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Consultation Process

The document is informed by the Trent Forensic Clinical Psychology Special Interest Group training event (2004), the Forensic Clinical Psychology: Core Competencies document, and correspondence and advice from the Group of Trainers in Clinical Psychology, the Committee on Training in Clinical Psychology and the Division of Clinical Psychology.

All members of the Faculty of Forensic Clinical Psychology were circulated a draft of this document in September 2005. Comments and additions to the document were made by Dr. Gill Aitken, Lead Psychologist: National High Secure Women’s Service Directorate, Nottinghamshire Healthcare NHS Trust; Andy Benn, Consultant Clinical Psychologist, Rampton Hospital, Nottinghamshire Healthcare NHS Trust; Dr. Chris Davis, Principal Clinical Psychologist, Forest Lodge, Sheffield Care Trust; Dr. Mary Hill, Consultant Neuropsychologist, Broadmoor Hospital, West London Mental Health NHS Trust.

In addition, a draft of this document was presented at the Autumn, 2005, national meeting of the Faculty of Forensic Clinical Psychology, following which members comments were incorporated.

Review

This document should be reviewed by the Faculty of Forensic Clinical Psychology in 2010 along with the CPD guidance currently under development. This review should be informed by input from the Faculty members, CTCP and training course providers and the needs of the NHS in relation to forensic services at that time.
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Introduction

Forensic clinical psychology services have traditionally been viewed as a specialist resource and as a result trainee clinical psychologists have tended not to work in such services until elective placements during their final year of training. In 2003 the Committee on Training in Clinical Psychology (CTCP) issued revised guidance for the accreditation of pre-qualification training in clinical psychology. This framework, which guides the way in which clinical training is delivered, placed emphasis upon learning outcomes defined by a range of skills, knowledge and values. This means that forensic services are now in a position to provide input to courses through teaching and clinical placements across the three years of training.

Increasingly, clinical psychologists working in any setting may be involved in work relating to forensic issues (e.g. child and adult protection, providing evidence in court; risk assessment). Documents such as *Personality Disorder: No longer a diagnosis of exclusion* (NIMHE, 2003), the National Service Framework for Mental Health (Department of Health, 1999) and the proposed changes to the Mental Health Act highlight the roles for clinical psychologists in relation to forensic issues. There is, therefore, a need to ensure that clinical psychologists in all specialties are suitably equipped to work with forensic issues and to understand when to referral to a specialist service may be warranted.

Psychologists working within forensic practice cover a wide range of services and client groups. These include working with clients across the lifespan (child, adult and older adult groups), working with the impact of crime (e.g. trauma, medico-legal reporting), working within the legal framework (criminal and civil and Mental Health Act), working in community and inpatient settings, and working with a range of mental health issues. In addition, psychologists in forensic settings generally develop specialist skills in relation to a range of areas such as risk assessment, working with complex needs and providing specialist assessment and treatment in areas such as offending behaviours. These skills could be utilised by training courses.

This document uses the CTCP accreditation framework to provide a basis for outlining basic competencies for trainees in relation to forensic practice and considering how these could be reflected in the academic programme and placement experiences provided by courses. However, this document is not intended to be a statement relating to whether forensic services should or should not provide placements to trainees during their first two years of training. This decision is likely to need to be made locally, which may mean that some services provide such experience whilst others do not.

Accreditation Criteria for Training Programmes in Clinical Psychology (CTCP, 2002) states that training provision should reflect the workforce planning requirements within the NHS – as guided by the DCP guidance on clinical
psychology workforce planning (DCP, 2004). Ongoing forensic service developments and initiatives along with the workforce estimates in the DCP (2004) guidance indicate that forensic settings will grow as an employer of graduates from training courses. Therefore the need for trainees to be aware of forensic practice and develop some basic competence in this area is increasingly important.

Continued professional development has been included here to refer to competencies, skills and knowledge which could form the basis of core post-qualification training and experience. The focus here is in relation to experience immediately post qualification (i.e. at Agenda for Change Band 7). A further document is under development which will outline these post-qualification competencies in more detail. This is in line with advice from the CTCP, who suggest separating pre- and post-qualification training.
Required competencies, experiences and service settings

The Faculty of Forensic Clinical Psychology has drawn up a list of competencies (based on the Accreditation Criteria issued by the CTCP) to assist training providers in ensuring that trainees have basic skills and knowledge in relation to forensic clinical psychology practice. It should be noted that some of the competencies are specific to forensic service settings, and are unlikely to be achieved without specialist input from practitioners working in such settings, whilst other competencies are more generic and thus may be met through work in other specialties.

1. Experience of generalising and synthesising prior knowledge and experience in order to apply them to work with clients with atypical and complex presentations including those relating to mental health, social functioning and offending behaviour for which there may be no direct previous clinical or research evidence or knowledge.

2. Ability to develop and maintain effective working alliances with individual service users, carers, other professionals and services. Ability to develop a therapeutic alliance with individuals who may be detained in hospital or receiving treatment about which they may feel ambivalent.

3. Ability to conduct assessments which vary in relation to
   - focus (e.g. mental health needs and offending behaviour);
   - purpose (e.g. informing the legal process about placement and identifying treatment need);
   - method (e.g. self report psychometrics and structured interviews);
   - approach (e.g. individual assessment; collaborative, MDT and indirect methods);
   - recipient (i.e. an individual, service or court).

4. Ability to choose, use and interpret a broad range of assessment procedures, including structured and semi-structured interviews, psychometric information and third-party information in order to conduct a comprehensive assessment (e.g. of mental health needs and offending behaviour). Demonstrate an awareness of team approaches to assessment and the information different professional groups may bring to an assessment.

5. Understanding of the approaches and methods for conducting comprehensive risk assessments, such as those based upon actuarial approaches and structured clinical judgement, and to contribute to risk management.
6. Ability to develop collaborative formulations which are based upon rigorous assessment and which are multi-modal (drawing upon a range of models and psychological theory incorporating interpersonal, societal, cultural and biological factors), multi-level (to facilitate their use by the individual and others involved in their care), multi-domain (embracing for example neuropsychological, behavioural, medical and interpersonal information) and multi-purpose (e.g. to guide individual therapy and multi-agency management plans). This includes the ability to use formulations with clients to facilitate their understanding of their difficulties and strengths, plan appropriate interventions and assist multi-professional communication and understanding. Experience of conducting, critiquing and reviewing psychological formulations of mental health need and offending behaviour and the relationship between these.

7. Awareness of specialist interventions relating to offending behaviour (e.g. sexual offender treatment, violent offender treatment, arson interventions), risk behaviours (e.g. dialectical behaviour therapy, functional analytic psychotherapy), specific issues (e.g. anger management, substance use) and complex clinical needs (e.g. schema therapy, cognitive analytic therapy). Ability to select appropriate interventions and to provide these in a collaborative way and to contribute to treatment directly (in individual and group formats) and indirectly (e.g. consultation), focusing on needs such as a wide range of mental health issues, offending behaviour and victimisation and abuse.

8. Selecting and implementing appropriate methods to evaluate the effectiveness of interventions. To be able to use information to recognise when a referral to other practitioners or services may be necessary or when (further) intervention is inappropriate or unlikely to be helpful.

9. Ability to adapt styles and forms of written and verbal communication to enable information to be presented in a manner appropriate to the audience. Demonstrate skills in relation to report writing within a medico-legal context based on assessment, formulation, treatment and evaluation information as appropriate.

10. Show an understanding of ethical issues relating to work in a forensic context. This should include understanding the context, purpose and audience of clinical work (e.g. court reports, assessment for treatment), the impact and importance of power differences in clinical practice and understanding the impact of difference and diversity.

11. Ability to reflect on the personal challenges and emotional impact of engaging in clinical work in forensic settings. Ability to manage one’s own personal learning needs and to use supervision to reflect on and develop practice.
12. Ability to work collaboratively and constructively with fellow psychologists, other colleagues and users of services and to work effectively as a member of a multi-professional team.

13. Understanding the influence and impact of the legal framework (both criminal and civil) and policy, guidance and frameworks such as those produced by the government or government agencies on clinical practice. Awareness of relevant legislation and guidance influencing national and local practice.

14. Ability to adapt practice to a range of organisational contexts and an understanding of consultancy models and the contribution of consultancy to forensic practice.
Mechanisms for achieving these competencies

The competencies in this document can be achieved through courses provided by training courses.

Academic teaching

The curricula of the training courses should include teaching relevant to the competencies outlined in this document to include the following:

- issues relating to forensic assessment (e.g. motivation, feigning, assessing vulnerable individuals);
- understanding forensic issues (e.g. offending behaviour) in the context of other issues (e.g. mental health, personality);
- understanding and working with the legal system and understanding the role for clinical psychology within this (criminal and civil law including the Mental Health Act, working with individuals who are detained);
- specialist interventions relating to offending behaviour (e.g. sexual offender treatment, violent offender treatment, arson interventions, domestic violence);
- interventions relating to specific issues (e.g. anger management, substance use);
- working with victims of crime;
- conducting routine evaluations and audits of new approaches (e.g. what to evaluate and how);
- ethical issues in clinical practice and research including power issues, social inclusion and social inequalities;
- using and developing systems of safe practice;
- medico-legal report writing and providing opinions in a medico-legal context.

Psychologists working in forensic clinical psychology settings are also well placed to contribute to the wider academic programme of training courses:

- generic and specialist interviewing and assessment skills (e.g. engagement, risk assessment, psychometric assessment, structured and semi-structured interviews);
- psychological formulation skills especially relating to complex needs and team-based formulations;
- specialist therapeutic approaches including individual and group approaches;
● using supervision effectively: personal needs and development, the role of supervision in complex care;
● identifying and working with issues relating to, for example, gender, race and sexual orientation (of supervisor, trainee, client, patient);
● working within a multi-professional team;
● providing consultancy: models and methods.

Clinical placements
Wherever possible, trainees should be exposed to working within a legal framework at some point in their training. Whilst for some this may be through significant placement experience within a forensic setting, the use of forensic services to provide partial placements or to contribute to the supervision of clinical work relating to forensic issues should be explored. The specific competencies include:

● work with atypical or complex clinical presentations (e.g. personality disorder and substance misuse) with the additional complexity of forensic issues;
● specialist assessment including risk assessment based upon actuarial and structured clinical judgement approaches and assessments relating to offending behaviour, ‘dysfunctional coping’ and abuse;
● developing and sharing formulations that are multimodal (drawing upon a range of models and psychological theory), multi-domain (embracing for example neuropsychological, behavioural, medical and interpersonal information) and multipurpose (e.g. to guide individual therapy and multi-agency management plans);
● experience of report writing, verbal reporting and consulting to others in a medico-legal context.

In addition to general competencies, placements in forensic settings could offer experience of:

● conducting or contributing to treatment in both individual and group formats focusing on mental health needs and offending behaviour;
● work with offending behaviour, victimisation and abuse, and a wide range of mental health, developmental and personality issues.
● working directly (individual and group-based interventions) as well as indirectly (e.g. consultation) with others;
● complex ethical issues including those relating to power, detention and inequality;
● team working and interagency involvement;
● the role, influence and impact of policy, guidance and frameworks such as those produced by the government or governmental agencies;
● organisations, management and policy formation;
● service-user influence and inclusion in shaping services.
Continued professional development

It is expected that the immediate post-qualification CPD needs of individuals working within a forensic setting will vary according to the exact nature of the setting, the individual’s prior experiences and the needs of the service. However, the following list suggests areas in which those working within forensic settings should be competent:

- understanding and applying relevant legislation and policy documentation (e.g. Mental Health Act, Human Rights Act, Sexual Offences Act, Mental Capacity Act).
- understanding the role of other organisations (e.g. Home Office, Probation Services).
- skills in incorporating culture, ethics, political dimensions into clinical formulations;
- ability to consider alternative perspectives and approaches to forensic mental health (e.g. community psychology formulation and intervention; systemic approaches);
- specialist skills and knowledge relating to mental health and offending (e.g. psychosocial interventions, offender programmes);
- specialist skills relating to therapeutic intervention such as therapeutic challenge, engagement and motivation;
- advanced skills with respect to work place safety and risk assessment, risk formulation and risk management;
- understanding organisations, management and policy formation;
- service user influence and inclusion in shaping services;
- ongoing development of reflective practice (with respect to ethics, values).

A separate document is currently being developed which considers CPD (for practitioners in forensic clinical psychology) in the context of the Knowledge and Skills Framework.
References


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- membership activities – to fully utilise the strengths and diversity of the Society membership.