by a majority vote. The Chair may participate in the discussion but may not vote.
7. If the Committee cannot come to a conclusion, the report will be assigned to one or more additional reviewers (not including the Chair) who will present recommendations at the next Committee meeting.
8. The Committee may ask the candidate to rewrite or clarify certain aspects of one or both reports. Each report is evaluated on its own merits. The Committee will review the revised report(s) at the next scheduled meeting.
9. Within 10 working days of the Committee's review of final reports, the Candidate will be sent a letter (copied to his/her FMH Supervisor) indicating whether the final reports have been approved.
10. If a Candidate has submitted three sets of final reports to the Committee and the reports have not been approved, the Committee may recommend termination of candidacy. A request for revisions or clarification is not considered to be non-approval.

#### **H. Verification of Completion of Training**

Following approval of the final reports the Candidate will submit to the Committee a Completion of DFP Training Verification Form (Appendix C) signed by the FMH Supervisor verifying that the Candidate has completed all the requirements of the training program. This form includes the Supervisor's opinion of whether the candidate has mastered the skills necessary to perform forensic evaluations pursuant to M.G.L. Chapter 123. If the FMH Supervisor does not attest that the Candidate has mastered the skills, the Committee will seek any additional information that is deemed relevant to arriving at a decision regarding recommendation for certification. The Chair may participate in the discussion but may not vote. The decision will be reached by consensus, or if consensus cannot be reached, by a majority vote.

#### **I. Approval by the Assistant Commissioner**

Upon determination that the Candidate has successfully completed training, the Committee will recommend to the Assistant Commissioner that the Candidate be certified as a DFP. The Assistant Commissioner may request additional information from the Committee. Upon determination that sufficient information has been provided by the Committee, the Assistant Commissioner will notify in writing, within 10 working days, the Candidate, the FMH Supervisor, and the Candidate's employer of the decision regarding DFP certification.

## **J. Supervisor Feedback Form**

The Candidate will submit the FMH Supervisor Feedback Form (Appendix D) to the Committee within 30 days of receiving DFP certification. If, based on this document or other information available to the Committee, concerns are raised about the quality of the supervision, the Committee will determine what action is appropriate.

## **III. Termination of DFP Candidacy:**

The Committee may recommend termination of candidacy to the Assistant Commissioner if:

- A.** A candidate has not completed the process within the time period outlined in Section II. C.1. above. In considering whether the candidate is likely to be able to complete the process with additional time or support the Committee will take into account the candidate's circumstances, as well as the FMH Supervisor's recommendations.
- B.** The candidate has submitted three sets of final reports which are not deemed acceptable by the Committee
- C.** The candidate has failed the written examination three times.

## **IV. Procedures for Remediation of Certified DFP's**

- A.** If there is a question about the adequacy of a DFP's work, the CQI Committee or the CQI Chair may refer the matter to the DFP Committee for review. The identity of the DFP will not be revealed to the members of the DFP Committee at this stage of the process. In addition, if any member of the DFP Committee is aware of the identity of the DFP, he/she will recuse himself/herself from this discussion. The DFP Committee will review the report(s), as well as any other relevant material (including, if available, comments from the CQI workgroup, the CQI committee, the CQI chair, and any comments made by the DFP to the CQI Committee or Chair). Following this review, the DFP Committee will determine the best course of action, including, but not limited to:
  - a. determining that no further action by the DFP Committee is needed;
  - b. providing feedback to the DFP regarding issues raised by the review process;
  - c. providing formal consultation to the DFP;
  - d. determining that remedial supervision is required.

- B.** Once the DFP Committee has determined the appropriate response, the DFP Committee Chair and the DFP Program Director will be informed of the identity of the DFP. The DFP Committee Chair will notify the CQI Committee Chair and the DFP of the decision.
- C.** If the DFP Committee recommends that remedial supervision is appropriate, the Assistant Commissioner will be notified and a FMH Supervisor may be appointed by the Assistant Commissioner or his/her designee. If a supervisor has been appointed, the Assistant Commissioner or his/her designee will inform the DFP to contact the Supervisor within two weeks and work with him/her to develop a remediation plan. The remediation plan will be submitted to the DFP Committee within 60 days of the appointment of the supervisor. Remediation must be completed within one year.
- D.** The Assistant Commissioner will determine who should be notified of the DFP's remediation status, which may include the DFP's employer and the Area Forensic Director.
- E.** The FMH Supervisor will provide a letter to the DFP Committee, no later than 6 months after supervision begins, documenting the DFP's progress. The DFP Committee will review the letter and determine if any changes in the remediation plan are indicated.
- F.** By the end of the one-year period of remedial supervision, or at any earlier point if the supervisor thinks that supervision is no longer needed, or is not likely to result in adequate remediation, the supervisor will provide the DFP Committee a summary of the DFP's progress.
- G.** Upon receipt of such information provided by the FMH Supervisor, or based on its own assessment of the progress documented by the FMH Supervisor, the DFP Committee will review that information and any other information deemed relevant to determining the quality of the DFP's work, including, but not limited to: completed reports (the number of reports to be reviewed will be determined by the Committee), additional information from the FMH Supervisor, and/or additional information from others familiar with the DFP's work.
- H.** After completion of this review, options include, but are not limited to:

  - a. removing the DFP from remediation status and reinstating him/her as a DFP in good standing;
  - b. recommending additional remediation;
  - c. recommending revocation or non-renewal of the DFP certification.
- I.** These options, and any recommendation, will be presented to the Assistant Commissioner and will also be forwarded to the CQI Committee Chair. Final decisions about additional remediation or revocation/non-renewal will be made by the Assistant Commissioner.



## **V. Termination of DFP Candidacy or Revocation of DFP Certification**

Upon receiving a recommendation from the Committee for termination of DFP candidacy or revocation of DFP certification, the Assistant Commissioner will consider the evidence and make a final decision. The Assistant Commissioner will notify the DFP or the DFP Candidate of the final determination, and make any other appropriate notifications.

## **VI. Procedures for Re-Applying for DFP Candidacy Following Termination of DFP Candidacy or Revocation of DFP Certification**

- A.** An individual whose candidacy has been terminated or whose certification has been revoked may not re-apply for DFP candidacy for at least 180 days following the date of termination/revocation or the date of any appeal, which ever comes last.
- B.** An individual who is reapplying for candidacy or certification will submit the standard DFP application packet and:
  - 1. a statement attesting that there are no pending appeals of the determination decision
  - 2. a statement of his/her understanding of the issues that led to the termination/revocation and
  - 3. documentation that these issues have been successfully addressed.
- C.** The Committee will determine whether:
  - 1. the applicant meets the basic requirements for DFP candidacy
  - 2. there has been sufficient change in the circumstances that led to termination/revocation to indicate that the individual can now meet DFP training and certification requirements.
- D.** Within 60 days of receipt of all materials (as outlined in VI.B.) the Committee will make a recommendation to the Assistant Commissioner regarding acceptance. The Assistant Commissioner will make the final determination as to whether the individual is accepted into DFP candidacy and notify the applicant in writing within five days of receiving the Committee's recommendation.
- E.** If the application is denied, the individual may not re-apply for candidacy for at least 180 days following the date of the letter denying the application. The application procedure is outlined in paragraph B above.

## **VII. Renewal of DFP Certification**

- A.** DFP status must be renewed every three years. In order to renew DFP certification the individual must indicate that he or she continues to be actively involved in public sector forensic work, which requires DFP certification.
- B.** Definition of Public Sector Forensic Work  
The following activities are considered public sector forensic work:
  - 1. performing court-ordered forensic evaluations which require DFP status
  - 2. performing or reviewing specialized risk assessments as determined by the Assistant Commissioner
  - 3. supervising one or more DFP candidates as a FMH Supervisor
  - 4. serving on the DFP Training and Certification Committee
  - 5. serving on a Forensic Service CQI committee
  - 6. performing commensurate forensic mental health work as determined by the Assistant Commissioner
- C.** Renewal of DFP certification will not be granted while the individual is on remedial status (per section IV.C. above).
- D.** Individuals who are no longer performing public sector forensic work (as defined in VII.B. above) will be placed on inactive status. Individuals on inactive status may apply to re-activate their certification if they return to a position that involves performing public sector forensic work. The Committee will review the application and determine whether additional supervision, or consultation with a Forensic Mental Health Supervisor is required. Once re-certified, they will once again be subject to CQI and other requirements for the DFP.

## **VIII. Use of the Designated Forensic Professional Title**

- A.** The authority of the certification and CQI process extends only to public sector forensic work (as defined in section VII.B.) and does not relate to private forensic work. Therefore, DFPs may not include the designation on private forensic reports.
- B.** DFPs on inactive status may indicate on their C.V. the years that they were certified, followed by “currently on inactive status” e.g., Designated Forensic Professional, Massachusetts Department of Mental Health, 1985-1994 (currently on inactive status).
- C.** DFPs on Active status may indicate on their C.V. the year that they were certified e.g., Designated Forensic Professional, Massachusetts Department of Mental Health, 1985-present.

## **IX. Appointment of FMH Supervisors**

### **A. Role of the FMH Supervisor**

The FMH Supervisor provides instruction on the standards for performing evaluations; assistance in developing an understanding of basic concepts and laws relevant to forensic practice; instruction on how to identify and apply clinical data to psycho-legal questions; guidance in learning how to find and read relevant material and case law; feedback on written reports and consultation on providing testimony. FMH Supervisors perform these functions under Section X, Guidelines for FMH Supervisors.

## **B. Eligibility Requirements**

Any individual who has at least five years of forensic experience and who is currently engaged in the provision of public sector forensic work (as defined in section VII.B above) may be considered by the Assistant Commissioner for appointment as a FMH Supervisor. The Assistant Commissioner may waive the five year requirement.

## **C. Review Process**

1. An interested applicant should submit a letter to the Director of the DFP program, detailing relevant experience and qualifications, proof of licensure as a psychologist or psychiatrist in Massachusetts, and a current C.V. documenting current and past places of employment, forensic evaluation services provided, and relevant experience supervising or mentoring.
2. The Director of the DFP program will submit a pre-screening form to the relevant AFD, and/or to the Director of Forensic Services or the Medical Director at Bridgewater State Hospital, to determine whether there are any known issues about the individual's practice that should be considered in the process.
3. Based on the information described in C.1. and C.2., the Assistant Commissioner will determine whether the individual may be considered for appointment as a FMH supervisor. If the Assistant Commissioner determines that the individual qualifies for consideration, the applicant should provide the following materials to the Director of the DFP Program:
  - a) Two letters of recommendation; one from an experienced forensic professional (e.g., a Forensic Mental Health Supervisor), and one from a professional for whom the candidate has provided training, supervision, or informal FMH Supervision. The letter from the experienced forensic professional should address:
    - i. the relation of the writer to the candidate;
    - ii. the quality of the candidate's forensic mental health services;
    - iii. the quality of the candidate's knowledge of mental health law and forensic mental health issues;
    - iv. actual or potential abilities to provide a high level of training and instruction to professionals in training positions;
    - v. the candidate's professional integrity and ethical behavior.

b) Two recent (completed within a year of submission) forensic reports for review, one addressing competence to stand trial, and one addressing criminal responsibility pursuant to M.G.L. Chapter 123 §15(b). However, extended §15(a) reports may be substituted, if they are sufficiently thorough and complete and demonstrate the abilities described below.

- i. The identities of the evaluatee and the applicant will be disguised in the reports.
- ii. All committee members will review the reports.
- iii. The submitted reports should clearly demonstrate the candidate's ability to obtain data relevant to the psycholegal issues and to analyze and articulate the nexus between the data and the conclusions reached.
- iv. The reports must involve assessment of an individual who is considered to have a mental illness or a mental defect to allow the committee to evaluate how well the candidate can analyze and articulate the relationship between mental disorder and the psycholegal criteria.
- v. Both reports may be on the same individual.

4. The Committee will review the reports and determine whether they demonstrate a high level of professional and ethical practice. The Director of the DFP Program and the Chair of the DFP Committee will not participate in the discussion and will not vote on this matter. In reviewing the reports, the Committee will determine whether the reports would have clearly passed if submitted as Final Reports for DFP certification.

a) If both reports are determined to be "clear passes" the committee will consider the factors outlined below (IX.C. 5).

b) If one or both reports are determined not to be "clear passes" the Committee will provide feedback to the Candidate, and not recommend approval as an FMHS.

c) The Committee may also decide that issues have been identified that require further clarification in terms of the applicant's standard of practice. In that case, the Committee can consider either of the following two options:

- i. the DFP Committee Chair and Director of the DFP program will arrange a telephone or video meeting with the applicant. The applicant will be informed that the Committee has some questions about the reports, but will not be notified in advance what the specific issues are. During that meeting, the applicant will be informed of the Committee's questions or concerns, and will be given an opportunity to explain and articulate his/her understanding of the issue and rationale. These responses will then be conveyed back to the Committee at its next meeting, and the Committee will then vote whether to approve the reports based on this additional information.

- ii. Alternatively, the Committee may ask the candidate to rewrite a specific section or sections, indicating that the opinion or data was not clearly enough articulated. The candidate will not be given more specific

information about the issue identified. Following receipt of the revision, the Committee will then vote whether to approve the reports.

5. If the reports are approved, the Committee will be informed of the applicant's identity, and will review the application materials and the letters of reference. The following criteria will be used in making a recommendation to the Assistant Commissioner regarding appointment as a Forensic Mental Health Supervisor:
  - a) Licensed and Ethical Practice: The applicant is a DFP who has a valid license to practice psychiatry or psychology in Massachusetts. The candidate practices in an ethical and professional manner.
  - b) Legal and Forensic Knowledge: The applicant demonstrates an understanding of relevant mental health law, the legal system, and issues in forensic mental health services, and applies this knowledge appropriately.
  - c) Forensic Clinical Practice: The applicant's forensic clinical practice demonstrates high level expertise.
  - d) Training and Supervision: The applicant demonstrates actual or potential capacities to engage in FMH Supervisory activities with the objective of teaching, advising, and contributing to the professional growth of supervisees who have less experience and knowledge of legal, mental health, and forensic mental health issues and services.
  - f) The Committee will vote whether to recommend to the Assistant Commissioner that the candidate be appointed as a Forensic Mental Health Supervisor. All members of the Committee may vote at this point. The results of the Committee's deliberations will be forwarded to the Assistant Commissioner who will make the final decision regarding appointment. The Assistant Commissioner will notify the applicant and the committee of his/her decision within 10 days of receipt of the committee's recommendation.

#### **D. Waiver of Requirements**

Any of the requirements listed above may be waived at the discretion of the Assistant Commissioner.

#### **E. Orientation for New FMH Supervisors**

Newly appointed FMH Supervisors will be expected to attend a DFP Committee meeting as soon after appointment as practical. The new FMH Supervisor will be sent copies of the reports to be reviewed at that meeting and will be expected to complete the Report Review Checklist on at least two different reports. The FMH Supervisor will then have the opportunity to compare their ratings with those of the Committee as a form of training.

### **X. FMH Supervisor Quality Improvement Process**

#### **A. Supervisor Feedback Form**

If the Committee's review of a candidate's FMH Supervisor Feedback Form (Appendix D) indicates a potential problem, the Committee may consider

developing a remedial action plan. The plan may include feedback to the FMH Supervisor; increased oversight the next time the FMH Supervisor is assigned a candidate; a recommendation to the Assistant Commissioner that the individual's status as FMH Supervisor be revoked.

### **B. Revocation of FMH Supervisor Status**

A recommendation for revocation will be made in writing to the Assistant Commissioner. The recommendation will include the grounds for the recommendation and a summary of the remedial actions taken by the committee. The Assistant Commissioner will provide written notice of the revocation to the FMH Supervisor.

### **C. Continuing Education**

Each FMH Supervisor will be expected to attend at least one meeting of the DFP Training and Certification Committee every three years. This will provide the FMH Supervisor the opportunity to stay current with the Committee's standards and procedures.

## **XI. Guidelines for FMH Supervisors**

### **A. Development of the Training Plan**

The FMH Supervisor will meet with the Candidate to develop a plan for their work together. Once the Supervisor has a sense of the Candidate's experience he/she will develop a formal training plan proposal. The training plan proposal must be submitted to the Committee for approval within 90 days of Supervisor assignment.

The proposal will contain:

1. All the necessary elements to meet the requirements outlined in 104 CMR 33.04, including training visits to Bridgewater State Hospital, a Department adult inpatient facility, A Court Clinician, a county or State Correctional facility other than Bridgewater State Hospital, The Massachusetts Alcohol and Substance Abuse Center, and at least one other substance abuse treatment facility that accepts admissions pursuant to M.G.L. c. 123, § 35.
2. An estimation of the minimum number of evaluations that the candidate must complete in order to attain competence. The number of evaluations initially specified in the training plan may be increased or decreased, depending on the candidate's progress. The Committee requires a minimum of criminal responsibility evaluations. It has been the Committee's experience that almost every candidate requires considerably more than three inpatient evaluations to acquire the necessary skills to attain the DFP certification. The Committee recommends a minimum of ten evaluations.
3. At least one evaluation must be conducted in a setting other than the setting in which the Candidate will be working.

### **B. The FMH Supervisor's Responsibilities**

1. The FMH Supervisor should be thoroughly familiar with the recommended

reading list provided to DFP Candidates and the Forensic Service guidelines for forensic reports.

2. FMH Supervisors must work closely with the Candidate's on-site job supervisor. The FMH Supervisor's role is to oversee the Candidate's DFP training, while the Candidate's on-site job supervisor is responsible for the Candidate's day-to day performance as an employee.
3. In designing the training program proposal, the FMH Supervisor and Candidate must consider the time frame for training.
4. The FMH Supervisor (or a DFP in the court clinic, per B.5. below) will observe at least one forensic interview early in the training process. The number of interviews to be observed will be based on an assessment of the Candidate's level of skill.
5. Court clinic reports other than extended evaluations may be supervised and reviewed by a DFP who is not the FMH Supervisor. Whenever possible these court clinic reports should be reviewed prior to submission to the court or as soon after as possible. The FMH Supervisor will receive copies of all reports and there must be close contact between the onsite supervisor and the FMH Supervisor on the Candidate's progress.
6. Prior to the submission of mid-training reports all extended court clinic evaluations and all inpatient evaluations must be reviewed by the FMH Supervisor before they are submitted to the court.
7. Following the mid-training review, the FMH Supervisor will determine when the Candidate is ready to submit reports to the courts without prior review. However, all inpatient reports and extended court clinic evaluations must be reviewed prior to or following submission to the court until the Candidate completes the training program.

### **C. The FMH Supervisor's Role in Mid-Training Reports**

1. When the FMH Supervisor determines that the Candidate is ready, the FMH Supervisor will encourage the Candidate to submit mid-training reports for the Committee's review.
2. The FMH Supervisor will review the mid-training reports before they are submitted. The Candidate may submit mid-training reports that incorporate feedback by the FMH Supervisor. However, if the FMH Supervisor has significantly changed the report, the reports may not allow the Committee to assess the Candidate's level of competence.
3. The Committee will provide feedback to both the Candidate and the FMH Supervisor regarding the mid-training reports. The FMH Supervisor will incorporate the feedback into the remainder of the training process.

### **D. The FMH Supervisor's Role in Final Reports**

1. When the Candidate has mastered the skills and knowledge required for performing forensic evaluations, the FMH Supervisor will encourage the Candidate to submit final reports for Committee review. If the Candidate feels he/she is ready but the FMH Supervisor disagrees, the candidate may still elect to submit final reports to the Committee.
2. Recommendation for final review should be based on the FMH Supervisor's assessment of the Candidate's overall competence. Although the Candidate may

have completed the minimum number of evaluations outlined in the training plan, the FMH Supervisor may find that the Candidate is not yet qualified for the final review.

3. The Committee strongly recommends that the FMH Supervisor and the Candidate review the Candidate's reports and identify those most suitable for submission to the Committee for final review.
4. The final reports must reflect the Candidate's independent work. It is not acceptable for the Candidate to consult with the FMHS Supervisor prior to writing the reports.
5. If the final report submitted to the court contains any changes suggested by the FMH Supervisor, the Candidate must submit to the Committee the draft of the report that was submitted to the FMH Supervisor for initial feedback.
6. If supervision is terminated for any reason, the FMH Supervisor will submit a letter to the DFP Program Director explaining the circumstances of the termination and summarizing the Candidate's progress to that point. This letter should be copied to the Candidate and the Chair of the Committee.



**APPENDIX A  
Commonwealth of Massachusetts  
Forensic Service**

**APPLICATION FORM**

**DESIGNATED FORENSIC PSYCHOLOGIST**

Please read the pertinent regulations (104 CMR 33.00) before  
completing this application

**Please print or type**

\*\*\*\*\*

Name of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*\*\*\*\*

**(1) (A) EDUCATION - Please describe your undergraduate and graduate education**

College or University	Address (from _____ to _____)	Years Attended	Degree Date
--------------------------	----------------------------------	----------------	-------------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

**(1) (b) LICENSURE**

Board of Registration of Psychologists, Commonwealth of Massachusetts, License number: \_\_\_\_\_.

**(2) PSYCHOLOGY EXPERIENCE** - Please describe your experience as a psychologist doing clinical work that satisfies the requirement outlined in the regulations (104 CMR 33.04 (3) (b) 2.)

Facility	Address	Supervisor	Dates (from to)	Hours/Week

**(3) SUPERVISED INPATIENT EXPERIENCE** - Please describe your experience working with psychiatric patients on an inpatient unit which accepts involuntary patients, to satisfy the requirement outlined in the regulations (104 CMR 33.04 (3) (b) 3).

Facility	Address	Supervisor	Dates (from to)	Hours/Week

\*\*\*\*\*

**(4)** Please give a brief description of the services provided at your place of employment and what court ordered evaluations you will be expected to do in that setting - 15(a), 15(b), 16(a), 18, 19, 35 or aid in sentencing.


\*\*\*\*\*

(Please remember to include a copy of your curriculum vitae)

**APPLICANT'S CERTIFICATION:**

The information above is offered in support of my application for appointment as a Designated Forensic Psychologist. I understand that if my qualifications are satisfactory, I will then become a candidate for appointment as a Designated Forensic Psychologist. As a candidate, I will be permitted to provide certain forensic mental health services under the supervision of the Forensic Mental Health Supervisor assigned to me by the Forensic Service. I understand that I will be appointed as a Designated Forensic Psychologist after I have satisfactorily completed the remaining requirements for such designation (as described in 104 CMR 33.04 (3) (b) 4, 5 & 6).

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Commonwealth of Massachusetts  
Forensic Service

APPLICATION FORM

**DESIGNATED FORENSIC PSYCHIATRIST**

Please read the pertinent regulations (104 CMR 33) before  
completing this application

**Please print or type**

\*\*\*\*\*

Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Business Address:

\_\_\_\_\_

Business Phone:

\_\_\_\_\_

Home Address:

\_\_\_\_\_

\*\*\*\*\*

**(1) (A) EDUCATION - Please describe your undergraduate and graduate education**

College or University	Address	Years Attended (from _____ to _____)	Degree Date
--------------------------	---------	---	-------------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

**(1) (b) LICENSURE**

Board of Registration in Medicine, Commonwealth of Massachusetts, License  
Number: \_\_\_\_\_.

Please attached copy of current license.

\*\*\*\*\*

**(2) (a) ACCREDITED PSYCHIATRIC RESIDENCY TRAINING**

Please describe your psychiatric residency training.

Name of Residency	Location	Years (from _____ to _____)
PGYI _____		
PGYII _____		
PGYIII _____		
PGYIV _____		

**(2) (b) OTHER POSTGRADUATE TRAINING** - Please describe.

Name of Program/Location	Description	Years attended (from _____ to _____)
_____		
_____		

\*\*\*\*\*

**(3) BOARD CERTIFICATION IN PSYCHIATRY**      Yes \_\_\_\_\_      No \_\_\_\_\_

\*\*\*\*\*

(4) Please give a brief description of the services provided at your place of employment and what court-ordered evaluations you will be expected to do in that setting - 15(a), 15(b), 15(e), 16(a), 18, 19, 35.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

(5) Please describe any previous forensic experience. Have you conducted court-ordered evaluations (as above) in Massachusetts? What kind and approximately how many? When and where?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

(Please remember to include a copy of your curriculum vitae)

**APPLICANT'S CERTIFICATION:**

The information above is offered in support of my application for appointment as a Designated Forensic Psychiatrist. I understand that if my qualifications are satisfactory, I will then become a candidate for appointment as a Designated Forensic Psychiatrist. As a candidate, I will be permitted to provide certain forensic mental health services under the supervision of the Forensic Mental Health Supervisor assigned to me by the Forensic Service. I understand that I will be appointed as a Designated Forensic Psychiatrist after I have satisfactorily completed the remaining requirements for such designation (as described in 104 CMR 33.04 (2) (b) 3, 4 & 5).

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**APPENDIX B**  
**Commonwealth of Massachusetts**  
**Forensic Service**

**REPORT REVIEW CHECKLIST**

**For discussion at DFP Committee meeting on:**

**DFP Candidate:**

**Reader:**

**Identifying Information:**

\_\_\_ Complete information

\_\_\_ Clear

**Limits of Confidentiality/Privilege:**

\_\_\_ Client informed of examiner's role

\_\_\_ Client informed of purpose of evaluation

\_\_\_ Client informed of limits of confidentiality/privilege

\_\_\_ Client informed of or right not to answer and consequences

\_\_\_ Data indicating assessment of client's understanding of these components

**Sources of Information:**

\_\_\_ Complete information

\_\_\_ Clear

\_\_\_ Attorney contact (or attempt) documented

**History:**

\_\_\_ relevant history of family socialization/ personality development

\_\_\_ relevant history of adaptations: school, work, peer relationships

\_\_\_ history of substance abuse

\_\_\_ history of criminal justice involvement

\_\_\_ history of mental health difficulties, treatment, and response to treatment

\_\_\_ history of violence toward others and/or self

\_\_\_ results of special diagnostic evaluations (if applicable)

\_\_\_ relevant medical history

**Circumstances of admission:**

\_\_\_ clinical circumstances of referral (from 15a)

**Course of Hospitalization:**

\_\_\_ description of functioning in hospital

\_\_\_ description of treatment offered and response to treatment

**Mental status includes:**

\_\_\_ data (rather than relying solely on conclusions)

\_\_\_ appearance, behavior, and relatedness

\_\_\_ mood

\_\_\_ affect

\_\_\_ quality of communication

\_\_\_ thought processes

\_\_\_ perception

\_\_\_ sensorium and cognition

\_\_\_ presence/absence of suicidal/homicidal ideation or intention

**Competence to Stand Trial**

\_\_\_ correct citation

**Adequate clinical data regarding competence:**

\_\_\_ understanding charges, verdicts, and penalties

\_\_\_ understanding of the trial participants and the trial process

\_\_\_ ability to assist counsel in preparing and implementing a defense

\_\_\_ ability to make relevant decisions

\_\_\_ absence of inculcating statements in competence report

**Clear reasoning and conclusions on CST based on data, re:**

\_\_\_ nature of deficit(s)

\_\_\_ linkage of specific deficit(s) to competence deficits re: specific trial

\_\_\_ potential for remediation and/or deterioration

**Care and Treatment:**

\_\_\_ reasoning and conclusions clear and based on data

\_\_\_ opinions and recommendations appropriate for legal context

**Criminal Responsibility**

\_\_\_ correct citation

**Adequate data concerning criminal responsibility:**

\_\_\_ police report of alleged offense

\_\_\_ defendant's version of offense, including specific criminal behavior

\_\_\_ others' versions of offense and of defendant's behavior at the time (collateral sources)

\_\_\_ other clinical details regarding circumstances of offense (additional mental status data, relationship context, substance abuse, ambiguous fact questions, etc.)

**Clear reasoning and conclusions on CR based on data, re:**



\_\_\_ presence of mental illness/defect

\_\_\_ linkage of specific deficits to capacity to appreciate wrongfulness

\_\_\_ linkage of specific deficits to capacity to conform behavior to law

\_\_\_ role of intoxication, if applicable

**General Style Issues:**

\_\_\_ avoids unexplained jargon

\_\_\_ clear and concise in historical narrative and clinical observations

\_\_\_ clear in distinguishing between data and conclusions

**Care and Treatment:**

\_\_\_ reasoning and conclusions clear and based on data

\_\_\_ opinions and recommendations appropriate for legal context

## RATING FORM FOR DFP REPORTS

PLEASE RATE EACH OF THE CRITERIA BELOW ON A SCALE OF 1-5;

**1 fail; 2 borderline; 3 adequate (pass with feedback); 4 clear pass; 5 high pass**

IN ADDITION, PLEASE THEN GIVE A SUMMARY RATING USING THIS SAME SCALE

**1. Organization:**

- Report flow: data are presented coherently and can easily be followed;
- Data and opinions are distinguished.

---

1      2      3                      4                      5

**2. Ethical/professional standards:**

- Lamb warning appropriately given and assessed;
- Incriminating information omitted from CST report
- language is not pejorative or prejudicial
- irrelevant data/opinions omitted

---

1      2      3                      4                      5

**3. Adequate data:**

- multiple sources of data obtained, or reasonable attempts made
- adequate inquiry (history, mental status, CST issues, CR issues, risk issues)

---

1      2      3                      4                      5

**4. Proper test use:**

- Appropriate tests used (e.g., malingering; other tests to aid in diagnosis as appropriate)
- If tests used, appropriate for the population
- Test interpretation is valid

---

1      2      3                      4                      5

**5. Articulation of opinion for CST**

- Fully articulated analysis of the rationale for the opinion based on the data
- Alternative hypotheses, if appropriate, were considered, and rationale for rejecting them adequately explained

---

1      2      3                      4                      5

**6. Articulation of opinion for CR**

- Fully articulated analysis of the rationale for the opinion based on the data
- Alternative hypotheses, if appropriate, were considered, and rationale for rejecting them adequately explained

---

1      2      3                      4                      5

**7. Articulation of opinion for Need for Care and Treatment**

- Fully articulated analysis of the rationale for diagnosis and risk assessment based on the data
- Alternative hypotheses, if appropriate, were considered, and rationale for rejecting them adequately explained

---

1      2      3                      4                      5

**SUMMARY RATING:**

---

1      2      3                      4                      5

COMMENTS: (use other side as needed)





**Completion of DFP Training Verification Form**  
(Page Two)

Listing of Training Visits Completed by Candidate for appointment as a Designated Forensic Professional

Date of Training Visit	Name of Facility Visited
---------------------------	-----------------------------

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date passed the DFP Written examination \_\_\_\_\_.

This is to certify that \_\_\_\_\_, has successfully completed all requirements outlined in his/her training plan and has mastered the skills necessary to perform these evaluations at an acceptable level of quality.

\_\_\_\_\_ YES

\_\_\_\_\_ NO If no, please provide written explanation.

\_\_\_\_\_  
Designated Forensic Mental Health Supervisor

\_\_\_\_\_  
Date

**APPENDIX D**  
**Commonwealth of Massachusetts**  
**Forensic Service**

**SUPERVISOR FEEDBACK FORM**

**TO:** \_\_\_\_\_, newly appointed Designated Forensic Professional

**FROM:** DFP Certification Committee

**RE:** **Supervisor Feedback**

Congratulations on your successful completion of the Designated Forensic Professional (DFP) training program. As you probably know, the Massachusetts Designated Forensic Professional Program, utilizing an individualized supervisor/mentor model, is unique in the nation.

The strength of the program rests to a large extent on the success of each supervision. Therefore, in order to effectively evaluate and monitor the program, we need your feedback. Please take a few minutes to complete this form, and return to:

**Dianne Williams**  
**Department of Psychiatry**  
**Forensic Psychology Training**  
**UMASS, 55 Lake Avenue North**  
**Worcester, MA 01605.**

Please be aware that a summary of feedback data may be presented to individual Forensic Mental Health Supervisors.

Your Name: \_\_\_\_\_

Your FMH Supervisor: \_\_\_\_\_

Your primary work setting while under supervision: \_\_\_\_\_  
(e.g., State Hospital, Court Clinic, etc.)

Supervisor's primary work setting during the period of supervision:

\_\_\_\_\_

During the period of supervision, did you and your supervisor work in the same setting?

\_\_\_ Yes \_\_\_ No

1. Please indicate the frequency and average length of supervision sessions:

<u>Types of Mtgs.</u>	<u>Frequency (e.g., weekly, bi-weekly, monthly, etc.)</u>	<u>Average length of Supervision sessions (minutes)</u>
Individual Supervision		
Face-to-Face	_____	_____
Via telephone	_____	_____
Group supervision	_____	_____

2(a). Did supervision ever include observation of your forensic interviews, after which you received feedback? (If so, in what ways was or wasn't this helpful?)

2(b). Were you ever able to observe your supervisor conducting an evaluation? (If so, in what ways was or wasn't this helpful?)

3(a). Did you have an opportunity to observe your supervisor testify? (If so, in what ways was or wasn't this helpful?)

3(b). Did supervision ever include observation of your testimony? (If so, in what ways was or wasn't this helpful?)

**For each of the following items, please comment on your perceptions of your supervisor's knowledge and teaching ability during your DFP candidacy. Please also indicate whether you felt this to be an important aspect of DFP training.**

4. Supervisor's Knowledge of Clinical-Legal Issues: (e.g., degree to which the supervisor clearly understood and explained the legal and clinical issues involved in

particular cases, outlined specific procedures involved in performing various forensic evaluations, etc.)

5. Structure of Supervision: (e.g., degree to which the supervision was readily available to meet training needs, the supervisor clearly outlined steps, deadlines and requirements of the DFP process, the supervisor's expectancies about the candidate's performance were clearly communicated, and were fair and reasonable, etc.)
  
6. Effectiveness of Supervision: (e.g. degree to which the supervisor adequately demonstrated the methods required for performing various evaluations, the supervisor reviewed reports thoroughly and in a timely fashion, the supervisor gave feedback that clearly identified ways to improve performance, etc.)
  
7. Ethics/Standards: (e.g. degree to which the supervisor clearly understood and explained the ethical issues raised by each case, the supervisor was a good role model for Professional Forensic Mental Health practice, etc.)
  
8. Additional Comments:

Thank you