AAPL EXAMINER
American Academy of Psychiatry and the Law

AAPL Practice Resource Document Development: A Primer

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Happy spring! It is always hard to believe how fast time starts flying at this time of year. In my role at work, I watch fellows start to look beyond fellowship and enter the job market. It is a big step for them, and I recall my own days of ending fellowship and trying to find a job with the right mix of forensic evaluations and clinical practice, with some administrative opportunities. I would not have expected then to have the career I have had, and I am sure we each can think about times when our career pivoted in unexpected ways- mostly good overall, but sometimes challenging. As such, with spring comes new beginnings and 2026 has many new beginnings, even when there is a world of challenges we all might be facing. To that end, AAPL is a great organization for gatherings and connecting and collegial support, and I hope anyone reading this thinks of opportunities to stay connected with fellow AAPL members- especially at the upcoming annual AAPL Meeting that will undoubtedly be excellent.

Turning to other AAPL matters, for this column, I wanted to take an opportunity to review with readers information about our AAPL practice resource documents. These documents are distinct from peer review articles or our ethics guidelines in that they are written by a group of experts who develop a document that outlines typical ways practice is conducted. Although written in a consensus format, they have by agreement previously been published by the Journal of AAPL, though this option requires ongoing discussion as these documents are not subject to traditional peer review as the "authors" are members of AAPL and reviewers include the entire membership. More recent resource documents are posted on the AAPL website with only a summary page published in the AAPL Journal.

We have been issuing formal practice resource documents (previously known as practice guidelines) for over 25 years, beginning with a very early effort of one task force writing about the use of video recording in forensic examinations. (1) Guiding documents for practice became more common at the turn of the 2000s with the APA producing a number of these documents, states making efforts to produce their own, and they were seen in

many places for the treatment of conditions (e.g. the PORT guidelines for the treatment of schizophrenia). AAPL also formalized its processes with the first insanity defense evaluation guideline published by JAAPL in 2002, chaired by Deborah Giorgi-Guarnieri, MD, JD, (2) followed by the Competence to Stand Trial Evaluation practice guidelines published by the late and dear Douglas Mossman, M.D. in 2007, (3) and the disability assessment guidelines chaired by Liza Gold, MD in 2008. (4) There have been several others since that time (see Table 1), and the organization has continuously refined the task of producing these documents.

Table 1. Practice Resource Documents Produced by AAPL

Practice Resource/Guiding Documents	**Year Published**
Use of Videotaping in Forensic Evaluations[1]	1999
Insanity Defense Evaluations[2]	2002
Competence to Stand Trial Evaluations[3]	2007
Disability Assessment[4]	2008
Insanity Defense Evaluations Updated[5]	2014
Forensic Assessment[6]	2015
Prescribing in Correctional settings[7]	2018
Competence to Stand Trial Evaluations Updated[8]	2018
Disability Assessment Updated[9]	2018
Reproductive Rights[10]	2024
Managing Violence in State Hospitals with Forensic Patients[11]	2025

One of the tasks of the medical director is to spearhead the development of these documents to help them through from idea to the publication stage. I have been asked many questions about how the process works. Below I have laid out the initial proposal steps for new ideas that are generated by members who would like to see AAPL produce a particular resource document.

AAPL Practice Resource Document Initial Steps

I. Proposals for New Practice Resources

a. Any member may propose a new practice resource document
b. Proposals should be submitted in writing to the Medical Director
c. Written proposals shall include: A brief abstract summary of current literature on the topic
    i. A review/description of a survey of publications, if any, of other organizations on the topic
    ii. Arguments on the relevance of the practice resource document to AAPL members
    iii. Arguments as to why AAPL should develop its own practice resource
    iv. Any areas of potential disagreement or controversy with existing guidelines, either with those of AAPL or with those of other organizations
    v. An assessment of the types of experts that will be needed also should be included.
d. The Medical Director shall take into consideration the proposal and if agrees, shall present the proposal to the Executive Council
e. The Executive Council shall make the final determination to approve the development of a Practice Resource Guide

The subsequent steps toward publication require identification of authors and then time to build the document, present it at an annual meeting for feedback, review by the full membership and approval by the Executive Council. Though there are many detailed steps in between this should provide general contours to interested members.

In addition to the process, over the years there has been much discussion about what these documents represent. As a reminder, each resource has an opening disclaimer, such as this one taken from the 2018 updated practice resource guide on competence to stand trial evaluations (8):

This document is intended as a review of legal and psychiatric factors to give practical guidance and assistance in the performance of competence to stand trial evaluations. This Resource was developed through the participation of forensic psychiatrists and other qualified forensic examiners who routinely conduct evaluations of competence to stand trial and have expertise in this area. Some contributors are actively involved in related academic endeavors. The process of developing the Resource incorporated a thorough review that integrated feedback and revisions into the final draft. This Resource was

reviewed and approved by the Council of the American Academy of Psychiatry and the Law on May 21, 2017. Thus, it reflects a consensus among members and experts about the principles and practice applicable to the conduct of evaluations of competence to stand trial. This Practice Resource should not be construed as dictating the standard for this type of evaluation. It is intended to inform practice in this area. This Resource does not present all acceptable current ways of performing these forensic evaluations, and following it does not lead to a guaranteed outcome. Differing fact patterns, clinical factors, relevant statutes, administrative and case law, and the examiner's judgment determine how to proceed in any individual forensic evaluation.

The Resource is directed toward psychiatrists and other clinicians who are working in a forensic role in conducting evaluations and providing opinions related to competence to stand trial. It is expected that any clinician who agrees to perform forensic evaluations in this domain has appropriate qualifications.

These disclaimers reflect that these documents are built based on a consensus of opinion, as noted above, rather than a research-based evidence design framework. They also are helpful in giving practitioners some latitude with the recognition that unique cases may warrant unique solutions and as such the document is more of a resource for members (and possibly lawyers and judges) to refer to as a case unfolds and should be helpful for forensic evaluators working in the areas covered by the document.

The practice resource documents that AAPL has developed have been very well-received over the years, and they are widely cited. If you have not read them, it would be good to take the time to peruse one or more that interests you. In the meantime, I am always open to input and having members contact me and share ideas. I welcome your comments!

References

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