

# Assessments for Clinician-Clients: Forensic Psychology Interns' Dilemma

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## ABSTRACT

Forensic psychology interns frequently encounter clinicians as clients. These being health-care professionals requiring assessment during their therapy process. The clinician-clients often exhibit high self-awareness and clinical insight, thereby, creating a unique psychological dilemma that can be unsettling for interns and in turn compromise professional objectivity. This qualitative study investigated specific professional dilemmas and ethical challenges faced by four forensic psychology interns in conducting violence risk assessments, family reintegration suitability, and competency evaluations among clinician-clients within a drug rehabilitation centre in Harare, Zimbabwe. Data were collected using semi-structured interviews and a focus group discussion and was analysed using Thematic Analysis. Findings identified four primary challenges: heightened confidentiality threats, compassion fatigue, complex power imbalances and problems in forming therapeutic alliances. The expert-vs-expert dynamic was proved to present a blurred professional boundary, thereby complicating the forensic psychology interns' evaluative role. The research exhibits a critical gap in forensic internship, where dual-status of the client as a clinician-professional creates unique stressors. Future research should focus on developing specialised support mechanisms, and supervision models for forensic psychology interns. Addressing these unsaid challenges is crucial for enhancing the performance and competency of emerging forensic psychologists.

**Keywords:** Clinicians-Clients, Dilemma, Forensic Assessment, Forensic Psychology Intern

## INTRODUCTION

The Allied Health Practitioners Council of Zimbabwe (AHPCZ) has recently formally recognised forensic psychology as a specialised branch of psychological practice (AHPCZ, 2021). As the field is expanding, an increasing number of forensic practitioners are pursuing registration, a process that requires a rigorous one-year supervised internship for holders of a Master's degree in relevant fields (Nkoma, 2018). While these forensic psychology interns possess significant theoretical understanding about the profession, the transition into full clinical practise at times proves overwhelming, as the interns navigate the complexities of high stakes forensic environments (Baird & Mollen, 2023).

Throughout the forensic psychology internship globally, interns handle a spectrum of cases that demand advanced clinical expertise (Potts & Kois, 2023; Ramnanan, 2015). In navigating the forensic psychology field, interns are trained to deal with complexities of engaging diverse populations, which include those convicted with felonies, which include grave cases such as rape murder and armed robbery (Brock et al., 2015; Hodges, 2024). They are also equipped to handle the delicate balance between impartial legal assessment and therapeutic intervention (Bartol & Bartol, 2018).

There are however, unique and unanticipated predicaments that often arise during the internship practise despite having undergone training. The interns face situations such as managing fellow healthcare professionals as clients (Neal, 2018). The question of significant ethical tension, potential boundary blurring, dynamics of shared professional background, thus, dual-relationship conflicts, and resistance to the interns' authority from clinician-clients who may hold seniors medical knowledge are likely to arise (LaDuke et al., 2024; Grusecki, 2019). This

intricate issue of handling clinician –clients is hardly is learnt in forensic psychology theoretical training, but a very pertinent aspect in intervention administration to fellow clinicians to enable their recovery from diverse dices (Fairfax-Columbo et al., 2025; Huss, 2025).

In forensic psychology, a significant number of assessment cases, approximately 90 percent, involve clients who are non-medical professionals, who may be referred to as "laypersons" (D'Arro, 2023). These clients usually have limited psychological comprehension, may exhibit less engagement in the clinical assessment process, and have limited insight regarding their specific challenges (Nakash et al., 2018). Furthermore, these clients are mostly unfamiliar with basis assessment and therapy procedures, general ethical guiding principles of the helping professions and technical terms (Bohart & Wade, 2013). This demographic makes up the primary portion of intern forensic psychologists' caseload. As a result, many forensic psychology interns find working with these laypersons as clients more manageable and easier because the client's lesser level of professional sophistication is congruent with the forensic psychologist intern's on-going developing competency (Hodges, 2024). Thus, making the interaction and procedural aspects much easier to handle during their internship.

The same cannot be said in handling clinician-clients. Clinicians, including nurses, psychologists and physicians possess substantial professional insight, which can generate an unsettling dynamic for forensic psychology interns assigned with their assessment (Finn, 2020; Hodges, 2024). Unlike laypersons, clinicians as clients often have a sophisticated comprehension of diagnostic procedures, assessments and intervention strategies (Geller et al., 2005). For forensic psychology interns, assessing superiors that are more experienced can elicit feelings of disorientation, and anxiety of negative appraisal (Galán et al., 2024). This perceived power imbalance may cause interns to feel as if they are going through a practical examination rather than just conducting a clinical service, ultimately diminishing their clinical initiative and heightening their performance. Assessing a clinician-client, implying a professional peer poses a dual-role tension that is likely to compromise ethical standards and assessment procedures among forensic psychology interns (Pakenham & Stafford-Brown, 2012).

Despite the likelihood of compromised quality of care, empirical research into the precise dilemmas faced by forensic psychology interns remains limited. Current global literature primarily focuses on challenges faced by registered professionals within the field of psychology, often overlooking the unique vulnerabilities of psychology interns (Palitsky et al., 2022). Furthermore, existing studies on forensic intern-clinician dynamics are predominantly in Western contexts (Baird & Mollen, 2023; Frank et al., 2025; Huss, 2025; Reiter & Sabo, 2024). The findings may have generalisability challenges to Zimbabwe, which has distinct cultural norms, environmental factors, socioeconomic conditions which fundamentally shape professional interactions. Local scholars have touched on broader psychological trends (Zirima & Nkoma, 2018), problems in educational psychology (Nkoma, 2018), and African based psychotherapy (Mururiwa, 2024), yet, forensic-focused intern dilemmas remains not investigated. This study addresses this said critical lacuna, by conducting an investigation on the ethical and professional challenges faced by forensic psychology interns in handling clinician-clients in the Zimbabwean context.

The researcher thus, aims to investigate dilemmas faced by forensic psychology interns in handling clinicians as clients at a drug abuse recovery and wellness centre in Zimbabwe. By doing so the researcher will be able to identify unique ethical challenges and procedural dilemmas faced by forensic psychology interns and ultimately support these interns in establishing coping mechanisms, improving trainings and enhance clinician-client patient results outcome.

## METHODS

### Study Design and Recruitment

This study employed a qualitative exploratory design to investigate dilemmas faced by forensic psychology interns in handling clinicians as clients at a drug abuse centre in Harare Zimbabwe. 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.

A semi structured interview guide with open-ended questions was used to foster a natural dialogue, thereby, enabling the interviewer to probe deeper, allowing participants to express their true thoughts and opinions, with the aim of generating rich data (Savin-Baden & Major 2023; Leavy, 2014). After conducting one on one semi structured interviews with the clients, a focus group discussion was conducted with the researcher and the four interns. Conducting both semi structured interviews and focus groups with the same participants' combines depth and breadth, thereby allowing for comprehensive data triangulation. Focus group discussions trigger group dynamics and shared perspectives; while individual semi structured interviews provide deep insight, private and personal context, disabling potential limitations of group conformity.

### **Data Analysis**

Thematic analysis was used to interpret data. The researcher consolidated and transcribed the data obtained from the focus group discussion and the semi-structured interview. An inductive approach permitted themes to emerge from the data without preconceived concepts, thereby, providing insight into the research problem and identifying broader patterns (Chong & Reinders, 2021; Grossoehme, 2014)

### **Ethical Considerations**

The study adhered to ethical guidelines of the Research Council of Zimbabwe. Participants were informed, and explained about the research and its aims before informed consent forms were signed. Clear communication about participants' right to withdraw at any time without repercussions was also discussed. Confidentiality was maintained. Access to identifiable information was limited to the researcher.

## **RESULTS AND DISCUSSION**

Four major themes power boundaries, confidentiality threats; compassionate fatigue and difficulty in forming therapeutic alliance emerged in the study results.

### **Power Boundaries**

Power boundaries emerged as one of the major challenges faced by forensic psychology interns in dealing with clinicians as clients. The interns highlighted discomfort in dealing with a client whom they perceive to possess mutual or more knowledge in the subject matter. Commenting on the issue of power boundaries, one participant said, The moment I realise that my client is a clinician, it becomes very unsettling, and I begin to feel like I am in a practical examination. (Participant 2)

This is largely because of the full insight of the problem that most clinicians as clients possess. The power imbalance aspect largely surfaced during psycho education sessions, where clinicians-clients at times proved more knowledgeable about certain subject matters. Clinicians as client would for example as stated by one intern proffer detailed information regarding the adverse effects of pethidine use to the forensic psychology interns, and practical measures to mitigate the challenge. One clinician as a client went a step further to try to educate the intern on the lethal doses of pethidine. This scenario creates blurry boundaries, where the role and responsibilities of the assessor and the client are not clear. Acknowledging the aspect of power imbalances when dealing with clinician clients,

Consistent with this research, Denu (2023) in the Asian context and Shepard et al. (2024) in the Western setting expressed that there could be power imbalances when dealing with a clinician as clients. Clinicians at times tend to exhibit their expertise in therapy and at times try to correct the intern (Denu, 2024; Shepard et al., 2004). Pilitski (2024) agrees that, power dynamics exist in the form of professional identity, where clinicians at times fail to relinquish their professional identity to a more vulnerable position as a client. Galán et al. (2024) highlights

that this is a challenge, and went a step further to mention the importance of maintaining authority on psychological matters, and respecting client's medical expertise. This therefore, implies that, though not in the same context as the current study, the issue of power boundaries is, not peculiar to clinical psychology interns in the Zimbabwean context only, but is a global challenge.

In contrast, van Niekerk et al. (2024) highlights that dealing with clinician-clients should present a unique opportunity for professional growth rather than a problem to the interns. For forensic psychology interns, dealing with highly informed clinician-clients can forge a collaborative therapeutic relationship, moving away from expert-led models toward a partnership, based on mutual respect (Baird & Mollen, 2023). The clinician-client case scenario can enhance an intern's confidence and career competence by challenging interns to maintain professional objectivity and refine their communication skills in the presence of a fellow intellectual (Howitt, 2019).

### **Confidentiality Threats**

Confidentiality threats also emerged as one of the challenges faced by forensic psychology interns in handling clinicians as clients. The interns expressed that, they diligently adhered to the client confidentiality ethic as it is the key virtue in trust building and is a patient's right. However, clinicians as clients can be interesting cases, in treatment centres, as such; much attention is given to their cases by fellow clinicians. Clinicians would approach the interns with a keen interest about the psychological wellbeing of their colleagues as clients. One intern stated that, even after being evasive about sharing a client's therapy prognosis, a clinician still followed the intern during tea break with the zeal to understand how a fellow clinician as a client was progressing in assessment.

Confidentiality threat as reported by Hudson (2024); Norcross and Sayette (2023) is a topical issue in dealing with a colleague as a client. Sharing the same accession with the current study, Jenkins and Panozzo (2024) highlighted that most clinicians find it very difficult in maintaining professional boundaries when dealing with fellow clinicians as clients, thereby compromising treatment fundamentals such as the aspect of confidentiality. Sharing a similar view O'Connor (2006) expresses that self-evaluation on how far one is from getting in a similar predicament as the client, can naturally push fellow clinicians to probe on the psychological wellbeing of their colleagues in therapy, thereby adversely breaching confidentiality. However, with a different view Davis and Musolino (2024) posit that, a probe of concern for a client is easily mistaken as a privacy and confidentiality breach. However, May and Yalom (2005) in outlining ethics in therapy by psychologists notes that, sharing of client's therapy details should be done in official case briefings spaces only among clinicians.

### **Compassionate Fatigue**

Compassionate fatigue is also a major dilemma faced by forensic psychology interns in conducting assessments to clinicians as clients. Physical, emotional and mental exhaustion resulting from exposure to colleague's suffering was emphasised by interns as one of the major challenges they face. The interns highlighted that they relate to the major causal factors of pethidine abuse by the clinician-clients such as financial stress. As such, blurred lines between colleague empathy and professionalism are created, as the clinician-clients' situation is relatable to the interns administering therapy. One intern said that, I had to recollect myself so that I could effectively assess the clinician-client whom I could relate to in terms of occupational challenges that she shared. (Participant 1)

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,

Briere and Scott (2025); 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.

### **Difficulty in Forming Therapeutic Alliance**

Difficulty in forming therapeutic alliance emerged as one of the challenges faced by interns in handling clinicians as clients. A trusting and open relationship proved to be a problem where the client has preconceived notions about the clinical assessment and therapy procedures. Interns highlighted that it is simply harder to create rapport as the client already know and has expectations regarding the therapy's process flow. Therapeutic alliances also proved to be difficult to forge as the clinicians-clients feared judgement and resentment by a colleague administering therapy. One intern had this to say,

I think it is very difficult to build a healthy therapeutic relationship with a client who feels that is your senior, and is a colleague so you could meet on other professional workspaces. (Participant.3)

There was consensus among the interns that it is a mammoth task to have a clinician as client. Trust building and sharing in personal ways especially to interns whom they consider as juniors, whom they can mentor themselves was said to be a common problem among clinicians in therapy.

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).

## **RECOMMENDATIONS**

In light of the challenges presented by forensic psychology interns in handling clinician-clients, which are confidentiality threats, power imbalances, compassionate fatigue and difficulty in forming alliances, the researcher suggests a few measures which can mitigate the problem. Maintenance of professionalism at all times so that healthy boundaries are kept, establishment of clear expectations and prioritisation of open communication with clinician-clients can help to navigate these challenges effectively.

Support groups for forensic psychology interns can also help alleviate pressure and proffer workable in navigating various challenges that come with the profession Moncrief-Stuart et al., 2024; van Niekerk et al., 2024). Interactions with clinician-clients could also be treated as supervised environments, where interns can learn to integrate the clinician-client's specialised knowledge, while firmly establishing their own value as a psychological assessor.

### **Research Limitations and Future Considerations**

The research gathered comprehensive data regarding the dilemmas faced by forensic psychology interns in handling clinicians-clients. The research was confined to one drug abuse wellness centre, with four interns, each having dealt with at least three clinician-clients each during a one year internship period. Comprehensive data could have been gathered over a longer period, with more interns and perhaps from more than one drug abuse wellness centre.

However, regarding psychological research, Howitt (2019); Price et al. (2015) express that even one informant can provide data, which suffice for a good research. The research recommends for future researchers to conduct the current research on a larger scale to increase validity of the research findings. Also, that the findings can be inferable to the entire forensic psychology intern's population in Zimbabwe.

## CONCLUSION

The study focused on the challenges faced by forensic psychology interns in handling clinician-clients. In a qualitative research in the form of semi-structured interviews with four forensic psychology interns the researcher gathered confidentiality threats, power imbalances, compassionate fatigue and difficulty in forming alliances as challenges faced by the interns in handling clinician clients. This implies that there is need to support interns during the internship program so that they can effectively conduct their duties. Thus, calling for action in providing supportive manuals for better navigation of interns in handling clinician-clients. Findings from this research may influence the drafting of a forensic psychology intern, support manual, which addresses unique challenges faced by interns such as the clinician-client relationship. This document can proffer solutions in handling ethical dilemmas, boundary setting and rapport building with a clinician-client.

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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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