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ASSESSMENTS FOR CLINICIANS AS CLIENTS: FORENSIC PSYCHOLOGIST (INTERN) S' DILEMMA

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ABSTRACT

Forensic psychology interns often encounter clinicians-clients. These being health-care professionals needing forensic assessment during their treatment process. The clinicians as clients often exhibit elevated clinical insight, self-awareness, thereby, forming a unique psychological predicament, which can unsettle forensic psychology interns, thereby, compromising their professional objectivity. This qualitative research investigated precise ethical challenges professional dilemmas faced by four forensic psychologist (interns) in conducting readiness for release risk assessments, competency evaluations, family reintegration suitability among clinicians as clients within a private drug rehabilitation centre, in Harare, Zimbabwe. Data was collected using focus group discussion and semi-structured interviews. Thematic Analysis was used for analysis. Findings found four primary challenges: compassion fatigue, problems in forming therapeutic alliance, heightened confidentiality threats and complex power imbalances. The expert on expert dynamic was proved to present blurred professional boundaries, hence, complicating the forensic psychologist (intern) s' evaluative role. The study shows a critical gap in forensic psychology internship, where the dual-status of the client being a clinician professionally, creates unique stressors. Future studies could focus on developing specialised supervision support systems, which are forensic, based, for forensic psychologists (interns). Addressing these challenges is crucial for enhancing the competency and performance of emerging forensic psychologists.

Keywords: Assessment, clients, clinicians, dilemma, forensic psychology intern.

INTRODUCTION

The Allied Health Council of Zimbabwe (AHPCZ, 2021) formally recognised forensic psychology as a specialised branch of psychology. This milestone placed forensic psychology alongside other regulated and protected divisions of psychology in Zimbabwe, such as counselling, clinical, educational, and industrial/occupational psychology (AHPCZ, 2021). As the forensic psychology specialisation is growing in Zimbabwe, an increasing number of forensic psychology interns are pursuing registration. This is a process, which requires a rigorous one-year supervised internship for holders of a Master's degree in relevant disciplines (Nkoma, 2018). While forensic psychology interns possess significant theoretical knowledge about the profession, the practical transition into full clinical practise at times, proves overwhelming, as the interns navigate complexities of high stakes forensic environments (Baird & Mollen, 2023).

On a global scale, forensic psychology internships immerse trainees in a heterogeneous array of casework that necessitates highly specialized clinical proficiencies (Potts & Kois, 2023; Ramnanan, 2015). A primary objective of this experiential training involves developing the competency to navigate complex interactions with demographically and behaviourally diverse populations, including individuals convicted of high-severity felonies such as homicide, sexual assault, and aggravated robbery (Brock et al., 2015; Hodges, 2024). Furthermore, the pedagogical framework of these internships ensures that trainees are methodologically equipped to manage the inherent systemic tension that exists between conducting objective, adversarial legal evaluations and providing evidence-based therapeutic interventions (Bartol & Bartol, 2018).

Despite the comprehensive nature of pre-clinical preparation, forensic psychology interns frequently encounter idiosyncratic and unanticipated systemic challenges during field placement. A prominent example involves the management of fellow healthcare practitioners who enter the forensic system as clients (Neal, 2018). This specific intersection generates acute ethical tension, marked by potential boundary dissolution, complex dual-relationship conflicts stemming from a shared professional ecosystem, and active resistance to the intern's clinical authority by clinician-clients who may possess superior medical knowledge (Grusecki, 2019; LaDuke et al., 2024). Because this nuanced dynamic is rarely addressed within the parameters of standard postgraduate theoretical curricula, it presents a critical hurdle in the administration of specialized interventions aimed at facilitating rehabilitation and recovery among peer clinicians (Fairfax-Columbo et al., 2025; Huss, 2025).

Within forensic psychology practice, the vast majority of evaluation cases—estimated at approximately 90% involve clients from non-medical backgrounds, frequently conceptualised in the literature as "laypersons" (Davidson & Silver, 2021). These individuals typically present with limited psychological literacy, diminished clinical insight regarding their specific psycho-legal challenges, and lower baseline engagement during the evaluation process (Nakash et al., 2018). Furthermore, this cohort generally lacks familiarity with fundamental psychometric or therapeutic protocols, professional ethical standards, and specialized clinical nomenclature (Bohart & Wade, 2013). Given that this demographic constitutes the primary baseline of an intern's forensic caseload, many trainees report that managing laypersons is comparatively less complex; the clients' lower level of professional sophistication aligns symmetrically with the intern's nascent, developing competencies (Hodges, 2024). Consequently, these interactions and their attendant procedural demands are perceived as more navigable during the field placement period.

Conversely, this clinical dynamic shifts significantly when forensic interns manage clinician-clients. Healthcare professionals—including nurses, psychologists, and physicians possess substantial professional insight, which can generate a highly disruptive interpersonal dynamic for the evaluating intern (Finn, 2020; Hodges, 2024). Unlike laypersons, clinician-clients often demonstrate a sophisticated comprehension of diagnostic criteria, psychometric assessment protocols, and therapeutic intervention strategies (Geller et al., 2005). For forensic psychology trainees, evaluating peers or superiors who possess superior clinical experience frequently elicits severe professional disorientation and intense evaluation anxiety (Galán et al., 2024). This inverted power imbalance can cause interns to perceive the encounter as a practical examination of their own skills rather than a standard clinical service; this perception ultimately diminishes their clinical initiative while exacerbating performance anxiety. Furthermore, evaluating a professional peer introduces acute dual-role tensions that risk compromising both objective assessment procedures and established ethical boundaries among forensic psychology interns (Pakenham & Stafford-Brown, 2012).

Despite the significant potential for attenuated therapeutic efficacy and compromised quality of care, empirical exploration into the precise clinical and ethical dilemmas navigated by forensic psychology interns remains sparse. Extant global literature predominantly emphasizes the occupational challenges of credentialed, fully registered practitioners, thereby obfuscating the unique systemic vulnerabilities characteristic of the trainee experience (Palitsky et al., 2022). Furthermore, the limited scholarship addressing forensic intern-clinician dynamics is overwhelmingly localized within Western legal and psychiatric frameworks (Baird & Mollen, 2023; Frank et al., 2025; Huss, 2025; Reiter & Sabo, 2024), which presents pronounced generalisability constraints when applied to Zimbabwe—a context where distinct socio-cultural norms, economic realities, and institutional ecosystems fundamentally reconfigure professional hierarchies.

While local scholars have investigated broader domestic psychological trends (Zirima & Nkoma, 2018), institutional issues within educational psychology (Chatora & Chiriseri, 2022). Nkoma (2018), and Afrocentric psychotherapeutic models (Mureriwa, 2024), the specific dilemmas confronting forensic interns remain entirely unexamined. This study directly addresses this critical lacuna by providing an empirical investigation into the ethical and professional boundary challenges experienced by forensic psychology interns managing clinician-clients within the Zimbabwean context.

Consequently, this study aims to investigate the unique ethical challenges and procedural dilemmas experienced by forensic psychology interns managing clinician-clients within a specialised substance use recovery and wellness facility in Zimbabwe. By empirically isolating these localized boundary vulnerabilities, this research seeks to inform the development of targeted coping mechanisms for trainees, optimise postgraduate clinical curricula, and ultimately enhance therapeutic outcomes for healthcare professionals navigating the forensic rehabilitation system.

METHODOLOGY

Study Design and Recruitment

This study employed a qualitative exploratory research design to investigate the ethical, professional, and procedural dilemmas experienced by forensic psychology interns managing clinician-clients within a specialised substance use recovery facility in Harare, Zimbabwe. The Zimbabwean landscape serves as a critical focal context due to its emerging regulatory framework; following the recent formal formalisation of forensic psychology by the AHPCZ, local empirical inquiry is vital to capturing the

foundational, "teething stages" of the discipline. To capture this phenomenon with sufficient depth, a purposive sampling strategy was utilized to select four (N=4) forensic psychology interns. A highly restrictive sample size of four was intentionally deemed appropriate and methodologically sound for this exploratory design, as it prioritises experiential depth over statistical breadth, aligning with the principles of qualitative interpretive phenomenology where small, homogeneous samples optimise data richness within specialised, low-population institutional contexts. To qualify for participation, subjects had to meet three strict inclusion criteria:

(1) Current active registration as an intern with the AHPCZ,
(2) Placement at a registered psychiatric or rehabilitation facility within Harare for a minimum consecutive duration of six months, and
(3) Documented clinical exposure to at least two clinician-clients (e.g., medical doctors, nurses, or psychologists) during their ongoing internship rotation.

A purposive sampling method was employed. The researcher recruited all forensic psychology interns at the drug abuse centre as research participants. Four interns were recruited as study participants. Each intern had handled an average of five clinicians as clients during their one-year placement at a drug abuse centre. Each forensic psychology intern shared on their experience in dealing with these clients in offering services such as assessment for family reintegration, violence risk assessment and competency evaluations using semi structured interviews and a focus group discussion. The decision to restrict the institutional scope exclusively to this specialized substance use recovery and wellness centre was methodologically deliberate for three primary reasons.

First, public and private healthcare facilities in Zimbabwe frequently refer impaired medical professionals to this specific venue, rendering it a uniquely high-density regional hub for clinician-clients navigating the intersection of substance dependency and legal oversight.

Second, substance recovery environments introduce acute forensic vulnerabilities such as managing high rates of therapeutic non-compliance, legal mandates for involuntary admission, and complex relapse risks, which, severely exacerbate the ethical and boundary tensions experienced by trainees. Finally, focusing on a single institutional ecosystem controlled for confounding environmental variables, thereby ensuring a highly homogenous context that allowed for an unadulterated exploration of the specific institutional hierarchies and power dynamics unique to this facility.

To elicit nuanced data, primary data collection utilised a self-developed, semi-structured interview protocol comprised of open-ended prompts designed to cultivate natural dialogue and facilitate deeper clinical probing (Savin-Baden & Major, 2023; Leavy, 2014). Following the conclusion of the individual interviews, a focus group discussion was convened comprising the principal researcher and the four forensic interns. Employing this dual-method qualitative framework with the same cohort systematically integrated intensive depth with thematic breadth, thereby facilitating rigorous intra-method data triangulation. Methodologically, the focus group discussion harnessed collective group dynamics to uncover shared institutional perspectives, while the individual semi-structured interviews provided a confidential space to capture highly personalised, sensitive contexts. This sequential combination effectively mitigated the risk of participant conformity or social desirability bias inherent to group-based data collection.

Data Analysis

Transcribed qualitative data from both individual interviews and the focus group discussion were analysed using reflexive thematic analysis. Following the meticulous orthographic transcription and consolidation of the audio recordings, the analysis adopted an inductive approach, which allowed codes and latent themes to emerge directly from the raw data rather than being forced into pre-existing theoretical frameworks (Chong & Reinders, 2021; Grossoehme, 2014). This data-driven strategy ensured that the identified broader patterns remained grounded in the actual lived experiences of the trainees, providing contextualised insight into the systemic and ethical challenges under investigation.

Ethical Considerations

This study strictly adhered to the statutory ethical mandates and regulatory guidelines established by the Research Council of Zimbabwe. Prior to data elicitation, all participants were thoroughly briefed regarding the overarching objectives, methodology, and potential scope of the study, after which they voluntarily executed formal informed consent protocols. Crucially, the briefing process explicitly communicated the participants' unconditional right to withdraw from the study at any investigative juncture without administrative, professional, or personal repercussions. To uphold complete confidentiality and protect the professional reputations of both the trainees and their clinician-clients, all personal identifying metrics were expunged, and access to the raw, un-redacted datasets was strictly restricted to the principal investigation.

RESULT

Four dominant empirical themes emerged from the qualitative analysis of the dataset: confidentiality threats, therapeutic alliance, power boundaries and compassionate fatigue.

Power Boundaries

The negotiation of power boundaries emerged as a primary systemic challenge encountered by forensic psychology interns tasked with managing clinician-clients. Participants articulated profound interpersonal discomfort when conducting evaluations with individuals whom they perceived to possess equivalent or superior clinical and medical knowledge. This cognitive inversion of traditional clinical hierarchies subverted the interns' professional confidence. Commenting on the complex dynamics of these power boundaries, one participant remarked:

> *The moment I notice that my client is a clinician, it becomes unsettling. I begin to feel like I am in a practical examination. (Participant 3)*

This phenomenon is largely attributable to the highly sophisticated, comprehensive clinical insight possessed by clinician-clients. This structural power asymmetry became particularly pronounced during psycho-educational sessions, wherein clients frequently demonstrated superior technical knowledge regarding specific therapeutic and pharmacological subject matters. For instance, one intern recounted an episode where a clinician-client proffered an exhaustive clinical breakdown of the adverse effects of pethidine use alongside precise, practical mitigation strategies. The client subsequently attempted to educate the trainee on the specific thresholds for lethal dosing of the substance. Such interactions introduce acute boundary dissolution, destabilizing the operational roles and diagnostic responsibilities of the assessor and the assesse. Acknowledging this disruptive power imbalance when managing professional peers.

Confidentiality Threats

Systemic threats to confidentiality emerged as an additional critical challenge navigated by forensic psychology interns managing clinician-clients. Participants emphasized their rigorous adherence to the ethical mandate of client confidentiality, recognizing it as both a fundamental patient right and an indispensable prerequisite for therapeutic trust building. One participant had this to say:

> *Even when I intentionally deflected or gave vague answers about a colleague's prognosis during formal rounds, the curiosity did not stop there. A staff member literally followed me all the way to the tea break room, completely focused on trying to get me to reveal how their fellow clinician was actually doing in the forensic assessment. (Participant 4)*

However, within specialized treatment facilities, the institutional status of clinician-clients frequently generates heightened curiosity among the broader medical staff, rendering these individuals high-interest cases. Consequently, fellow healthcare professionals often approach trainees with intrusive inquiries regarding the psychological well-being, diagnostic status, or clinical prognosis of their institutional colleagues. For example, one intern recounted an incident where, despite their intentional evasiveness during formal tracking, a staff clinician persistently pursued them during an official break, explicitly attempting to extract confidential diagnostic information regarding a peer's clinical assessment progress.

Compassion Fatigue

Compassion fatigue emerged as an additional prominent systemic dilemma experienced by forensic psychology interns tasked with conducting psycho-legal assessments for clinician-clients. Participants emphasized that the cumulative physical, emotional, and psychological exhaustion resulting from direct exposure to an institutional colleague's suffering constituted a severe operational hurdle. One intern said that;

> *I had to calm myself so that I could effectively assess the clinician as client. I could relate with the client in terms of occupational challenges that she shared. (Participant 1)*

Crucially, the interns articulated a deep cognitive and experiential identification with the underlying systemic triggers driving the clients' substance use disorder most notably, chronic financial stress and institutional burnout. This shared professional vulnerability creates immediate boundary blurring; the profound level of peer empathy directly collides with the clinical detachment required for objective assessment, as the trainee frequently perceives the clinician-client’s trajectory as a mirror of his or her own potential professional distress.

Difficulty in Forming Therapeutic Alliance

Structuring a robust therapeutic alliance emerged as a primary systemic challenge encountered by forensic psychology interns managing clinician-clients. Establishing an open, trusting clinical relationship proved highly problematic when the client possessed deeply entrenched, preconceived notions regarding psychometric evaluation and psychotherapeutic protocols. Participants noted that cultivating baseline rapport was severely impeded because the clients already possessed sophisticated operational familiarity and explicit expectations regarding clinical process flows. Furthermore, these collaborative alliances were routinely undermined by the clients' intense fear of negative appraisal, professional judgment, and lateral stigma from an institutional peer who was actively administering

their care. Commenting on the profound difficulty of establishing this therapeutic foundation, one intern remarked:

> *I think it is difficult to build a therapeutic relationship with a client who feels that they are your senior. (Participant 3)*

There was a clear empirical consensus among the participants that managing a clinician-client presents a monumental clinical and operational challenge. The data revealed that establishing trust and facilitating deep, authentic self-disclosure are systematically impeded when clinician-clients perceive the evaluating interns as professional juniors whom they themselves could mentor. This entrenched professional hierarchy generates a profound relational barrier within the therapeutic environment, as the clients' instinct to preserve their supervisory identity directly subverts the trainee's clinical authority and disrupts the collaborative dynamic required for intervention.

DISCUSSION

Global literature confirms that managing clinician-clients triggers acute power imbalances, where trainees often face challenges to their authority as established by Denu (2023), Shepard et al. (2024), and Palitsky (2024). While Galán et al. (2024) emphasize the need to maintain control over psychological procedures; other perspectives suggest these interactions provide unique opportunities for professional growth and collaborative alliance building, as argued by van Niekerk et al. (2024), Baird & Mollen (2023), and Howitt (2019). In contrast, van Niekerk et al. (2024) contend that managing clinician-clients should be conceptualized as a unique catalyst for professional development rather than an inherent clinical impediment for trainees. Within forensic psychology training, engaging with highly informed clinician-clients can facilitate the construction of a collaborative therapeutic alliance, effectively shifting the clinical paradigm away from traditional asymmetrical, expert-led models toward an egalitarian partnership grounded in mutual professional respect (Baird & Mollen, 2023). This specific case archetype can augment an intern's clinical self-efficacy and long-term vocational competence; it explicitly challenges trainees to preserve rigorous diagnostic objectivity while refining their sophisticated communication strategies in the presence of an intellectually equivalent peer (Howitt, 2019).

The mitigation of confidentiality threats is a highly relevant dilemma when evaluating or treating a professional colleague, a vulnerability extensively documented by Hudson (2024) as well as Norcross and Sayette (2023). Aligning with the empirical realities of the present study, Jenkins and Panozzo (2024) note that healthcare practitioners frequently struggle to maintain rigid professional boundaries when handling peer clinicians, which directly compromises core ethical frameworks such as the right to total non-disclosure. Offering an alternative structural perspective, O'Connor (2006) posits that an unconscious tendency toward vocational self-evaluation wherein clinicians ponder their own proximity to experiencing a similar clinical crisis naturally drives colleagues to aggressively inquire about an institutional peer's therapeutic progress, thereby accelerating inadvertent confidentiality breaches.

In agreement with the interns' feedback, Fillit et al. (2016); Teater et al. (2014) is of the view that, handling a colleague as client can result in compassionate fatigue, as the colleague's suffering could be relatable to the therapist's own personal challenges, thereby compromising objectivity and appropriate boundaries. Mathieu (2012) also states that, administering therapy to a fellow clinician can be emotionally taxing for the therapist as the absorption of a colleague as client's emotional weight can be draining. There is a threat to unhealthy countertransference in dealing with a fellow clinician as a client

due to emotional fatigue. Therapists can end up redirecting their feelings towards the client in a manner that burdens the client. With a different view, Long et al. (2010), Skovholt and Trotter-Mathison (2016) are of the opinion that compassion itself as a construct is a competency and an ethical obligation in therapy administration, and can hardly slip to be hazardous. However, Goldsmith and Fischer (2024). Yalom (2005) in contradicting Long et al. (2010); Skovholt and Trotter-Mathison (2016) posits that any positive construct can have negative effects in therapy in excessive or underutilisation.

Baird and Mollen (2023); Newhill et al. (2003) affirm the notion by the interns that therapy alliances are more difficult to build with clinicians-clients. Laypersons surrender their treatment plan and give full trust to the therapist; therefore, rapport is easily formed with the therapist. However, therapeutic alliances are difficult to create with a client who has understanding of therapeutic techniques used and can then analyse the intern's intervention, and even anticipate the next move (Huss, 2025; Reiter & Sabo, 2024). The clinician-clients can actually try to direct the session to their comfort zone, thereby creating difficulties in building a healthy therapeutic relationship with the intern (Frank et al., 2025; Karr & Brennan, 2025).

RECOMMENDATIONS

To mitigate the complex clinical challenges navigated by forensic psychology interns managing clinician-clients specifically encompassing systemic threats to confidentiality, power imbalances, compassion fatigue, and therapeutic alliance obstructions several strategic interventions are proposed. First, strict adherence to rigorous professional conduct must be maintained at all junctures to preserve structural boundaries. Additionally, establishing explicit procedural frameworks and prioritizing transparent, open communication during initial intakes can effectively defuse interpersonal friction. Implementing peer-led support networks for forensic trainees would further alleviate severe occupational stress while proffering collaborative coping mechanisms to manage field-specific dilemmas (Moncrief-Stuart et al., 2024; van Niekerk et al., 2024). Finally, these high-stakes clinician-client dynamics should be intentionally restricted to structured, heavily supervised environments. Such highly supervised paradigms would empower interns to constructively integrate the client's specialized medical or clinical insights while firmly asserting their own statutory authority as objective psychological assessors.

RESEARCH LIMITATIONS AND FUTURE CONSIDERATIONS

While this study yielded exhaustive qualitative insights regarding the systematic dilemmas experienced by forensic psychology interns managing clinician-clients, several structural limitations must be acknowledged. The investigative scope was restricted to a single specialized substance use recovery and wellness facility in Harare, utilizing a sample of four trainees (N=4) who had each evaluated at least three clinician-clients over a one-year internship timeline. Although gathering data across an extended longitudinal horizon, incorporating a larger participant cohort, and expanding data collection to multi-site facilities could have amplified empirical breadth, the current sample size remains methodologically justified. Within qualitative behavioural research, individual informants can provide highly dense, experiential data sufficient for rigorous thematic illumination (Howitt, 2019; Price et al., 2015). Nonetheless, to optimise psychometric and ecological validity, future inquiries should replicate this research design on a broader national scale. Expanding the sample size and institutional contexts would facilitate the statistical and conceptual generalisability of the findings to the broader, evolving population of forensic psychology interns across Zimbabwe.

CONCLUSION

This study empirically examined the systemic challenges experienced by forensic psychology interns tasked with managing clinician-clients within an emerging regulatory landscape. Utilising a qualitative exploratory design driven by in-depth semi-structured interviews with four forensic trainees, the inquiry identified four primary empirical hurdles: acute power imbalances, systemic threats to confidentiality, compassion fatigue, and structural obstacles in establishing a therapeutic alliance. These findings underscore an urgent institutional requirement to provide specialized, structured scaffolding for trainees throughout their field placements to ensure they can maintain objective clinical efficacy. Consequently, this study calls for the immediate development and implementation of specialised forensic support manuals designed specifically to guide interns through the nuances of the peer-client dynamic. Data gleaned from this research could directly inform the pedagogical design of an operational trainee manual one that offers actionable, context-specific solutions for navigating complex ethical dilemmas, maintaining rigid professional boundaries, and cultivating baseline rapport with clinician-clients without compromising statutory authority.

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DECLARATION OF INTEREST STATEMENT

The author declares no conflict of interest.

DATA AVAILABILITY STATEMENT

There was agreement with the participants not to share their transcripts. The only direct verbatim data from study participants is included as quotes in the body of this article.

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