

Toward Aspirational Forensic Mental Health Practice

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Forensic mental health professionals are often provided with aspirational guidelines to inform their practice; however, disparities exist between what such professionals should strive to do and what they actually do. This article considers pathways to improving practice not only in terms of knowledge base but also in terms of ethics, skills, and intellectual, dispositional, and interpersonal qualities. Obstacles are identified that could prevent forensic mental health professionals from practicing at higher levels of excellence.

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Forensic mental health professionals (FMHP) are frequently engaged in high-stakes assessments that can have life-long consequences for the parties involved. Assessment findings can influence legal outcomes in criminal cases; they can affect an evaluatee's freedom, and in some states, an evaluatee's life or death. In the civil realm, forensic assessments can influence outcomes of personal injury actions and may determine whether evaluatees maintain custody of their child or, with asylum seekers, whether the evaluatee gets deported. Given the responsibilities involved in forensic work, it is important to consider not only the knowledge base required for competent practice but also the qualities and skills to which practitioners aspire, as well as appreciating the barriers to achievement.

When referring to FMHPs, we do not include forensic social workers, whose activities are often in mitigation or domestic court roles,¹ or forensic nursing,² in which medical evidence collection and allied forensic scientific roles are peripheral to forensic mental health work. Instead, in this article, FMHPs refer

to psychologists and psychiatrists. Indeed, both professions address common assessment aims. In the case of civil actions, psychiatrists and psychologists alike conduct evaluations for personal injury claims.³ In criminal cases, both fields of practice address competency to stand trial and other competencies, in addition to mental state at time of offense and concerns related to sentencing.⁴

Fundamental differences exist between these two disciplines in terms of education, training, and domains of practice.⁵ Psychiatrists are trained in the medical model, which tends to emphasize the biological and neurological bases of behavior. This training provides a basis for prescribing medication and managing inpatient services. Training of forensic psychiatrists has been conceptualized as a developmental process in which trainees shift from a clinical treatment role to understanding the complex, nuanced, independent nature of forensic tasks.⁶ Training almost always occurs in the context of forensic psychiatry fellowships, which includes instruction in assessment and report writing, along with other forensic-specific matters specified by the Accreditation Council for Graduate Medical Education Guidelines. Those fellowships and such training in general are not routinely preceded by required forensic rotations in psychiatric residencies or by mandated numbers of forensic hours in general psychiatric residencies.⁷

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Most psychologists do not prescribe medication, although that is possible in five states and the military. Forensic psychology graduate programs are usually situated within clinical graduate psychology programs based on a scientist-practitioner model.⁸ Psychologists are trained to develop, administer, and interpret psychological tests, which is typically not under the purview of psychiatry. Most of the core competencies appropriate for training in forensic psychology have not been formally instituted, although efforts have been made to identify essential skills and bodies of knowledge.

Despite some of these differences in training and service delivery, there is a good deal of overlap in both professions' work in forensic mental health contexts. In addition, in North America, both fields often draw on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) as a frame of reference when there is a need for diagnostic conclusions. Also, guidelines set forth by both professions include the importance of taking a non-partisan approach to assessment and respecting the rights and dignity of evaluatees.

Aspirational concepts are found within forensic mental health guidelines in both forensic psychology and psychiatry. The "Specialty Guidelines for Forensic Psychology" state that, "Guidelines are aspirational in intent. They are intended to facilitate the continued systematic development of the profession and facilitate a high level of practice by psychologists" (Ref. 9, p 8). The guidelines further note, "In cases in which a competent authority references the *Guidelines* when formulating standards, the authority should consider that the *Guidelines* attempt to identify a high level of quality in forensic practice. . . Professional conduct evolves and may be viewed along a continuum of adequacy, and 'minimally competent' and 'best possible' are usually different points along that continuum" (Ref. 9, p 8).

The guideline published by the American Academy of Psychiatry and Law (AAPL)¹⁰ does not explicitly use the term aspirational but similarly presents a straightforward statement of practice standards. For example, in the AAPL guideline for evaluating competency to stand trial,¹¹ many assertions are made in which the word "should" repeatedly appears or is implied. Here are two examples:

When conducting evaluations of adjudicative competence, psychiatrists apply their skills to satisfy legal needs rather than clinical goals. (Ref. 11, p S24)

. . . treating psychiatrists cannot and should not ignore the impact of their treatment on patients' competence-related mental capacities. (Ref. 11, p S25)

In contrast to such assertive statements about practices, the introduction at the very beginning of this AAPL guideline offers qualifications. It reads that the guideline "should not be construed as dictating the standard for forensic evaluations. While it is intended to inform practice, it does not present all currently acceptable ways of performing forensic evaluations, and following its recommendations does not lead to a guaranteed outcome" (Ref. 11, p S3).

This article considers that proficiency falls along a continuum and addresses the preparation, skill, and ethics understandings that would facilitate FMHPs to practice at the higher end of the continuum, that is, to aim for a standard of practice that would meet and exceed the minimum American Psychological Association (APA) guidelines and the AAPL guideline. We seek to identify how aspirational practice may be understood in terms of intellectual qualities, dispositional and interpersonal qualities, and practical skills. Also considered are obstacles, both personal and organizational, that hinder progress along the continuum of competence along with suggestions about how these barriers might be overcome.

Knowledge and Skills

FMHPs receive training on substantive topics, which is crucial for evolving competence. DeMatteo *et al.*⁸ outlined seven fundamental domains. These include core knowledge, research design, legal knowledge relevant to forensic mental health work, ethics, and training in clinical forensic tasks.

Compelling reasons exist to conclude that some forensic mental health examiners do not have the minimum necessary skills to produce sound work products. There is a considerable literature about deficits in forensic assessments and conclusions and the skills necessary to function. For example, reflecting back on assessments done in the 1990s, Nicholson and Norwood¹² noted that, despite improvements made from the 1970s and 1980s, there were still significant areas of weakness in forensic practice. More than 20 years later, Hill *et al.*¹³ studied 388 reports authored by psychiatrists and psychologists in which the FMHPs opined that examinees were not competent to stand trial; the authors concluded the quality of the reports was consistently poor. They found that experts board certified in psychiatry or psychology

produced reports of higher quality. Acklin and Fuger¹⁴ studied 150 forensic cases in Hawaii for which independent psychiatric and psychological examiners had prepared reports. Across both disciplines, unacceptably low reliability was found, with competency to stand trial reports yielding somewhat higher reliability than criminal responsibility reports, and overall “a high degree of error and lack of consistency” (Ref. 14, p 84) was noted. They reported “a mediocre quality of forensic mental health decision-making” (Ref. 14, p 89). These authors concluded with this statement: “It is likely the case that the highly complex and inferential nature of forensic decision-making under conditions of uncertainty inevitably imposes upper limits on forensic reliability. The question is whether improvement in examiner performance is possible through education and procedural reforms” (Ref. 14, p 89).

The present paper considers how FMHPs may employ strategies to improve their work throughout their careers. Specifically, we address how FMHPs think (e.g., the reasoning they employ) as well as their forensic-specific knowledge and skill sets.

Cognitive Attributes and Critical Thinking

Critical reasoning abilities, cognitive flexibility, and intellectual humility may be considered aspirational qualities. As a popular saying notes, you cannot always believe what you think.¹⁵

A starting point in critical thinking is a nuanced understanding of the ethics guidance governing both forensic psychiatrists and psychologists, ethics that emphasize striving for objectivity. The “Ethics Guidelines for the Practice of Forensic Psychiatry” address objectivity in Section IV (Honesty and Striving for Objectivity). The commentary on this section notes:

The adversarial nature of most legal processes presents special hazards for the practice of forensic psychiatry. Being retained by one side in a civil or criminal matter exposes psychiatrists to the potential for unintended bias and the danger of distortion of their opinion. It is the responsibility of psychiatrists to minimize such hazards by acting in an honest manner and striving to reach an objective opinion. (Ref. 10, p 3)

The Specialty Guidelines for Forensic Psychology (Guideline 1.02) encourage forensic practitioners to “strive to weigh all data, opinions, and rival hypotheses impartially” (Ref. 9, p 8–9). Both sources of authority either state or imply that objectivity is something toward which one strives rather than something one attains. It is well understood, however, that such

aspirational goals do not make FMHPs impervious to the various forms of bias, which are discussed next.

Cognitive Biases

In 2009, the National Research Council issued a scathing review about the sources of inaccuracy in forensic science, including multiple forms of cognitive bias.¹⁶ In 2015, The President’s Council of Advisors on Science and Technology (PCAST) issued a report identifying confirmation bias as a particular area of concern for the validity of scientific evidence.¹⁷ Dror¹⁸ has identified the many forms of cognitive bias that can detract from the accuracy of expert decision-making, and there have been efforts made to develop practical strategies for reducing the impact of these cognitive biases.¹⁹

Implicit Bias

Bias that is implicit (i.e., operating outside awareness) represents a significant challenge to objectivity in forensic evaluations, because it is a pathway for subjectivity to influence judgment. This particular problem arises with respect to racial bias. Ratkalkar *et al.*²⁰ assert that failure to consider the race of the evaluatee with respect to the legal concern imposes significant limitations on the quality of the evaluation. Heilbrun *et al.*²¹ also tackle this problem in their article on considerations of racial identity in forensic assessment. The same concerns apply to cultural biases. Thus, Griffith and colleagues²² have argued for richly contextualizing the incident that brought the defendant to court and taking into account the relevant political, cultural, and historical realities.

One pathway toward aspirational practice and greater objectivity is through ongoing professional challenging and reexamining of observations, beliefs, and interpretations of information. Critical thinking provides a vehicle for doing so. There are many definitions of critical thinking. Schopenhauer offered the rather wry observation that it was “the art of being right” (Ref. 23, p 26). Lilienfeld *et al.*²⁴ defined critical thinking as reasoning that is intended to overcome cognitive biases. This latter definition may represent an overreach, in that there is good reason to believe that overcoming all cognitive biases is an unrealistic goal. For example, Zappala *et al.*²⁵ described the bias blind spot as a tendency of FMHPs to see themselves as less susceptible to predispositions and cognitive influences outside of awareness than others are. More recently, Vaughn²⁶

described critical thinking as a set of standards embodied in techniques, attitudes, and principles that can be used to assess beliefs and to determine whether there are good reasons to accept them. Raharjanti *et al.*²⁷ have similarly addressed how lack of critical thinking and deficits in clinical reasoning increase the risk of errors in forensic psychiatry.

As applied to FMHPs, critical thinking refers to the fierce pursuit of objectivity by rigorous questioning of the core elements of a forensic evaluation, including assumptions, evidence, and conclusions. For example, in considering forensic assessments done by psychologists, Neal and Grisso²⁸ argue for critically considering optimal efficiency by use of multiple assessment tools. Critical thinking holds promise with respect to mitigating bias in large part because it functions in the opposite way that bias does. For example, confirmation bias works by focusing attention on data that confirm beliefs while simultaneously ignoring or devaluing those that do not. Such selective attention may pose a significant threat to the objectivity of FMHPs. Critical thinking, by employing a rigorous questioning of assumptions, evidence, and conclusions, moves evaluators away from being defenders of their opinions and toward being critics of themselves, thereby potentially enhancing objectivity.²⁹

Dispositional Considerations

The considerable literature on the optimal dispositional characteristics for certain vocations has addressed pilots³⁰ and public safety personnel, such as police officers³¹ and firefighters.³² In the research on the psychological characteristic required for success as a pilot, Dugger *et al.* note, "Accomplished pilots must be able to manage emotions, assess risk accurately, and work together with other crewmembers throughout the flight" (Ref. 30, p 1). Optimal characteristics for firefighters in terms of the big five personality factors³³ include openness to experience and conscientiousness; these personality traits have been found to be associated with greater skills to manage the demands of the job and perform appropriately in high-stress situations.³⁴

FMHPs are sometimes charged with screening candidates for these fields or evaluating public safety personnel for whom a question has been raised about fitness for duty. Somewhat ironically, however, the literature is limited on the requisite dispositional qualities of those doing the screening as well as on the optimal characteristics associated with the ability to manage the complexities of forensic practice (or

attitudes that might make people less well suited for this role). As discussed, scholarly attention has been directed toward cognitive and implicit biases that can hamper a FMHP's judgment. Little has been written about ideal attitudes or qualities that would facilitate a FMHP's efforts to manage the demands associated with forensic practice. It is not unreasonable to suggest that these forensic obligations are best served by professionals who are flexible and aware, and who can tolerate ambiguity and complexity, are able and willing to engage in critical thinking, have sound clinical acumen, have the capacity for self-reflection and insight, and have the courage to render opinions that might be unpopular with evaluatees, retaining parties, or the court.

Interpersonal Considerations

The literature on interpersonal aspects of forensic practice has been polarized. The ongoing debate on the role of compassion and empathy in forensic contexts has one camp arguing there is little room for the experience and expression of these feelings^{35,36} and another, more recent, camp supporting the position that some degree of empathy and compassion can be useful in forensic contexts to forge sufficient rapport and respect the rights and dignities of evaluatees.³⁷⁻⁴² Empathy is not likely to be a unitary construct.³⁷ It can have cognitive components and affective components and may vary in the way it is expressed. In one of the few experimental studies to explore the impact of forensic evaluators' expressions of empathy on evaluatees' disclosure, Vera *et al.*⁴³ studied evaluators who utilized empathy techniques during assessments of psychopathy versus evaluators avoiding expressive empathy techniques. The use of expressive empathy techniques seemed to influence evaluator perceptions of the evaluatees with evaluators using expressive empathy rating examinees as less psychopathic and as having engaged in less impression management than did evaluators avoiding the use of expressive empathy. In short, when evaluators expressed empathy, it influenced the evaluator more than the evaluatee.

Forensic assessments, then, are a dyadic and dynamic process. Evaluators work with evaluatees who may have complex clinical presentations and psychopathology. Interviewing involves a synergistic interaction between the evaluator and examinee,⁴⁴ and the evaluator is the instrument through which data are interpreted.⁴⁵ Thus, a bedrock to prepare practitioners to manage challenging aspects of forensic practice is strong clinical training and an emphasis on self-awareness. Such training

should not only include content but also the skillful management of interpersonal dynamics.⁴⁵

Assessment, Report Writing, and Testimony

A logical question is how aspirational principles can be meaningfully applied to specific domains of practice. Next, we discuss how these principles might apply to assessment, report writing, and testifying in court.

Considering Trauma and Sociocultural Context

Trauma and marginalization are commonplace among evaluatees.⁴² In keeping with Griffith's argument that assessments consider evaluatee's relevant political, cultural, and historical realities, and AAPL Practice Guideline 6.2.3¹⁰ on exploring evaluatee's previous trauma, Goldenson and colleagues⁴² have proposed a model for trauma-informed forensic mental health assessments. They suggest that this model has implications for the evaluator's knowledge base, procedures, interpersonal stance, and formulation of findings. Consider the following example of a committed effort to approach a forensic examination in a culturally sensitive and trauma-informed manner.

The examinee was raised and spent a significant part of her life on a Native American reservation. The examiner was aware that he knew little about the examinee's tribe and its beliefs, assumptions, values, and influences on its members. After an initial meeting with the examinee, the FMHP dedicated considerable time to reviewing the literature related to the tribe and seeking consultation from knowledgeable colleagues. When the assessment itself was conducted, the examiner was also aware of potentially activating power differentials between himself and the examinee. With this context in mind, the examiner screened for the impact of trauma and the possible influence of intergenerational trauma and colonization. The examiner also sought to conduct the assessment in a trauma-informed fashion. That is, the examiner considered the impact of his own social location on the development of rapport, and he paid attention to cues that the examinee was possibly distressed and paced the interview accordingly. The examiner also engaged in a transparent fashion ensuring consent was truly informed. Critically considering culture and differences in the examiner and examinee's social location and sensitively managing the

demands of the interview provide examples of efforts to attend to this examinee's context and realities.

Report Writing

Numerous efforts have been made to identify common errors in forensic reports.⁴⁶⁻⁴⁹ Although each article about errors takes a different approach, the overall objective has been to increase awareness of such errors so that FMHPs might avoid them. Common problems noted across these sources include reaching beyond the limits of the data, not explaining the reasoning underlying conclusions, not considering plausible alternative explanations, filling hyperdetailed reports with irrelevant data, and failing to deal with confirmation bias.

One effort to develop a novel model of report-writing is principles-based and strives to practically apply critical-thinking techniques.⁵⁰ A promising variant of a findings-based report is the relevancy-focused (RF) model of report writing, in which data are organized within each relevant finding rather than by stand-alone sections of procedure or data type (e.g., history, mental status, etc.). The RF model works best on evaluations that have specific concerns or questions to be addressed. Each section of the RF is built around the following structure: issue, opinion, data considered for that issue, and analysis. The analysis section focuses on discussion of what the data for that concern mean and allows readers to easily separate evidence from inference. Countervailing data (i.e., data that may not support one's opinion) are explicitly identified and analyzed. The RF may be one way of moving closer to aspirational practice by explicitly incorporating elements such as separating evidence from inference, testing plausible alternative hypotheses, and focusing on data that are relevant to the legal concern.

Testimony

Court testimony by mental health experts has two elements that distinguish it from all other forensic work. First, its findings, conclusions, and opinions are presented in a public forum, in contrast to the fully private reviews of case records and equally private report writing. The assessments themselves take place with only the examinee and assessor behind closed doors. Testimony takes place in a setting in which counsel for both sides, the triers of fact, parties to the litigation or proceeding, and various observers are present and typically attentive. Furthermore, the cross-examination, along with depositions, represents

one of the few times that experts may be vigorously challenged by knowledgeable parties as to methods and findings. As a result of both factors, it is not unusual for experts to believe that the proceedings are about their professional worth⁵¹ and to respond with a sense of narcissistic self-presentation.⁵² The desired objective for experts is to testify with both content and style that serve the court, without the defensiveness^{53,54} that can contaminate testimony. In addition to meaningful and court-useful testimony, a secondary aim is for the expert mental health witnesses to be personally and professionally effective.

A number of sources have identified particular skills associated with such effective and exemplary testimony. For example, Otto *et al.*⁵⁵ asserted that effective expert testimony was made up of credibility, clarity, clinical knowledge, and certainty. Other sources have pointed to knowledge, trustworthiness, confidence, and likability as the bases for credible testimony.⁵⁶ Of the eight elements listed above, clarity and knowledge appear to be cognitive in nature. Elements such as certainty and likability reflect positive judgments on the part of the audience. One author has identified 69 distinct topics or challenges faced by testifying mental health experts.⁵⁷ Still another author has developed the testifying construct of person-centered credibility, based on interviews with judges, attorneys, and experienced expert witnesses.⁵⁸ Thus, the construct of excellence may go well beyond the straightforward statement of cognitive and interpersonal skills.

Obstacles to Practice at the Highest Levels

Just as individual skills and personal attributes might facilitate exceptionally high levels of forensic practice, there are likely to be factors that hinder FMHPs from achieving such excellence. Here, we propose a nonexhaustive list of individual obstacles as well as broader training and organizational factors.

Intolerance of Ambiguity

Assessment findings can be equivocal, and yet FMHPs may feel pressed to offer an unequivocal opinion.⁵⁹ One reason for this pressure is an intolerance of ambiguity that leads FMHPs to prematurely foreclose on plausible alternatives. In criminal assessments, there is often tension associated with mapping complex and nuanced clinical details into a dichotomous decision (e.g., whether someone is competent or incompetent

to stand trial), which is particularly challenging for professionals trained to value context and see clinical components existing on a continuum.

Adversarial Allegiance and Bias Blind Spots

In addition to the various cognitive and implicit biases discussed above, the pull to affiliate with a retaining party⁶⁰ can lead to biases that can influence an examiner's opinions on a tacit level. FMHPs might be motivated by financial gain and a desire to be retained in the future. Alternatively, evaluators may wish to please a particular referral source. In addition to such allegiance bias, objectivity is further complicated by the bias blind spot,^{25,61} which suggests that even experienced FMHPs are more likely to see bias in others than themselves.

Lack of Humility

Overconfidence and a lack of humility can also lead to FMHPs overstating their findings. Evaluators might bow unconsciously to adversarial allegiance or a desire to win or succeed rather than more simply following the data wherever they lead.⁴⁵

Lack of Self-Awareness

There is ample literature on FMHPs' cognitive and implicit bias and blind spot bias.²⁵ Evaluators may also be pulled by the undercurrent of their strong emotional responses and motivations so that this pull influences interactions with evaluatees and inserts possible bias into forensic opinions.⁴⁵ A lack of self-awareness or unwillingness to acknowledge strong emotional reactions that occur in the context of forensic practice may hinder effective practice.

Inconsistent Quality in Training and Fellowships

Training opportunities and training quality are variable. Fellowship programs with single or few faculty mentors may limit trainees' exposure to diverse perspectives, which in turn may impose further limitations on meeting the diverse range of clinical and legal concerns encountered in forensic practice. Although forensic fellowships and postgraduate programs might offer a starting point in terms of developing competence as a FMHP, a commitment to continuing learning beyond minimal continuing education units (CEUs) needs to be a lifelong process.^{45,62}

Organizational Challenges

Organizational Cultures That Do Not Support Aspirational Practices

We discuss the value of trauma-informed and culturally responsive forensic practice and how these values align with ethics guidelines. It can be challenging, however, for FMHPs to adopt these practices in broader systems and organizations that do not embrace these philosophies, for example, in correctional settings that may be more focused on punishment than rehabilitation or compassionate care.^{63,64}

Time Pressure and Work Volume

Some FMHPs face organizational demands to complete a high volume of evaluations and reports in short time periods. Such pressured pursuit of productivity could lead to overly short, incomplete, or poorly written reports because of time pressures to finish one case and move on to the next.⁴⁶ This problem may have been accentuated during the COVID pandemic, which in many locations led to lengthy wait lists for forensic evaluations and hospital admissions.

Ill-Designed Templates

Some agencies use a template or rubric that can inadvertently create rather than solve problems in content and organization of a report.^{46,65} Even though a well-crafted template can enhance efficiency, if it is not well aligned with the literature on forensic best practices, it may lead practitioners into repeated bad habits.

Striving for Excellence

Intellectual humility, clear analytic reasoning, and critical thinking are avenues to improve one's professional skills and to reduce the impact of biases in opinion evidence. These skills are relevant for tolerating ambiguity. For example, it may be helpful to explicitly identify specific areas of a forensic report about which confidence is lowest and temporarily maintain that uncertainty while additional data are sought and considered. Additionally, there is value to be found in adopting a different perspective on one's work. Indeed, objectivity has been conceptualized as the capacity to stand back from our perceptions, beliefs, and opinions and to shift perspective as needed.⁶⁶

Intellectual humility is likely enhanced by a growth mindset,⁶⁷ which, in contrast to a fixed mindset, involves considering talents and abilities as things that can be

developed and as potentials that come to be nurtured through effort and lifelong learning. In addition to staying abreast of current research, developing scholarship, and ongoing training, FMHPs can foster intellectual humility by ongoing consultation. There may be some benefit in having colleagues critique one's work. This would entail cultivating an openness to critical feedback so that it is fairly received and considered. Such a remedy might also be useful for increasing levels of self-awareness as forensic practitioners.

Cognitive flexibility may be enhanced by explicitly identifying and considering data that do not support one's opinion, which can also be an important vehicle to enhance objectivity. Evaluators may sometimes need to acknowledge limitations associated with their data. This acknowledgment would mean inserting caveats into forensic reports.

An examiner's personal history and emotional reactions can influence assessment dynamics with examinees and formulation of findings.⁴⁵ Forensic work can take an emotional toll, including the possibility of vicarious trauma.⁶⁸ Taking an honest appraisal of one's capacities to deal with forensic content at different junctures of one's life is important. For example, one of the authors knew that he had to take a break from evaluating individuals who had been accused of a pedophilic sexual offense when he first became a parent, as the protective paternal instincts were too difficult to overcome and objectivity could be compromised on such cases. Self-reflection and emotional processing by FMHPs (sometimes through the aid of therapy or consultation) may help guard against blind spots and help evaluators manage the demands of the work.

Shifting to organizational environments, systematic obstacles pose difficult challenges to remediate, because the forensic practitioner may have limited agency with respect to making changes. There has been a recent shift in the forensic landscape to make organizations more trauma informed (see, for example, the sanctuary model).⁶⁹ Organization change has been proposed as a necessary ingredient in addressing vicarious trauma and other emotional sequelae that may result from forensic work.⁷⁰

Administrative leaders in an organization understand the importance of productivity, and there are multiple challenges in trying to balance work quantity with quality. One might begin by working to ensure that meaningful measures of quality are in place to balance the measuring of quantity.⁷¹ As for

dealing with templates, even though they can be a time-saving device, practitioners are encouraged to make those who design them aware of specific ways in which they may compromise rather than add to quality. Templates should be regularly reviewed to ensure that they do not create more problems than they solve and that they are aligned with the literature on best practices in forensic assessments and report writing.

The Role of Training

A full review of training-related concerns and opportunities is beyond the scope of this commentary; however, there has been long-standing discussion of the training needs of FMHPs.^{7,8,72} In addition to dedicated graduate coursework and fellowships, an argument has been made for more intensive postgraduate training programs that allow for some standardization and consistency in forensic assessment practice.⁷² The five-day intensive model developed by the Institute of Law, Psychiatry, and Public Policy at the University of Virginia serves as a possible exemplar. Both psychiatrists and psychologists interested in conducting forensic evaluations must complete this program as part of the requirements specified in the Virginia statute related to forensic evaluations. An exception is made for evaluators who have received training elsewhere or are board certified in forensic psychology or psychiatry. The Virginia training program seeks to ensure standardization and uniformity for forensic mental health professionals. It involves the review of three reports by each evaluator, the provision of feedback and suggestions for improvement, and recommendations for remediation when necessary.⁷²

Forensic board certification with the American Board of Psychiatry and Neurology or the American Board of Professional Psychology requires a significant commitment. Dattilio *et al.*⁷³ label this process as separating the chaff from the wheat and describe it as one way to help ensure that FMHPs are engaging in best practices.

In addition to a clear need to develop training that improves the consistency and quality of forensic reports, there has been a more general argument for a cultural shift in forensic practice. A paradigm is needed that acknowledges the unique psychological and cognitive demands of forensic work so that strategies can be developed for compassionate but careful management in training programs, supervision, and beyond.⁴⁸

This discussion of aspirational forensic practice closes with a note about striving. The word strive is used in the Specialty Guidelines for Forensic Psychology (SGFP) in 39 separate instances, underscoring the importance of this concept, which is also well represented in the AAPL guidelines. FMHPs might know that they are striving when they stretch beyond habitual ways of doing things. Although this stretching might require more work in assessments, the additional effort is justified if it is a signal of moving to higher levels of excellence in forensic practice.

Conclusion

FMHPs have obligations, rooted in primary sources of authority, to aspire to the highest levels of professional practice. The professional literature indicates that this includes a wide range of technical knowledge, practical skill, and reasoning that is informed by the principles of critical thinking, particularly with respect to managing the threats to objectivity posed by bias. Skillful forensic practice requires a commitment to ongoing learning, self-reflection, and attention to process-level concerns (e.g., not only assessment content but also to more nuanced interpersonal skills required for trauma-informed and culturally responsive assessments). Intellectual humility and a growth mindset are vital. Training, in graduate school, fellowships, and lifelong continuing education, plays a crucial role in helping professionals manage the many obstacles that may hinder growth toward aspirational forensic practice. The extent to which aspirational striving is highlighted in formal training is unclear. Nor is it well understood what factors spur practicing FMHPs to seek major improvements, which would be an important area for research. Finally, we note that it may be daunting to maintain a continuous focus on broadly defined improvement and suggest that FMHPs aspire instead to develop improvement plans based on specific components in professional forensic practice.

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