

ST3-FP-AOP-EPA13 – Sexual offending

Area of practice	Forensic psychiatry		EPA identification	ST3-FP-AOP-EPA13
Stage of training	Stage 3 – Advanced		Version	v0.4 (EC-approved 10/04/15)
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	Assessment and management of sexual offending.			
Description Maximum 150 words	Apply evidence-based principles of assessment, risk assessment and multimodal management of sexual offending or problematic sexual behaviour.			
Fellowship competencies	ME	1, 2, 3, 4, 5, 8	HA	
	COM	1, 2	SCH	
	COL	1, 2, 3	PROF	1, 2, 4, 5
	MAN			
Forensic competencies For Certificate of forensic psychiatry trainees only	ME	a, b, c, d, e	HA	a, b, d
	COM	a, d	SCH	
	COL	b, c	PROF	a
	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 attitude described below.</p> <p>Ability to apply an adequate knowledge base</p> <ul style="list-style-type: none"> • Knowledge of evidence-based static and dynamic risk factors for sexual offending. • Evidence of the strengths and limitations of different approaches to assessing risk including: unstructured clinical, anamnestic, actuarial and structured professional judgement (SPJ) approaches. • Detailed/in-depth knowledge of at least one actuarial and at least one SPJ sexual offending risk assessment tool. • Detailed/in-depth knowledge of the pathways to sexual offending including appraisal of proximal and distal risk factors. 			

	<ul style="list-style-type: none"> • Detailed/in-depth knowledge of evidence base about the association of various forms of mental disorder to sexual offending, including issues relevant to intellectual disability and juvenile offenders. <p>Skills</p> <ul style="list-style-type: none"> • Elicit from patient and/or obtain from other sources an appropriately detailed, culturally informed psychosexual history. • Understand issues relevant to victims including the evidence base for sequelae and issues relevant to disclosure. • Based on obtained history and mental state, construct a formulation that demonstrates understanding of aetiology of sexual offending or problem behaviour in the specific case, including an understanding of relevant evidence-based dynamic and static risk factors. • Assessment of likelihood and gravity of future sexual offending, including possible scenarios of elevated risk. • Develop an appropriate management plan to minimise future risk of harm including a consideration of: <ul style="list-style-type: none"> - psychosocial interventions - biological treatments - victim-safety planning - legal issues including child protection and correctional approaches to sexual offenders. • Appropriate documentation of assessment, decisions and reasoning. <p>Attitude</p> <ul style="list-style-type: none"> • Objective approach to the problem of sexual offending behaviour, constructing sexual offending as a problematic behaviour to be treated rather than a moral failing to be condemned. • A diligent attitude to communicating information and plans where appropriate to carers and health workers involved. • Appropriate attitudes to balancing competing priorities, eg. mandatory reporting and legal obligations, confidentiality, therapeutic rapport, when managing risk. • Awareness and management of own reactions to the nature of the material involved. • Awareness of own limitations and willingness to seek others' opinion when required. • Awareness that risk in general can only be managed, not eliminated, and that there is a necessary role for carefully considered 'therapeutic risk taking' in psychiatric practice. • Adherence to an ethical framework that appreciates the ethical dimensions of risk assessment with particular caution about application in non-clinical settings.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs on three different cases.
Suggested assessment method details	<ul style="list-style-type: none"> • Observed Clinical Activity (OCA).

- Case-based discussion.

References

LAWS RD & O'DONOHUE WT, eds. *Sexual deviance*. 2nd edn. New York: Guilford Publications, 2008.

SALEH FM, GRUDZINSKAS JR AJ, BRADFORD JM & BRODSKY DJ, eds. *Sex offenders: identification: risk assessment, treatment, and legal issues*. New York: Oxford University Press, 2009.

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