

Sample Written Exam – Forensic Psychiatry

Question 1

You are asked to provide the court with a written report on an individual you have assessed.

List **FIVE** general qualities of a forensic psychiatric report.

MODEL ANSWER (1 mark each, total 5 marks)

- Comprehensive
- Detailed
- Precise and clearly written.
- Well substantiated/nexus between the data/body of the report and the conclusion
- Unbiased
- Related to the question.
- Does not violate any rules of exclusion.

Question 2

A lawyer asks for your preliminary opinion on their 17-year-old primigravida client who is in a youth detention center. They are puzzled by their client's presentation, and they suspect mental illness even though she denies it. She was arrested and charged with killing her baby 18 hours after birth. She denies that she was pregnant; no one noticed she was pregnant. The lawyer wants to know the characteristics of women who act in this way, so he can determine if his client fits the profile before sending you a formal assessment request.

List **FIVE** common characteristics of women who kill their children in this timeframe that should be included in your report to the lawyer.

MODEL ANSWER (1 mark each, total 5 marks)

- Unmarried/single
- Young (late teens and early 20s)/immature/unsophisticated
- Lacking in premorbid axis 1 diagnosis/no major psychiatric disorder but may be Borderline \ histrionic.
- Socially isolated
- Pregnancy not wanted/denial of pregnancy.
- Lower socioeconomic status
- No prenatal care
- Possibly in a dissociated state



Question 3

The credibility of forensic psychiatry is often questioned when psychiatrists give opposing opinions. List **FOUR** reasons why psychiatrists may give opposing opinions.

MODEL ANSWER (1 mark each, total 4 marks)

- The adversarial system polarizes expressions of psychiatric opinion.
- Opposing lawyers provide different information to each psychiatrist.
- Lawyers select psychiatrists likely to support their position/different training/different schools of thought.
- Psychiatrists may be biased.
- Psychiatrists may be acting as a paid advocate.
- The legal criteria and psychiatric definitions do not necessarily correlate (grey areas)/moral, legal questions.
- Some issues are not clearly able to be determined.

Question 4

A 31-year-old man with a history of both violent and non-violent offences since late adolescence was diagnosed with bipolar disorder and personality disorder, mixed features. He was found not criminally responsible on account of mental disorder (NCRMD) on a charge of aggravated assault. Since then, he has been in the forensic psychiatric hospital where he has had a good remission on lithium and olanzapine. The Review Board subsequently ordered a conditional discharge to a halfway house with follow-up at your clinic. A pre-discharge risk assessment noted a history of intermittent abuse of alcohol and stimulants (including cocaine and methamphetamine), personality disorder with mixed features (including antisocial tendencies), and a Hare Psychopathy Checklist - Revised (PCL-R) score of 22.

List **FIVE** interventions you should consider in managing this patient.

MODEL ANSWER (1 mark each, total 5 marks)

- Establish a therapeutic alliance / frequent appointment.
- Arrange random urine testing for substance use/ abuse or referral to substance use treatment program.
- Arrange lithium testing on regular basis/ monitor drug compliance.
- Establish relationship with significant others to report changes in mental status.
- Refer to community supervision/ itinerary/ACT program.
- Psychosocial rehabilitation



Question 5

A 39-year-old male patient was diagnosed with paranoid schizophrenia at 18 years of age. He has a long criminal record of assault and threatening behavior, and more recently an index offence of attempted murder where he attacked a stranger whom he believed was following him. He has a history of alcohol use disorder and cannabis use disorder, and a history of non-adherence to his pharmacologic treatment for schizophrenia. Currently, he is in the minimum-security ward of a forensic psychiatric hospital about to be released into a community halfway house under the disposition of a provincial Review Board.

List **FIVE** measures a forensic psychiatrist should take to manage this patient's risk for future violence in the community.

MODEL ANSWER (1 mark each, total 5 marks)

- Monitor compliance with pharmacological treatment (long-acting medication; oral medication monitored by the group home staff or community forensic nurse; urine screening for compliance with treatment).
- Monitor substance abuse through random urine screening.
- Monitor psychiatric status by regular psychiatric follow-up once per week to once every four weeks; psychiatric status monitored by forensic psychiatric community nurses.
- Monitor patient in the community through itineraries/ACT team/ followed by the forensic treatment program nurses, with random checks and a curfew.
- Complete actuarial risk assessment and dynamic risk assessment and establish a composite measure of risk.
- Structured and vocational time/ meaningful activity