

ST2-FP-EPA3 – Psychological issues in forensic mental health

Area of practice	Forensic Psychiatry		EPA identification	ST2-FP-EPA3
Stage of training	Stage 2 – Proficient		Version	v0.1 (EC-approved 26/10/18)
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
Title	Understanding and managing psychological issues in forensic patients and carers			
Description	The trainee has a good grasp of the key psychological issues seen in patients and their carers, within forensic services. In addition to having an adequate theoretical understanding of these, the trainee can recognise these issues, elicit them sensitively in assessments, and is able to integrate psychological issues into formulations and discuss psychological interventions to assist patients and carers.			
Fellowship competencies	ME	1, 2, 3, 4, 5	HA	1
	COM	1, 2	SCH	2
	COL	1, 2, 3	PROF	1, 2, 3, 4
	MAN			
Knowledge, skills and attitude required The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitudes described below.</p> <p>Ability to apply an adequate knowledge base</p> <ul style="list-style-type: none"> • Knowledge of the psychological mechanisms and theories underpinning violence and antisocial behaviour. • Knowledge of psychological theories relevant to the aftermath of violence or antisocial offending, such as denial, remorse, depression, and posttraumatic reactions. • Knowledge of psychological issues affecting the families of forensic patients, such as grief, denial, shame, anger – especially where a family member was the victim of an offence. • Knowledge of psychological issues facing forensic service staff, such as burnout, vicarious trauma, etc. • Knowledge about psychological interventions which may be used in the forensic setting and with patients' families – indications, modalities, the evidence-base for efficacy. <p>Skills</p> <ul style="list-style-type: none"> • Ability to elicit a comprehensive history including a psychological developmental history; trauma and abuse history; 			

	<p>affective, anxiety and posttraumatic symptoms; anger management; coping mechanisms; psychological insight.</p> <ul style="list-style-type: none"> • Ability to conduct an interview process and establish adequate rapport, so as to elicit psychological issues relevant to the patient's offending, mental state, treatment, and patterns of relating to others – including their likely relationships with staff in forensic services. • Ability to integrate psychological predisposing, precipitating, perpetuating and protective factors into formulations of forensic patients. • Ability to provide information and psychoeducation on psychological issues, where appropriate, to family members and to other health professionals in the forensic setting. • Identify the need for psychotherapy where appropriate. Includes awareness of potential risks and barriers. • Ability to conduct some aspects of psychotherapy with patients and/or families, or to assist as a co-therapist. However, if therapy is not undertaken directly, the trainee should at least be able to incorporate psychological issues into formulations and management plans and to write adequate referrals for psychotherapy. <p>Attitude</p> <ul style="list-style-type: none"> • Ability to maintain ethical standards and clear boundaries when working with forensic patients, their families, and with staff involved in their care. • Non-judgemental attitudes and a willingness to attempt to understand psychological issues in forensic patients. • Ability to empathise with the victims and family members of forensic patients, and with staff involved in their care. • A wish to avoid adding to stigma affecting forensic patients and their families, and to counteract this wherever possible. • Ability to be self-reflective and to recognise one's own emotional reactions when working in a forensic setting, and to discuss these in supervision.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	<ul style="list-style-type: none"> • Case-based discussion • Mini-Clinical Evaluation Exercise • OCA
<p>References</p> <p>D. RIORDAN. Forensic Psychotherapy. <i>Austras Psychiatry</i> 2017; 25: 227-229</p> <p>MORGAN RD, FLORA DB, KRONER DG et al. Treating Offenders with Mental Illness: A Research Synthesis. <i>Law Hum Behav</i> 2013; 36(1): 37–50.</p> <p>MCGAULEY G & HUMPHREY M. Contribution of forensic psychotherapy to the care of forensic patients. <i>Advances in Psychiatric Treatment</i> 2003; 9(2): 117–24.</p>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar