Core Competencies for Psychiatric Practice: What Clinicians Need to Know (A Report of the American Board of Psychiatry and Neurology)


Core Competencies for Psychiatric Practice is both the proceedings of the Invitational Core Competencies Conference of the American Board of Psychiatry and Neurology, Inc. (ABPN) in June 2001 and a statement of current ABPN sentiment to implement a certification system in psychiatry based on core competencies.

The volume is divided into 4 sections. The first section is an overview of the core competency movement and its development in psychiatry, the second addresses the specific development of core competencies by American psychiatrists and the relationship of this work to comparable earlier work in Canada, the third addresses specific ABPN initiatives with core competencies and contemporary practice, and the final section discusses the impact of core competencies on psychiatry.

Many chapters of the book are written by the presenters of the material at the conference. The chapters generally follow a brief outline format and attempt to summarize the presentation at the conference or the activities of the workgroup that effectively “authored” the conference presentation.

As a whole, this book presents a general outline or framework of the basic knowledge, skill sets, and personal activities and attributes needed to become a psychiatrist today and how to continue to be a competent psychiatrist tomorrow. It presents a parallel framework or argument delineating a need to assess the evolution of this set of capacities as the physician moves from medical school to residency and finally to practice. The core capacities or competencies presented in this volume are described in terse language. The volume serves as a road map to the competencies; each competency is identified to some extent like a town on a state map, with but a few pointers. Each competency needs further elaboration as to the uniqueness of its content.

Most psychiatrists will offer little, if any, significant disagreement with the content of the competencies and will vigorously applaud the authors and the ABPN for their creation. There is, however, an area of major difficulty in the project: how do we assess a physician as having attained the core competencies? Kramer (chapter 13) notes that medical school curricula and assessment are time based, not competency based. Perhaps, but only perhaps, time-based programs are implicitly based on observations of the average amount of time that a student needs to meet specified competency in fixed areas. Twenty years ago, to increase the number of graduating physicians, some medical schools reduced the time to graduate to 3 years. For reasons that are not well understood, the program failed and the 3-year schools reverted to 4 years. It might be interesting, several decades later, to assess the graduates of these 3-year programs and see if they differ from their 4-year medical school colleagues. In light of the new work on competencies, it would be important to understand better why this educational experiment failed, if, indeed, it did.

Kramer concludes chapter 13 with what I believe to be the greater challenge posed by core competencies: not their implementation as training experiences, but the question of whether we will be able to develop effective methods of evaluation. “The extent to which the medical education establishment rises to this particular challenge [effective assessment methods] will, for the most part, determine the success or failure of the core competencies in medical education” (p. 137).

The ABPN conference has provided psychiatry with a potential road map and guidebook to the future. Armed with this road map and guide, the field of psychiatry has a tool to respond to inevitable detours and advances in our knowledge base, as well as changes in our systems of care, to assure ourselves and the public of our ability to meet their needs now and in the future.

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Infanticide: Psychosocial and Legal Perspectives on Mothers Who Kill


In light of the controversy raised by the trial of Andrea Yates, this text edited by Dr. Spinelli is indeed timely. In addition, it is truly outstanding, a must read for clinicians in both psychiatry and obstetrics, as well as forensic psychiatrists, criminal defense attorneys, prosecutors, and judges. What sets this text apart is that it goes well beyond a discussion of the phenomenon of infanticide to formulation of plans of prevention and management for at-risk mothers and children, making this a useful resource for anyone involved in the mental health of mothers and their young children.

The editor has amassed a panel of contributors who address a horrifying phenomenon in a sensitive and critical manner. Related principles in the course of pregnancy, postpartum psychopathology, child development, psychopharmacology, and psychotherapy are reviewed in a concise and informative manner by numerous authors. In addition, case histories are included to help illustrate several key points: that mothers who kill their infants are a heterogeneous group, that these women have often suffered great victimization themselves, that cases of infanticide occur in situations where whole systems of support and prevention fail, and that many varieties of punishment meted out in these cases fail to prevent further risk due to lack of rehabilitation or focus on risk factors.
The text is presented in 4 parts: Epidemiology and Historical Legal Statutes, Biopsychosocial and Cultural Perspectives on Infanticide, Contemporary Legislation, and Treatment and Prevention. While all parts are informative and well written, the chapter “Culture, Scarcity, and Maternal Thinking” authored by an anthropologist seems to break the rhythm of the text, although some may welcome this as a different perspective. In addition, while the chapter “Criminal Defense in Cases of Infanticide and Neonaticide” presents many useful concepts from the perspective of a criminal defense attorney, it contains a number of errors, such as an outdated citation for the Tennessee insanity standard and reference to “dissociative identity disorder not otherwise specified.” The author of this chapter presents a thoughtful discussion of how and why psychiatric defenses of mentally ill women who commit infanticide fail, and she makes a compelling argument for why the psychiatric profession needs to come to a consensus on the definition of postpartum psychiatric disorders. However, many of her observations are equally applicable to all cases involving psychiatric defenses. Her analysis could benefit from addressing cultural bias against the mentally ill in general, the impact of jurors’ horror over the defendant’s action in the case at hand, and the skepticism with which all psychiatric defenses are generally viewed by the public.

Despite these few criticisms, the text is truly outstanding and should be read by individuals in a number of fields, most notably clinicians working with women in their childbearing years, as it carefully describes how to identify and manage women and children who may be at risk for this terrible yet ultimately preventable phenomenon.

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Outcomes in Neurodevelopmental and Genetic Disorders

Outcomes in Neurodevelopmental and Genetic Disorders is one of the newest books in the Cambridge series on child and adolescent psychiatry. The goal of the series is to provide a “critical review of the etiology, natural history, management, prevention and impact on later adult adjustment” (p. ii) of specific disorders or groups of disorders. Outcomes in Neurodevelopmental and Genetic Disorders achieves this goal particularly well in terms of the view it gives of developmental disorders in the adult.

Each chapter in the book focuses on specific neurodevelopmental topics such as language and reading disorders, autism, and Down or fragile X syndrome. Each chapter nicely describes the diagnosis and management of the disorder of focus. I have read several of the books in the Cambridge series, and this text is unique in that it focuses on how these illnesses may evolve as people age and the ways providers can address the needs of families and patients as they grow to adulthood.

Chapter 6, authored by Patricia Howlin, is a particularly interesting and well-written chapter on autism. Among the neurodevelopmental disorders, autism has achieved a vibrant mix of treatment options that span from science to pseudo-science, but the cause of autism continues to be shrouded in mystery. Chapter 6 clearly explains the basis for many of the popular treatments and discusses the evidence base for them. It also clarifies research on the possible causes of autism such as the vaccine theory. The chapter provides an authoritative and balanced synopsis of the current views of autism.

In the second edition, the authors might consider adding more information on the history of developmental disorders and on basic genetics and neurodevelopment. Some of the books in the Cambridge series begin with a detailed history of the growth of our understanding of their topics. While some chapters in Outcomes in Neurodevelopmental and Genetic Disorders do trace the history of their topics, a more global approach would be interesting. Such a chapter could recognize the discoveries of geneticists along with the work of neurologists and child psychiatrists that have shaped our understanding of developmental disorders. Another interesting addition to this book would be further elaboration and review of what neurodevelopment is and how it goes awry.

Each chapter ends with a table summarizing clinical implications of the disorder covered. Despite the multiauthored approach, all chapters are clear and easy to understand. The book is indexed, and each chapter has an extensive list of references allowing for further reading. Outcomes in Neurodevelopmental and Genetic Disorders is an excellent book to have on the shelf for anyone interested in the field of child and adolescent psychiatry and may be of particular interest to those who treat chronically mentally ill adults with these illnesses.

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