

4th International Conference on

Forensic Research & Technology

September 28-30, 2015 Atlanta, USA



Ronn Johnson

University of San Diego, USA

A conversation on the ethics of assessing competence for forensic psychological practice with Juvenile Fire Setters and Bomb makers

Due to its international prevalence, Juvenile Fire Setting and Bomb Making (JFSB) represent a major risk to public safety. It would not be surprising to find that a significant number of juvenile offenders have mental health disorders that coincide with the fire setting and bomb making. For example, Court-Involved, Non-Incarcerated (CINI) juveniles represent about two-thirds of the juvenile justice population. Moreover, a significant portion (i.e., about a third or half) of this population meets DSM criteria for a psychological disorder. More troubling, this group is also at increased risk for persistent reoffending and self-reported antisocial activity. The aforementioned unwanted juvenile circumstances have contributed to a traditional adjudication shift into exploring common mental health goals for JFSBs that can be shared between various mental health professionals (e.g., Clinical Mental Health Counselors, Forensic Psychologists, School Counselors, MFT's, and Social Workers). As an alternative to incarceration, these JFSB cases mean that licensed and qualified mental health professionals, who usually operate in a strictly clinical context, are now practicing in a forensic-clinical context. Working with JFSB cases is one of the most challenging clinical forensic tasks for professionals. JFSBs are often referred for help from a mental health professional under the assumption that when accurate assessment and appropriate intervention by a professional is provided, fire setting or bomb making recidivistic and escalation behaviors can be reduced. Unfortunately, clinical, risk assessments, motivational and capacity for treatment factors of JFSBs are often missed by licensed mental health professionals. Mainly because these professionals lack the experience, training, and supervision required to competently work with JFSBs. Each of the previously identified mental health professions have sections in their ethical codes that speak to the issues associated with assessment of professional competence. The role that licensed mental health professional's play with JFSB is circumscribed to offering competent and evidenced based interventions aimed at addressing the public safety risk factors presented by these cases. Despite this lack of preparation, the likelihood that mental health professionals will come in contact with JFSB cases without sufficient clinical proficiencies underscores the need to examine the ethics of competence as it applies to JFSB service providers. There is a paucity of research in the extant literature that examines mental health professional's assessment of their competencies with respect to JFSB. The potential consequences could result in adverse effects stemming from improper assessment and/or treatment. This paper presentation was crafted to highlight the ethical requirement for mental health professionals to assess for their competencies as they consider delivering services to JFSB cases in diverse settings.

Biography

Ronn Johnson is licensed and board certified Clinical Psychologist with extensive experience in academic and clinical settings. He is a Diplomate of the American Board of Professional Psychology. He has served as a Staff Psychologist in community mental health clinics, hospitals, schools and university counseling centers. His forensic, scholarship, and teaching interests include: Ethical-legal issues, police psychology, women death penalty, and contra terrorism.

ronjohncts@gmail.com