

# Forensic psychiatry

## ST2-FP-EPA1 – Violence risk assessment

<b>Area of practice</b>	Forensic psychiatry	<b>EPA identification</b>	ST2-FP-EPA1
<b>Stage of training</b>	Stage 2 – Proficient	<b>Version</b>	v0.6 (BOE-approved 04/05/12)
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.			
<b>Title</b>	<b>Violence risk assessment and management.</b>		
<b>Description</b> Maximum 150 words	Develop a formulation, risk assessment and management plan for a patient with a remote and/or recent history of violence.		
<b>Fellowship competencies</b>	<b>ME</b>	1, 3, 4, 5, 7, 8	<b>HA</b> 2
	<b>COM</b>	2	<b>SCH</b>
	<b>COL</b>	4	<b>PROF</b> 1, 2, 3
	<b>MAN</b>	4	
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Knowledge of evidence-based static and dynamic risk factors for violence.</li> <li>• Evidence of the strengths and limitations of different approaches to assessing risk including: unstructured clinical, actuarial and structured professional judgment (SPJ) approaches.</li> <li>• Basic working knowledge of at least one actuarial and at least one SPJ violence risk assessment tool.</li> <li>• Basic knowledge of the construct of ‘psychopathy’ and its relevance to violence.</li> <li>• Basic knowledge of evidence base linking mental disorder to violence.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Elicit from patient or obtain from other sources an appropriately detailed account of past violence.</li> <li>• Based on obtained history and mental state, construct a formulation that demonstrates understanding of aetiology of violence in the specific case, including an understanding of relevant evidence-based dynamic and static risk factors.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Assessment of likelihood and gravity of future violence, including possible scenarios of elevated risk.</li> <li>• Development of appropriate management plan to minimise future risk of harm including a consideration of: <ul style="list-style-type: none"> <li>- biological treatments</li> <li>- psychosocial interventions</li> <li>- victim-safety planning</li> <li>- legal issues.</li> </ul> </li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Non-judgmental approach to the problem of violent behaviour, constructing violence as a problematic behaviour to be treated, rather than a moral failing to be condemned.</li> <li>• A diligent attitude to communicating information and plans where appropriate to carers and health workers involved.</li> <li>• Appropriate attitudes to balancing competing priorities, eg. civil liberties, confidentiality, therapeutic rapport, when managing risk.</li> <li>• Awareness of own limitations and willingness to seek other’s opinion when required.</li> <li>• Awareness that risk in general can only be reduced, not eliminated, and that there is a necessary role for ‘therapeutic risk taking’ in psychiatric practice.</li> <li>• Appropriate level of diligence in documentation of assessment, decisions and reasoning.</li> <li>• Adherence to ethical framework that conceives risk assessment as systematically articulating and then striving to meet relevant clinical needs, not simply providing a predictive categorical label.</li> </ul>
	<p><b>Assessment method</b></p> <p>Progressively assessed during individual and clinical supervision, including three appropriate VBAs.</p>
<p><b>Suggested assessment method details</b></p>	<ul style="list-style-type: none"> <li>• Observed Clinical Activity (OCA) – of a previously unknown case.</li> <li>• Case-based discussion – includes review of collateral information and production of a written report (as for a consultation request).</li> <li>• Direct observation.</li> </ul>
<p><b>References</b></p>	<p>COL, Collaborator; COM, Communicator; HA, Health Advocate; MA, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar</p>

**ST2-FP-EPA2 – Expert evidence**

<b>Area of practice</b>	Forensic psychiatry	<b>EPA identification</b>	ST2-FP-EPA2
<b>Stage of training</b>	Stage 2 – Proficient	<b>Version</b>	v0.6 (BOE-approved 04/05/12)
<p>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.</p>			
<b>Title</b>	<b>Expert evidence.</b>		
<b>Description</b> Maximum 150 words	<p>Assess patients for legal purposes, provide psychiatric evidence, by way of written and oral testimony to a legal body (tribunal/panel/court) relating to one of the following.</p> <ul style="list-style-type: none"> <li>• Detention/supervision/release reviews (including civil Mental Health Act boards/tribunals or equivalents).</li> <li>• Disposition/sentencing.</li> </ul>		
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4	<b>HA</b> 1
	<b>COM</b>	1, 2	<b>SCH</b>
	<b>COL</b>	4	<b>PROF</b> 1, 2
	<b>MAN</b>		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Understands the requirements of the legal body seeking opinion/testimony.</li> <li>• Basic understanding of the role of the expert witness and how this differs from usual ‘treating doctor’ role. What an expert is and where the limits of expertise lie.</li> <li>• The psychiatric knowledge as it applies to the task at hand, including awareness of the limits and weakness of that knowledge.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Conduct an organised and comprehensive interview consistent in scope with the requirements of the required opinion or testimony. This includes effective communication of their role, limits of confidentiality and consent.</li> <li>• Write a structured, relevant and focused report specifically addressing the issues required. They should demonstrate flexibility in their approach to balancing the competing needs for rigour and concise writing. The opinion should be clear</li> </ul>		

	<p>and understandable in the context of the body of their report. Unnecessary jargon should be avoided. Collateral information should be appropriately sought and integrated into the report in a coherent fashion.</p> <ul style="list-style-type: none"> <li>• When writing opinion or giving oral evidence the trainee should be able to translate the psychiatric issues into understandable language for the legal forum involved.</li> <li>• Oral evidence should be clear, concise and relevant. The trainee should demonstrate the capacity to maintain composure when challenged and be prepared to justify, expand upon or modify their opinion appropriately.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• The trainee must demonstrate an awareness of the potential ethical problems arising (including confidentiality, conflicts of agency, etc.) and an ability to resolve such problems professionally.</li> <li>• In both written and oral work the trainee should demonstrate the capacity to maintain objectivity and not be influenced by potential outcomes or fiscal reward.</li> <li>• The trainee must understand the need for professional disinterest in the legal outcome and that it is not their role, as an expert witness, to attempt to 'win' the case or argument.</li> <li>• The trainee should display an awareness of the limits of their opinion/testimony and communicate this effectively.</li> </ul>
	<p><b>Assessment method</b></p> <p>Progressively assessed during individual and clinical supervision, including three appropriate WBAs.</p>
<p><b>Suggested assessment method details</b></p>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• At least one submitted report completed under supervision.</li> <li>• Observe interviews and oral evidence given by the trainee providing feedback.</li> </ul>
<p><b>References</b></p>	

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