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Title: Developing a model for evidence based clinical forensic interviewing.

Running head: Evidence based clinical forensic interviewing

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Abstract

Much of the work undertaken in forensic settings, such as diagnosis, formulation and judgements about treatment and placement are based on information gathered through clinical forensic interviewing. Despite this, the evidence base on which clinical forensic interviewing is founded is extremely limited. This paper is divided into two sections; the first examines the nature of interviewing and provides an introduction to this area of practice. Drawing on some of the research undertaken with specific forms of interview such as those for diagnosis and investigative purposes allows factors such as the evidence concerning interview quality, interview effectiveness, underlying competencies and methods for skills training to be outlined. The second part of the paper, which provides the main focus, describes a forensic clinical interview framework which seeks to draw together a broad range of considerations and areas for research in relation to the clinical forensic interview. This framework is explicitly intended to provoke and guide practitioners and researchers in the pursuit of evidence-based interviewing.

“Clearly there is a great deal more to learn in becoming a skilled clinical interviewer than the protocols for asking the right diagnostic questions. Interviewing is something more than interrogation” (Carroll & Monroe, 1980; p22).

Interviewing is a core aspect of the work undertaken by many professionals working within forensic clinical contexts. Despite this, interviewing skills and competencies and the indicators of an effective interview have been subject to little research over the last 25 years and have received very scant attention within the literature. This is set against the widespread interest in and research concerning risk assessment and management (e.g. Logan & Johnstone, 2012); the impact of treatments provided in forensic settings at the group (e.g. Craig, Dixon, & Gannon, 2013) and individual level (see Davies & Nagi, 2017a) and the attention being given to describing, understanding and evidencing the role(s) of case formulation in forensic contexts (e.g. Sturmeay & McMurrin, 2011).

Interviewing can be characterised as a conversation, usually one to one, in which one party (the interviewer) obtains verbal and non-verbal information from another (the interviewee) for a specific purpose. Such interviews are typically pre-planned, deliberate and semi-structured and take place in a pre-arranged and organised setting. Interviews can service a number of functions however these can generally be clustered into interviews for diagnosis, information gathering and outcome assessment. There are times when interviews may occur more spontaneously and in a more naturalistic setting e.g. whilst a staff member and a client are sitting together in a communal space on a ward. Whilst the spontaneous form of interview may sometimes support engagement and be initiated by the interviewee, this form of interview can give rise to a number of practical and ethical challenges as will be discussed later.

Clinical forensic interviews (CFI), are a specific form of interview, defined here as ‘an interview undertaken with an individual who is subject to some form of legal process which serves a clinical purpose’ (e.g. to inform diagnosis, treatment). CFI are distinct from interviews undertaken for forensic evaluation. The sole purpose of the latter is to offer evidence and expert opinion to inform a legal process. Although there may be a great deal of overlap between these two forms of interview, and professionals may undertake each form at different times, there are distinctions in relation to approach and method. There are also important ethical issues which arise when these two are undertaken by the same professional with the same individual. Indeed, Greenberg & Shuman (1997) and Strasburger, Gutheil and Brodsky (1997) argue that clinical interviews and forensic evaluation interviews require different skills and approaches, and that because of the

irreconcilable role conflicts when undertaking the roles together, practitioners combining these distinct interview forms do so at their peril.

CFI underpins much of the activity within forensic settings, and it is this form of interview which forms is the focus of this paper. CFI can be viewed as a multifaceted task which provide a means for data collection; indeed this is often their primary role. However they also create an opportunity for engagement and alliance building and might intentionally serve as a brief intervention in their own right. In addition, interviews may lay the foundations for subsequent treatment. For example, when seeking to develop a case formulation, professionals commonly draw on information that has been collected from clinical interviews with individual clients, and / or interviews with family members, victims of a crime or other professionals and staff members. Similarly, interviewing might be used to determine treatment need, suitability for one intervention or another and changes made over the course of an intervention. However, if an interview is to fulfil its potential for establishing a working relationship or preparing the individual for therapeutic interventions and developing positive expectations about treatment “the process of the interview needs to be monitored and any difficulties addressed immediately” (Livesley, 2003, p117).

Interviewing is a dynamic task which is likely to differ between individuals (interviewer and interviewee) and even over the course of a single interview. Indeed, it is quite likely that in many contexts there will be a relationship (a recursive loop) between interview questions, interview skills, and information gathering such that the nature of the interview changes as the interview task proceeds. Therefore, an interviewer needs to be able to extract and collect information whilst supporting the client to engage in this endeavour. The interviewer also needs to be able to evaluate the information being collected and be able to identify and respond to discrepancies, contradictions, deliberately misleading information and areas of withholding. As noted by Greenberg and Shuman (1997), information obtained directly from clients may be “incomplete, grossly biased or honestly misperceived” (p53).

Interviewing skills: a brief overview

Forensic clinical interviewing, shares a number of common competencies with other client-professional encounters. In his detailed and expansive text on interviewing, (Shea, 2017) provides guidance on a wide range of interviewing tasks, skills and approaches. This book contains a vast amount of information and supporting material that is likely to be valuable to the novice and experienced interviewer alike, and considers a wide range of scenarios and issues which are familiar

within forensic settings (e.g. 'rehearsed interviews'). However, the use of this text within training programmes and its presence within departmental and personal book collections seems limited. Other guides and specific forms of interviewing approach which can be readily applied within CFI have been described. Perhaps the most familiar within the forensic context is Motivational Interviewing, an approach to exploring behaviour change which involves the use of specific communication strategies to facilitate an individual to examine their behaviour and how they might engage in change. Although the evidence of its effectiveness is mixed (see McMurrin, 2011), several books have been published which provide information on the use of motivational interviewing in forensic contexts (e.g. McMurrin, 2003; Stinson & Clark, 2017) which can be used as a specific CFI or embedded within a wider interview encounter.

Attempts to formally examine interview components, skills and outcomes have included the development and use of measurement tools to enable the assessment of competence. For example, over 50 years ago Adler & Enelow (1966) used the Psychotherapy Interaction Scale to assess skill development related to an experiential training in interviewing skills. Subsequent research using measures such as the Queen's University Interview Rating Scale (QUIRS; Jarrett, Waldron, Burra, & Handforth, 1972) suggest that a) interview performance as shown through overt behaviour can be rated and b) that specific interview skills can be identified. Further, this research suggests that interview skills are distinct from other areas of performance such as professional knowledge as tested through examinations (Jarrett et al., 1972). It might appear obvious to assume that successful interviewing is founded on skills, knowledge and competence that can be identified and described. However, the idea that interviewing may be underpinned by a set of skills that are worthy of research is by no means universally accepted. As noted by Logan (personal communication) professional views range from 'why has it so long to focus on interviewing skills?' to 'interviewing skills, what interviewing skills? - you just ask questions'. However, given the importance and centrality of interviewing within forensic clinical contexts it is therefore surprising that very little attention has been paid to clinical forensic interviewing except in relation to a number of highly specialist applications of interviewing techniques.

Specialist interviews for specialist purposes

Interviewing skills appear to have been largely overlooked in the forensic clinical domain, however there are a few areas where research has examined the application of and competence underpinning the interview process. Two such areas which have received attention are, diagnostic interviewing and investigative interviewing. One fundamental issue raised by the research in both of

these areas is the importance of tangible outcomes against which the interview quality, effectiveness or utility can be judged. For example, in these areas of application, one such outcome is the ability of the professional to reliably gather information (which meets standards for diagnosis or for admissibility as evidence into court proceedings). As a consequence of this, much of the research in these areas has focused on issues such as inter-rater reliability and interview techniques and styles which may lead to information which is sufficient in scope and depth.

Investigative interviewing

Although a distinction has already been made between CFI and forensic evaluation, the learning in relation to practice and research approaches in this field should be examined to help establish an evidence base for CFI. A detailed study of these is beyond the remit of this paper, however some brief examples have been selected to indicate the possible value of further consideration of this area. For example, research examining interviewing as part of the investigative process (such as police interviewing) has considered interviewer skills, the context in which the interview takes place and the impact of interview, interviewer and interviewee factors of the effectiveness of the interview. In the first example, a study examining suggestibility in young children (3-6 years old) during forensic interviews revealed that there were a number of important factors associated with suggestibility namely the amount of information immediately recalled, the question type and social desirability (Volpini, Melis, Petralia, & Rosenberg, 2016). Although this study concerns a different form of interviewing and a different age group to those most commonly seen in CFI, it may be possible to apply learning from such studies to suggestibility and acquiescence within CFI. In a second example, research by Tedeschi and Billick (2017) concerning interviews designed to gather information following abuse, has identified a number of general relational factors (forming a rapport, expressing empathy, minimising interviewee fatigue, engaging directly with the purpose of the interview) as well as situation specific factors (establishing the child's reliability through testing their understanding of lies, truth and imagination) as important. Although investigative interviewing and forensic examination may have fundamental differences to CFI, this rich source of interview and study design information is ripe for examination in relation to its applicability to CFI.

Diagnostic interviewing

Returning to the focus on CFI directly, one aspect that has received research attention is the development of diagnostic interviewing skills, especially within the sphere of (forensic) psychiatry. It is worth noting however, that whilst many formal interview and assessment procedures have associated specialist training packages and methods for competence evaluation, they generally

expect the interviewer to have a range of pre-existing skills and competence. For example, the HCR-20 manual states that users “should have training and experience in interviewing . . . assessment and diagnosis of mental, personality, and substance misuse-related disorders” (Douglas, Hart, Webster, & Belfrage, 2013). Likewise the manual for the ICD-10 international personality disorder examination (Loranger, Janca, & Sartorius, 1997) states that administration of the interview “presupposes . . . considerable training and experience in making psychiatric diagnoses” (p120) and “can only be administered properly when the examiner conducts an adequate clinical examination of the subject with appropriate probing to solicit examples, anecdotes, and additional details” (p121). This reflects the widespread assumptions that a) professionals are appropriately trained in interviewing skills and b) that they are competent in applying these skills.

Formal training in the use of diagnostic tools has been shown to impact the reliability of the judgements made by the rater. For example, Ventura and colleagues (1998) examined the inter-rater reliability in structured diagnostic interviews using the Structured Clinical Interview for DSM (SCID). They found that after training and at a follow up, novice and experienced raters showed high levels of inter-rater reliability. Their study also made use of a Checklist of Interviewer Behaviour which provided a method for observer ratings of interview foundations (e.g. rapport) and specific skills (e.g. probing for psychotic and non-psychotic symptoms). On this tool they found that both experienced and novice diagnostic interviewers were rated as performing in the good to excellent range. However, highly structured interviewing for the purpose of diagnosis has been subject to detailed criticism. Nordgaard et al (2012) argue that a conversational style should be employed in diagnostic situations in place of the highly structured and pre-sequenced approach commonly present in formal diagnostic interview approaches. They argue that the latter might assist in improving inter-rater reliability for specific markers (e.g. self reported symptoms) however this often leads to the criteria being assessed becoming the interview questions themselves. This results in a narrowly focussed and closed interview. They also note that structured interviews a) pre-define what counts as information and b) can result in over-confidence in the face value of the responses. They provide examples of where questions might be misunderstood or answers may lack depth and detail leading to a false impression of the individuals experiences and needs (perhaps leading to errors in diagnosis). They propose conversational interviewing be used to gather information in a naturalistic way which can then be coded against criteria where necessary.

Whilst interviewing is generally thought of as a face to face enterprise, Sobin and colleagues (1993) compared the diagnostic accuracy of face-to-face vs telephone interviewing. They found that

telephone methods were equally reliable and valid for making lifetime psychiatric diagnostic judgements. Whilst such approaches lead to the loss of observational information, remote interviewing (including the use of video-link) are used within some forensic clinical situations. Research is therefore needed to examine the impact of different forms of interview on the quality of the information, the interviewee experience and factors such as engagement, trust and openness during the interview process.

Towards a model of effective forensic clinical interviewing

In order to promote research in CFI and identify skills, knowledge and competencies in this field, a model is proposed to offer a basis on which to begin. As shown in figure 1, it is suggested that successful interviewing (i.e. completion of the interview task) is based on a series of factors including various competencies and skills. The four domains shown in the circles represent the qualities, skills and competencies of the interviewer whilst the factors contributing through the arrows represent elements 'outside the interviewer'. The rectangles contain overarching aspects which must be considered as part of the overall interview process. The arrows and rectangles are intended to show influence across all four domains even-though they are located in specific areas of the diagram for simplicity. Whilst there is overlap between process skills, interpersonal skills and personal style (three of the four circles), these are separated in the model to allow each to be examined in their own right. The following provides a description of each element of the model.

INSERT FIGURE 1
ABOUT HERE

Process can be seen as the manner in which the interview is conducted. This can be further subdivided into a) the structure of the interview (e.g. the sequence of topic areas), b) the role of the interviewer (e.g. providing appropriate reassurance) and c) effective communication (e.g. appropriate handling of emotionally laden content; use of eye contact) (Jarrett et al., 1972). The latter area of process has been subject to a great deal of research across the helping professions and various core skills have been identified. Recent work in this area has included the development of the REDE model of healthcare communication (Relationship: Establishment, Development and Engagement) (Windover et al., 2014). The checklist based on this includes skills such as reflective listening, empathy and collaboration.

Content and tasks concern the questions asked, the information collected or the task performed during the interview and link specifically to the interview purpose (see below). The interviewer needs to remain sensitive to the purpose of the interview throughout the encounter. It is likely that the content will have some sequencing, for example a statement of purpose and discussion of confidentiality at the start and an overall summary and possible action statement at the end. Content commonly includes gathering life history information (e.g. past relationships, schooling experience, significant life events); exploring specific issues (e.g. undertaking a functional analysis of an offence or offence series; examining risk factors; formal assessment of personality; determining suitability for therapy) and making behavioural observations. In some circumstances, the interview content might be highly proscribed (e.g. PPG or polygraph assessment) whilst in others the content might be more exploratory.

Where formal assessments and tools are used as part of the task, interviewers should be mindful of recent research which has revealed important differences in the performance of the tools used for assessments when their use under 'research conditions' (as typically reported in research and in the user manual) is compared with that reported in real world situations. This includes the effect of examiner bias; differences in individual interviewer ability and performance; the use of quality control (i.e. individual performance being monitored within research studies), and potential differences in levels of disclosure and impression management by interviewees in non-research contexts (see Edens & Boccaccini, 2017). One solution is to rely on field study research (see special edition of *Psychological Assessment* – volume 29 number 6 for more information) however many tools have not been subject to this form of examination. Where this has occurred, such research has shown important differences about assessments in field conditions when compared to research situations (see Jeandarme et al., 2017 for an example). Recent research has also emphasised the caution needed in applying group based inferences to individual cases (see Cooke & Michie, 2010 for an examination of such concerns using the PCL-R). These debates are of relevance not only because of the issues raised about the real world use of formal assessments but also to emphasise the importance of any future research concerning interviewing adopting a range of methods (including the field study approach) to ensure data are applicable to everyday practice rather than just highly controlled research situations.

Interpersonal / relational skills encompass an array of methods and techniques used by interviewers to foster and build trust, convey genuineness, and attend to and respond to ruptures. Research on

the working alliance is relevant to this factor (see Doran, Safran, & Muran, 2016; Horvath & Greenberg, 1994; Safran & Muran, 2006). Much of the work in this area is derived from the psychotherapy arena with skills in responding to emotional content, addressing resistance and promoting engagement worthy of consideration. Also relevant are the interpersonal approaches that have been suggested for specific groups (e.g. Bush et al, 2016).

As reported in the Toronto Consensus Statement on doctor-patient communication, research has repeatedly shown that communication skills are linked to a wide array of patient outcomes in medical settings (Simpson et al., 1991) and that training can improve core communication skills (Rimondini et al., 2009). For example, structured training using a range of methods including video recordings has been shown to improve the accuracy of trainee GP's diagnosis ability, and result in them being more attentive to affect and more likely to give psychosocial advice (Gask, Goldberg, Lesser, & Millar, 1988).

Personal style comprises the interviewer specific ways in which the interview is conducted and includes such aspects as the exact wording of questions, the interviewer's tone of voice, humour, and the ways in which the pace and flow are used within the interview. Acceptable variation in how people conduct interviews has long been recognised (e.g. Singer & Muslin, 1970) therefore the idiosyncratic component of the interview in the form of the unique interviewer style must be acknowledged. Thus whilst the process and interpersonal domains might include skills such as listening; question formation (e.g. open ended questioning; non leading questions; clarification questions); facilitation; reflection; empathy and confrontation, personal style reflects the individual ways in which these are deployed. The issue of interviewer bias is also included within style. Just as the selection of therapists and therapy approach might be important (e.g. Davies & Nagi, 2017b) the 'fit' between the interviewer and interviewee might be an important factor for interview outcome.

Context describes two components of the interview encounter namely the setting in which the interview takes place (e.g. at the meta level - prison, inpatient, community; at the micro level – privacy, noise and perceived safety) and the level of autonomy of the individual within the interview (i.e. overt pressure e.g. court mandated diagnostic assessment, and covert pressure e.g. an individual in prison or hospital having the interview timetabled into their day). The impact of some context factors might be subtle and easily overlooked (e.g. the effect of room layout and furnishings on interviewee's stress). Therefore such factors might be most readily identified through conversations with and visits by interviewers who use other settings.

Purpose addresses the reason for the interview taking place such as writing a report on the individual or to gauge therapy needs. The purpose should directly influence the content or task of the interview. For example, if the purpose is to examine an individual's index offence then the task might be to undertake a functional analysis. Likewise, if the purpose is to examine cognitive ability and function, the content might include formal psychometric assessment.

Interviewee factors include a vast array of elements such as the interviewee's past experience with professionals and organisations; their expectations for this encounter; their openness to the interview process and readiness to engage with it; their agenda within and motivations for being interviewed, and any communication factors which might affect the interview (e.g. relating to cognitive ability or the need for an interpreter). Where an interpreter is needed, the paper by Wagoner (2017) provides a number of helpful thoughts and ideas for successfully engaging in an interview of this nature.

One perennial issue with interviewing in the highly repetitive process many interviewees are exposed to. It is common for individuals within forensic clinical settings to be re-interviewed by each new clinician they meet, with the content of the interview covering much of the same information as has been recounted to others (e.g. offending history, life history, symptom experience; education and employment history). This leads to potentially needless repetition of information and the possibility of individuals' developing over-rehearsed 'stories' about themselves or aspects of their history. To counter this, it would seem reasonable and logical to explore options for creating recorded interviews and life history (using video or audio taped interviews) to enable such material to be gathered the first time the individual provides their account. Interviews undertaken in this way might be informed by specific approaches such as cognitive interviewing (see Memon et al, 2010 for a review of the evidence). When the client begins working with a new practitioner they could simply share a file containing, in their own words, information about themselves and their history previously obtained through interview. This could be followed up by the staff member where necessary. Such a file could be a 'living document' in that clients could add to it and amend it where necessary. This approach could remove the frustration often created for clients who's initial encounter is based on retelling their story 'yet again' as well as providing a benchmark account against which later information can be compared.

Training and experience of the interviewer will influence the range of skills available to the interviewer and how these are deployed. It may also influence the degree to which the interviewer

formally structures the interview; novice interviewers may make use of an explicit template of questions, which may become implicit over time. Research has been conducted in relation to several aspects of interviewer training. For example, research suggests that online training in motivational interviewing might be as effective as in-person training and that self reported assessment of skills may not match with objective measures of competence (Mullin, Saver, Savageau, Forsberg, & Forsberg, 2016). Further, prison based research has suggested that extensive training and supervision is needed to attain proficiency in specialist motivational interviewing skills to the level associated with behaviour change (Lars Forsberg, Ernst, & Farbring, 2010).

Ethics. The importance of acknowledging and examining ethical issues within forensic settings is increasingly being recognised. The forensic setting is highly complex when considering even the most fundamental aspects of our work (eg who is the client, the limits of confidentiality, power and autonomy). For example, Ward (2017) examines four clusters of ethical challenge in forensic treatment settings and argues that using moral and human rights frameworks; being mindful of issues relating to punishment, understanding moral repair and recognising dual relationship problems may help individual workers to develop ethical sensitivity and responsiveness within their work. Whilst this (along with consent and confidentiality below) might provide a starting point, this area requires much more consideration. Whilst most interviews take place 'in private and by prior arrangement'; interview opportunities sometimes take place more spontaneously or opportunistically. Additionally, interviews may take place within another activity or in more public spaces. Such spontaneous or embedded interviews may be brief, more naturalistic and without explicit discussions of consent, confidentiality and ethics. Whilst such interviews may have a role to play (e.g. exploration of attitudes towards work undertaken by an OT in a work setting; assessment of clinical and risk markers undertaken by staff with someone currently within seclusion; gathering clinical information about an individual through exploration of an issue raised by a TV programme that a staff member and client are watching in the ward communal area), such interviews can lead to misunderstandings and ethical difficulties. Where such interviews take place, either planned or spontaneously, staff should a) seek to identify the exchange as an interview and inform the interviewee of this; b) explicitly consider ethical, consent and confidentiality issues and c) seek to use a pre-planned interview approach where possible.

Consent and confidentiality. The issue of informed consent is complex within all forms of interviewing as it is difficult for an individual to know exactly what they are committing to. Despite this, it is important for the interviewer to be explicit (wherever possible) about the purpose of the

interview and how information obtained will be used. Further, interviewers should be clear about why areas are being explored and which areas might be appropriate to leave 'off limits'. In relation to confidentiality, interviewers should make clear the limits of confidentiality within the forensic clinical interview and who else might be party to the data collected. It may be necessary, especially in lengthy interviews, to revisit and re-obtain informed consent from the individual.

Other interested parties. It is likely that there will be a number of other 'interested parties' with a view or concern about the interview. This might include other professionals (such as those who might have 'commissioned' the work); victims of an offence or family members. The views of these constituents might be explicitly or implicitly included within the interview process. The interviewer should consider who the 'client' is in any given interview. Although this may typically be the individual being interviewed, the client may be the public at large, a tribunal or hearing. Interviewers should be aware of the possible input from other interested parties and the additional ethical issues that might be raised by this (see Greenberg & Shuman, 1997 and Strasburger, Gutheil & Brodsky, 1997).

Supervision, audit, skills monitoring, quality control. These mechanisms are designed to facilitate and support the interviewer in providing highly competent interviews. These may take a number of forms however, all might be enhanced through audio or video recording of the interview. Making use of these methods is important not only for those learning interviewing skills but also for experienced practitioners. As highlighted by Lamb (2016), there is a tendency for skills to decline when an interviewer's work is no longer reviewed (by themselves or others). The ways in which supervision might facilitate learning, skills development, skills maintenance and provide a method for quality control have been described in relation to individual therapy in forensic settings (e.g. Davies & Nagi, 2017c) and more generally in forensic practice (e.g. Davies, 2015).

Evidence based interviewing

One of the effects of the model described above is that it offers the first attempt at a framework to guide our efforts in relation to interviewing research and good practice guidance. This is essential if we are to begin to develop a robust evidence base for effective interviewing in forensic clinical settings. Success in this area will require research questions to be rigorously developed, outcomes or quality markers to be delineated and research methods suited to the questions asked to be skilfully applied. Methods such as Criteria-Based Content Analysis (e.g. Hauch, Sporer, Masip, & Blandon-Gitlin, 2017), which have been used in investigative settings, provide one method which

could be further explored for CFI research. Practice based research could enable more routine scrutiny and review of interview material in real world settings and provide a mechanism for experienced interviewers to review and further develop their skills in relation to interviewing. Such an approach could be readily incorporated into supervision described above.

However, developing our theoretical understanding, ethical principles and research evidence is only the first stage; having methods to effectively disseminate this so it can be embedded in practice is an essential second phase. In those areas where interview evidence does exist (e.g. for interviews with alleged victims of crime), Lamb (2016) notes that agencies and practitioners have often failed to change their practices to align with evidence-based best practice guidelines. Thus, hand in hand with developing the evidence base it is necessary to consider how this might be disseminated and implemented. Whilst traditional methods such as 'classroom based' training might be the most straightforward approach to this, such an approach has a limited impact on interviewing practice (e.g. Lamb, 2016). In line with the MI training findings above, Lamb also reports that training (including computer assisted training) that includes guidance and high quality feedback over time is more effective for skills development. Therefore, it is likely that an array of teaching and learning methods will need to be employed. This reflects wider research on skills learning (e.g. Knowles et al, 1998) and learning facilitated through supervision (Davies, 2015; chapter 5). In addressing these issues it will be necessary to consider what training should be provided to neophyte and experienced interviewers when supporting them to develop and maintain effective interviewing skills. Consideration is also needed about how interviewer competence might be assessed. Although skills evaluation is a complex task, methods such as Observed Structured Clinical Observations (OSCE) could be employed particularly for neophyte interviewers. This approach has been widely used in medicine (e.g. Sloan, 1996), psychiatry (Sauer, Hodges, Santhouse, & Blackwood, 2005), nursing (Selim, Ramadan, El-Gueneidy, & Gaafer, 2012) and more recently in clinical psychology (Johnson, Mastroiannopoulou, Beeson, Fisher, & Ononaiye, 2018; Yap, Bearman, Thomas, & Hay, 2012) training where it has been viewed favourably by students and staff as a measure of competence.

There is much still to be done to develop forensic clinical interviewing, and many challenges for researchers and practitioners remain. These include fundamental questions such as *how would we know a good interview from a poor one; what factors might promote good interviewing and how to practitioners most effectively develop and maintain skills in this area?* It is hoped that this paper,

along with the others in this special edition will contribute to kick-starting a move towards evidence based forensic clinical interviewing.

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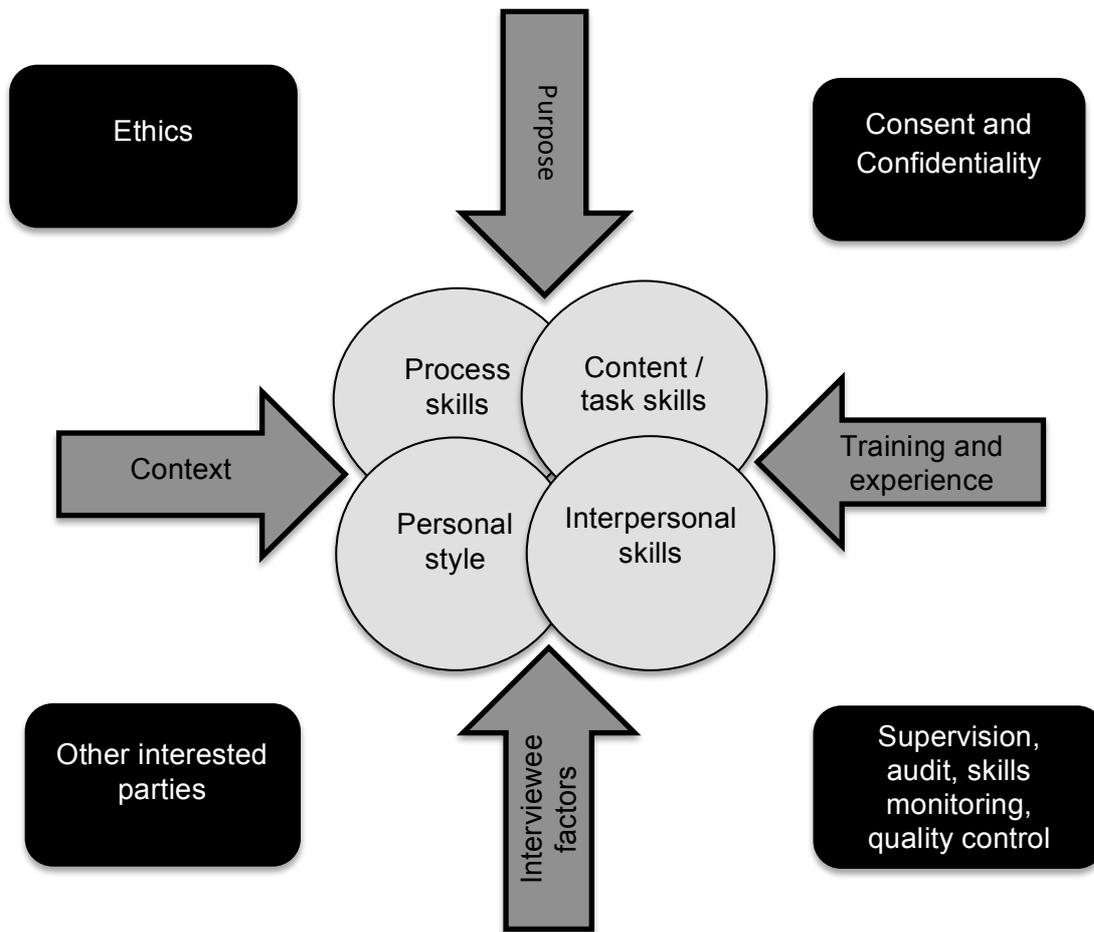


Figure 1: Factors underpinning evidence-based interviewing