

4 Learning to Read Tea Leaves

Growing the Forensic Psychology Industry

William Miller and Reid Hester . . . summarized all the studies in which alcoholics were randomly assigned to inpatient or outpatient treatment. Some of the inpatient programs involved prolonged stays in institutions devoted to radical changes in lifestyle, beliefs, and attitudes. But there were no differences in outcomes between inpatients and outpatients, nor did Miller and Hester find any relationship between the length of treatment and outcome. In fact, nothing worked better for alcoholics than a minimal treatment involving detoxification and one hour of counseling!

Robyn Dawes, *House of Cards*, 1995

WHAT FORENSIC CLINICIANS ARE TRUSTED TO DO

On July 19, 1996, David Lynn Cooper, a 33-year-old former mental patient, was arrested after Wheat Ridge police discovered the nude, mutilated body of his daughter Renee inside his home.

The 10-year-old girl had been stabbed and sexually assaulted.

Last week Cooper was charged with her murder, sexual assault and abuse of a corpse.

Cooper had been released from the supervision of the Colorado Mental Health Institute at Pueblo just four months ago.

He was ordered to the hospital by a Jefferson County district judge in 1992 after he was found not guilty by reason of insanity in a knife attack on his father. While there, Cooper told therapists that his father was also known as Jimmy Hoffa. Cooper was diagnosed with schizoaffective disorder, court records show.

A judge released him from state hospital supervision in March on condition that he continue taking anti-depressant and anti-psychotic medications and remain an outpatient at the Jefferson County Center for Mental Health. He is now in jail under a suicide watch. (Cortez, Denver Post, August 1, 1996)

The people of these psychologized United States, and their judges and legislators, along with their fellow citizens in states all across this country, entrust the evaluation, diagnosis, and treatment of those judged "criminally insane" to psychological professionals who have bamboozled the justice system into believing that they are up to the task. Our whole society — with the occasional pocket of sane disbelief here and there — from the Supreme Court to the legislators, to judges and juries, to the public itself, all believe that bona fide psychological experts, credentialed by their training, their degrees, and their licenses, know better than the lay public how to evaluate competence to stand trial, how to judge intention and motivation in the commission of crime, how to determine what a rehabilitation program should be and who can benefit from it.

We trust the psychological professional to tell us how the court system should treat children as victims or witnesses; how to determine who should rear a child and who is unfit; how to determine if a child has suffered from abuse that leaves no physical trace; how to assess when anyone, child or adult, has suffered some psychic injury or is suffering from mental or emotional distress brought on by physical injury, discrimination, or harassment; when they have been so disabled by psychological injuries suffered on or off the job that they can no longer work and are in need of employer accommodation or government-provided support.

COURSES PSYCHOLOGY DOES NOT KNOW HOW TO TEACH

Police, attorneys, judges, juries, and lawmakers expect psychologists to tell them if one man will rape again, if another man is a danger to himself, if a child should be returned to her family, if an individual is too "crazy" to be held responsible for her actions, whether this person is lying, whether that one has real memories or false ones, whether that child was molested and who did it.

How would the psychologists know? There are no courses in graduate school that answer these questions. Call any graduate school in the country and it will be happy to send you a course catalog and you can see for yourself that there are no such offerings. They don't teach them over in the psychiatry department at the Harvard Medical School either, not that this lack keeps their resident experts off the witness stand. Go to the library and see how many books and research articles you can find for a class on "When Men Should Be Held Responsible for Murdering Their Wives." You are going to have a mighty short reading list for that class.

Well now, if important questions about wife murderers — or serial rapists or truth telling or the rehabilitation of children — are generally left unanswered in the formal, academic training of future clinicians, what do the students study? They take classes for two or three years and write doctoral dissertations, so they must be studying something.

THE BOULDER MODEL OF CLINICAL PSYCHOLOGICAL EDUCATION

The programs of study vary, of course, from psychiatry to psychology to social work, to the different types of counseling, and they vary by type of school or institute as well, so it is impossible to make a short and simple description that covers all of them, much as one might argue that the differences among them are trivial. So I will use what is supposed to be the best — American Psychological Association–approved Ph.D. programs in graduate departments of psychology in universities — to illustrate what is probably well above average in the formal training of the future clinical practitioner.

Many of the most respected graduate programs in clinical psychology follow what is known as the Boulder Model of the clinical psychologist as a "scientist-practitioner." This is especially true for schools