

ST3-FP-AOP-EPA11 – Adolescent forensic psychiatry

Area of practice	Forensic psychiatry		EPA identification	ST3-FP-AOP-EPA11	
Stage of training	Stage 3 – Advanced		Version	v0.8 (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	Adolescent forensic psychiatry: clinical assessment and treatment.				
Description Maximum 150 words	Undertake assessment and provide treatment and management for adolescent patients within a forensic, secure or custodial environment, eg. juvenile justice centre or youth justice centre.				
Fellowship competencies	ME	1, 2, 3, 4, 5, 6, 7, 8	HA	1, 2	
	COM	1, 2	SCH	2	
	COL	1, 2, 3, 4	PROF	1, 2, 3, 5	
	MAN	1, 2, 4, 5			
Forensic competencies For Certificate of forensic psychiatry trainees only	ME	a, b, c, d, e	HA	a, b, c, d	
	COM	a, c, d	SCH	a	
	COL	a, b, c	PROF	a, b, c, d	
	MAN	a, b, c, d			
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"> Evidence of knowledge of the literature in the area of mentally disordered young offenders, including the background theories of youth offending and the epidemiological, criminological and cultural factors involved in these theories. The relevant legislation and case law that pertains particularly to young offenders. For example, <i>doli incapax</i>, Gillick competence and mental health diversion provisions. Specific knowledge of the literature in areas more commonly related to youth offending, both with respect to criminogenic factors, psychiatric disorders and developmental issues, eg. developmental trauma, intellectual disability, learning difficulties, ADHD, conduct disorder and psychotic illnesses. 				

	<ul style="list-style-type: none"> • The impact of developmental age upon presentations of common mental disorders and the youth-related issues involved in incarceration. This should include an understanding of relevant developmental stages, family factors and community factors. <p>Skills</p> <ul style="list-style-type: none"> • Demonstrates skills in leadership of a team when advising on the treatment and management of young offenders with mental health issues. • Liaises with other disciplines involved in the care of young offenders with mental health issues. • Manages boundary issues and challenging team dynamics specific to working with young offenders. • Frames advice or recommendations cognisant of the available resources. • Identifies issues such as privacy and confidentiality and how they impact upon communication with care providers and relevant agencies. • Liaises and collaborates with the families of young offenders with mental health issues. • Advocates, as appropriate, for the young offender within a multi-agency system. <p>Attitude</p> <ul style="list-style-type: none"> • Recovery-focused approach to the problems young offenders raise. • A diligent attitude to communicating information and plans to other health workers involved, including custodial staff where appropriate. • Awareness of own limitations and willingness to seek others' opinion when required. • The trainee should have an awareness of, and have appropriate attitudes around, team dynamics, boundary issues and countertransference issues that may arise in the collaborative care of adolescent forensic patients.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<p>Suggested assessment method details (These include, but are not limited to, WBAs)</p>	<ul style="list-style-type: none"> • Case-based discussion. • Multisource feedback may be used in the assessment of competency to practise with the adolescent forensic facility and in the provision of education regarding the mentally disordered young offender. • Direct Observation of Procedural Skills (DOPS) - Direct observation of consultation with other services in the assessment, treatment and management of adolescent forensic patients.
References	

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