Case-Based Learning:
A Helpful Learning Pedagogy in Teaching Forensic Psychology Concepts to Non-Forensic Psychology Audiences

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What is case-based learning?

Case-based learning is a method of teaching that involves discussion of relevant scenarios to enhance the understanding of new topics. Discussing real-world examples can help learners conceptualize an unfamiliar or abstract concept in a simple and specific way. In most cases, a leader or teacher goes over the initial new concept and then facilitates a discussion that is primarily student-led. This allows for a deeper understanding of the material, encouraging problem-solving and a connection to the concept that simple explanations cannot usually achieve.

There are 11 basic rules suggested by Herreid (2006), a significant supporter of case-based learning, for creating an effective case to be used. Some examples include having the case be set in the past 5 years so that it's recent and relevant, making sure it creates empathy for those involved by encouraging the use of quotations, and ensuring that it is short and digestible to avoid a convoluted story since that would be counterintuitive. Though not required for a case to be effective, these rules provide a good baseline to help the examples be as useful as possible.

One of the most significant benefits of case-based learning is how adaptable it is. It was first used around 1912 by Dr. James Smith to teach pathology to university students (McLean, 2016), but has since been utilized and reimagined in countless other subjects and formats. Many have now studied its effectiveness, and though medicine is by far the most represented in existing literature, there are likely useful applications in every field (McLean, 2016). The method of delivery is also flexible, with live presentations, computer-based courses, and mixed modalities all making use of case-based learning (Herreid, 2006).

Case-based learning is often used in a medical setting to apply the knowledge of symptom and illness presentations to a mock patient (Perez et al., 2023) but it can be applied to many different subjects, including forensic psychology. Some of the abstract concepts in the field, such as the Sequential Intercept Model or dynamic risk factors, can be broken down into more digestible examples through case-based learning, which can make it easier to connect newly acquired knowledge to its everyday application. *This might be particularly helpful for learners who do not have forensic or behavioral health backgrounds.* For example, case-based learning can help demonstrate key forensic behavioral health concepts across a range of audiences, such as medical residents, community behavioral health providers, criminal justice system stakeholders, and the general public. Given the interdisciplinary nature of forensic psychology and the major public policy challenges it faces (e.g., the criminalization of mental illness and the competency crisis), finding ways to more effectively reach non-forensic behavioral health audiences who can play a key role in policy and practice change is vital.

Three example vignettes pertaining to different forensic behavioral health topics are presented below using the following format: (1) a brief overview of the didactic topic is provided, in a manner that is accessible for non-forensic psychology audiences; (2) a sample vignette/case is provided; and (3) a brief commentary of key teaching points to be drawn from the learners is provided.

Understanding Forensic Psychology Theory: Risk-Need-Responsivity

Risk-Need-Responsivity in layman's terms. Justice-involved individuals differ from one another, requiring the tailoring of treatment to effectively reduce their risk of reoffending and increase their chance of successful rehabilitation. The Risk-Needs-Responsivity Model (RNR; Bonta & Andrews, 2016) is like a personalized rehabilitation approach for an offender, comprising three components: (1) Risk, (2) Needs, and (3) Responsivity. The "Risk" component is about *who* to treat. It's about figuring out how likely the offender is to engage in future criminal behavior, or their "risk" for reoffending. Evidence-based assessment tools are used to determine this risk, with the offender categorized into a risk category (i.e., low, medium, or high risk) (Andrews et al., 2004). Essentially, the Risk principle may be thought of as figuring out how sick someone is to determine how much medicine to give them. The sicker the person, the more medicine they need. The less sick the person, the less medicine they need.

The "Needs" principle is about *what* to treat. It's about addressing the offender's unique needs. One important group of needs is called "criminogenic needs," which are needs that directly impact an offender's criminal behavior like substance use and antisocial peers (Marlowe, 2018). These specific needs are also likely to improve with the right treatment, so they are sometimes called *dynamic risk factors*. Other needs that directly impact an individual's criminal behavior like age and past criminal history are also considered criminogenic needs, but since these needs are not able to be changed via intervention, they are sometimes called *static risk factors*.

The "Responsivity" principle is about *how* to treat. It encompasses providing evidence-based interventions for areas of criminogenic need. For example, research supports cognitive behavioral interventions as effective tools to help individuals change unhelpful thinking and improve their problem-solving and decision-making skills (Clark, 2010). Additionally, these interventions are tailored to the offender's learning style, personality, strengths, and individual circumstances, making it more likely the interventions will succeed. It is also about addressing other needs that may not directly impact an individual's criminal behavior (called *non*-criminogenic needs) but are still important to support the individual and any risk-reducing interventions (Marlowe, 2018). Examples include serious mental illness, unstable housing, symptoms related to trauma, or experiencing cravings for or withdrawal from drugs or alcohol. Prioritizing criminogenic needs before non-criminogenic needs is more effective in reducing the risk of reoffending because the root causes of criminal behavior are addressed first (James, 2018). In other words, the Needs component is like fixing a house's leaky roof before repainting its walls, and the Responsivity principle is like giving someone the right tools for these jobs.

***Case activity*.** For each of the following three vignettes, please think about the following: (1) What seems to be putting the individual at risk for recidivism? (2) What support or treatment might help reduce their risk? (3) Can you think of any barriers to helping reduce this individual's risk? (4) How might you work to navigate these barriers?

John was recently convicted of driving under the influence of alcohol. John insists he does not have a drinking problem. He maintains that this is the first time his drinking has gotten him into trouble, and that he just overdid things because he was upset about having been let go from his job. John's mother—with whom he lived before his arrest—tells a different story. She noted that though his drinking had never resulted in formal legal troubles before, John was fired from his job due to showing up to work intoxicated. She stated that he engaged in binge drinking nearly every night and that at times he could become argumentative and belligerent, placing strain on their relationship. She related that he has gotten into fights at bars before when drunk and that he has also driven drunk on several occasions, though he was not caught.

Jane was recently convicted of arson. She pleaded guilty to setting fire to a mural as a form of protest against the Governor. This is her fifth arson charge. However, previous fires she has set have only resulted in minor property damage. She stated that all fires she set were acts of protest. She reported knowing many secrets about the Governor, and that the Governor was conspiring with the police to silence her. Jane was diagnosed with Schizophrenia several years ago. When not on her medications, she hears voices that make whispering noises and say negative things about her, and endorses delusional beliefs. When taking her medications, her symptoms largely resolve. She also has diabetes and significant trouble with her legs. Jane believes she has Schizophrenia and that she needs medication, and understands her need for medication to control her diabetes. However, Jane is homeless, does not have a regular medication provider, and has trouble walking due to complications from diabetes. Therefore, once her prescriptions run out she has trouble getting them refilled, and often self-medicates with illicit substances.

Richard is finishing up a sentence for armed robbery. He had a long history of offenses related to drugs and violent behavior, and was consistently involved in gangs since adolescence. He did not see himself living past age 25, and his general view of the world was that people will exploit you and it is kill-or-be-killed. He dropped out of school in 9th grade to sell drugs, and he has never held a formal job. He is estranged from his family and does not have friends who were not also gang members. Several months ago, Richard was involved in a serious fight in prison and sustained a traumatic brain injury that left him in a coma for nearly a month. Since that time, he has struggled with his memory, becomes easily frustrated and agitated, and has trouble finding words and expressing himself, focusing and paying attention, and controlling his impulses.

Intended takeaway/theme. Each vignette above is designed to help individuals identify factors that might be placing a person at risk for recidivism. They also challenge learners to identify possible supports and interventions that an individual might need to reduce these risk factors. This helps make the Risk, Need, and Responsivity principles *tangible.* Further, these vignettes also challenge learners to identify the intersection between social determinants of health,

behavioral health challenges, and criminal risk, an important point when considering policies that might contribute to disproportionate risk of criminal risk among disadvantaged groups.

Understanding Forensic Behavioral Health Policy: The Sequential Intercept Model

The Sequential Intercept Model in layman's terms. Understanding forensic behavioral health policy involves looking at how different systems can work better together, especially the mental health, substance abuse, and criminal justice systems. The Sequential Intercept Model (SIM; Abreu et al., 2017; Munetz & Griffin, 2006) is one approach to help us understand and improve collaboration across these systems. Similar to a road map, the SIM identifies six checkpoints(or "intercepts") where individuals with behavioral health issues may be diverted away from the criminal justice system and into appropriate behavioral health treatment. Intercept Zero, or "Community Services," involves diverting individuals away from being arrested or charged with a crime because of a behavioral health issue, and instead connecting them with the appropriate local crisis care services (e.g., 988 Suicide and Crisis Lifeline, Crisis Centers) before any formal involvement with law enforcement occurs. Intercept One, or "Law Enforcement," aims to steer individuals who have had contact with law enforcement away from unnecessary arrest or jail booking by promoting collaboration between law enforcement and mobile crisis services. The focus is on guiding individuals towards more supportive responses and outpatient services instead.

Intercept Two, or "Initial Court Hearings/Initial Detention," involves diverting individuals who have been arrested away from further jail time. Instead, jail clinicians or court officials refer individuals to community-based behavioral health treatment during initial jail detention or court hearings. Intercept Three, or "Jails/Courts," focuses on diverting individuals away from traditional court or jail services and towards community-based services. This is done through individuals participating in mental health courts or drug courts, which are supportive teams designed to connect individuals with services in the community instead of putting them in jail or prison. Alternatively, if individuals are put in jail or prison, jail-based mental health and substance use services are provided to prevent their symptoms from worsening while incarcerated. Intercept Four, or "Reentry," focuses on proactively preventing individuals from returning to jail or prison after they are released. This Intercept provides individuals with structured support systems (e.g., reentry coordinators and peer specialists) to increase their chances of a successful return to the community and meaningful participation in society. Intercept Five, or "Community Corrections," focuses on collaboration between probation or parole officers and behavioral health providers to prevent previously incarcerated individuals from committing violations or other offenses that could result in another jail or prison stay.

In essence, the SIM is a comprehensive approach to preventing contact with the criminal justice system by incorporating mental health and substance use considerations at each Intercept. This results in a more humane, effective, and personalized system that addresses the root causes of criminal behavior and promotes well-being.

Case activity. Hearing Voices is a widely adopted, three-part simulation training for professionals and community members to enhance empathy for individuals who experience auditory hallucinations (see commongroundprogram.com/hearing-voices). Hearing Voices was developed by Patricia R. Deegan, Ph.D., a clinical psychologist with lived experience of auditory

hallucinations. Research suggests that 10% of the general population experiences auditory hallucinations (Maijer et al., 2018), and around 29% of those with psychosis have a history of involvement with the criminal justice system (Wasser et al., 2017). Given the prevalence of auditory hallucinations, the first part of the training involves education to bring awareness to the biological, psychological, and social factors that contribute to the experience of auditory hallucinations. Next, participants listen to a 45-minute simulation of auditory hallucinations while being tasked to complete exercises that individuals with auditory hallucinations may encounter as a result of this symptom, such as psychological testing or a mental status exam. Finally, participants engage in a discussion of lessons learned and de-escalation skills. Hearing Voices has been widely distributed among students, first responders, law enforcement personnel, and mental professionals to increase insight into the daily challenges of individuals who experience auditory hallucinations. A review of 26 studies found the simulation consistently produced positive outcomes, such as improvements in participants' empathy, attitudes, knowledge, understanding, and confidence in practice with individuals who experience auditory hallucinations (Bradshaw et al. 2021).

Intended takeaway/theme. The purpose of Hearing Voices is to help learners better empathize with the challenges experienced by individuals with serious mental illness or in a behavioral health crisis. The first two portions of Hearing Voices are generally interchangeable across learners. They focus on providing education about psychotic symptoms and helping individuals understand how they can impact and impair individuals' functioning. The third portion of the training can be customized to the audience to address relevant concerns regarding their interactions with individuals in a behavioral health crisis. For example, with police officers the third portion of the training can focus on recognizing behavioral health symptoms and de-escalating crises so individuals can be linked to services instead of arrest (Intercepts 0 and 1). With defense attorneys and prosecutors, the third portion of the training can focus on identifying symptoms of a behavioral health condition and related diversion strategies to consider instead of typical prosecution (Intercepts 2-3). With judges, the third portion of the training can focus on how identifying symptoms of behavioral health conditions may factor into pretrial release decision-making or sentencing (Intercepts 2-3). Finally, with community supervision officers the third portion of the training can focus on how identifying symptoms of behavioral health challenges may influence approaches to supervision, such as providing additional supports or graduated approaches to potential supervision violations.

Understanding Clinical Forensic Practice: Adjudicative Competence

Adjudicative competence in layman's terms. *Competence to stand trial* (also called adjudicative competence)is a legal concept that ensures individuals facing criminal charges have the mental ability to understand and participate in legal proceedings against them (Roesch et al., 2014). In simpler terms, it's about determining if someone is mentally fit to go through the trial process and ensuring a fair trial where the accused individual can participate in their defense. The process for determining competency to stand trial typically begins with a referral for a competency evaluation. This evaluation is conducted by a mental health professional, who assesses an individual's abilities to comprehend the charges against them (e.g., murder, robbery), understand the roles of key courtroom personnel (e.g., judge, defense attorney, prosecutor), and assist their defense attorney in making decisions (Wall & Lee, 2020). The evaluation also considers whether an individual can grasp the potential consequences of the legal proceedings,

comprehend the evidence presented, and engage in effective communication with their attorney (Wall & Lee, 2020).

If an individual is found competent, the trial process will proceed. If they are found incompetent, their case is "paused" so they can receive *competency restoration*, or treatment to reach a level of competence where they can effectively engage in the legal process (National Center for State Courts, n.d.). This usually happens in a psychiatric hospital run by the state or other jurisdiction where the case is taking place. For example, if an individual has a cognitive or intellectual impairment and is struggling to understand legal concepts or understand the roles of key courtroom personnel, they might receive education on courtroom procedures. If an individual is struggling with symptoms of a psychiatric illness, they may receive therapy or medication to address the underlying symptoms that are affecting their ability to participate in the trial process. If an individual is restored to competency, their case is "unpaused" and the criminal justice process resumes.

In some circumstances an individual's competence may be found "unrestorable." This means that it is likely they will not attain competency at any time in the foreseeable future (Bloom & Kirkorsky, 2020). In these cases, individuals cannot remain detained solely because they are not competent to proceed (*Jackson v. Indiana*, 1972). Typically, they are discharged to the community. However, some may remain committed to a psychiatric hospital if they meet criteria for *civil commitment*, meaning they pose a danger to themselves or others because of symptoms of a mental illness. Their charges also may be dismissed, as it would be unfair to continue to pursue prosecution for an individual who is unrestorable to competence.

In essence, the concept of competency to stand trial is rooted in fairness and justice, recognizing that a person must be capable of facing charges and defending themselves adequately for a trial to be considered fair. Furthermore, it protects the rights of individuals with behavioral health challenges, ensuring they are not unfairly subjected to legal proceedings without a genuine understanding of the legal process and the ability to participate meaningfully in their defense. Even so, criminal justice and behavioral health professionals involved in the competency to stand trial process must remain mindful of the needs and rights of the people going through these evaluations and restoration efforts, to ensure that fairness and justice are truly being achieved.

Case activity. Early Sunday morning, the police were called to the All-Night Moonlight Diner. Diner employees said a man named Ivan came into the diner around 6:00 AM. He was yelling and screaming and accusing people in the restaurant of being vampires. He was holding a wooden stake and a cross. He requested that he be able to see the leader of the vampires, Dracula, so that he could "End this forever!" The Diner staff had asked him to leave several times. When the police arrived, they saw Ivan pacing and yelling. They asked him to leave the Diner, and Ivan refused. He was arrested and charged with (1) Trespassing on Private Property and (2) Disorderly Conduct. Both charges are misdemeanors. If convicted, Ivan could face 60 days in jail for each charge. He might also have to pay a fine. At his initial court hearing, Ivan's lawyer had a hard time working with him. Ivan was referred for a forensic evaluation. Ivan met with his forensic evaluator, Dr. Blue, after he had been in jail for 10 days. Below is an excerpt of Dr. Blue's adjudicative competence interview with Ivan.

Based on this interview, do you think Ivan can navigate the adversarial legal process in a fair manner? Does he understand what he is being charged with, and why? Can he assist his attorney in crafting a defense that has a realistic chance of succeeding at trial? Can he work effectively with his attorney to defend his case or negotiate a plea deal? If not, what seems to be causing his difficulties?

Dr. Blue: Ivan, can you tell me what you are charged with?

Ivan: Trespassing. Something about making a scene in public. But I was just helping people!

Dr. Blue: What sentence might you face if you were convicted?

Ivan: (Jumping out of his seat and screaming) I shouldn't be in jail! I was just protecting people! No one has the right to put me in jail, God will make sure of that. I'm an archangel. Even if they send me to jail, God will send someone to break me out or just teleport me out of there. I need to be out on the street protecting people.

Dr. Blue: Ivan, let's talk about some of the people in court. What is the job of the District Attorney?

Ivan: They're trying to lock me up, put me in jail.

Dr. Blue: What is the job of the Public Defender?

Ivan: Well, they get paid by the State, so they probably want to see me in jail too.

Dr. Blue: They are paid by the State, but what is their job supposed to be?

Ivan: Well, to help me win a trial or get a good plea deal. I know they are supposed to help me.

Dr. Blue: What is the job of the jury?

Ivan: They'll believe what I say. They need me to protect them. So, they'll let me go. I know they listen to both sides and they decide if I'm guilty or not, but they'll 100% let me go. Once I testify and tell them about the vampires, they'll get it. I'll be a free man.

Dr. Blue: What is the job of the judge?

Ivan: To give a sentence if I'm found guilty. But the judge will realize I am needed to protect people and they'll set me free. I think a judge can set aside the guilty verdict if need be.

Dr. Blue: Ivan, let's talk about plea options. How can you plead in court?

Ivan: I think you can plead guilty, but I'd plead not guilty. I didn't do anything. I think you can plead that you had a mental illness or something. I'm not sick so it doesn't matter.

Dr. Blue: Let's say you were offered a plea bargain. The District Attorney says you can get time served if you plead guilty. Does that sound like a good deal?

Ivan: (Screaming) No! I don't care how many witnesses there were or what the police say. I didn't do anything! I'm going to trial, God will make sure the jury says I'm good.

Dr. Blue: Ivan, how do you get along with your Public Defender?

Ivan: I hate her. Whenever I try to explain that vampires are real and I was protecting people, she says she understands but doesn't think a jury will believe me. She's terrible.

Dr. Blue: Ivan, let's talk about behavior in court. When is it appropriate to speak in court?

Ivan: Whenever I want! I have important things to say. The judge should listen to me. I'm just going to tell the jury what happened. I'm a protector, there are vampires around now, Dracula has been organizing them and we're all in danger. The judge and jury will listen if I just tell them the truth. I'm just going to tell the truth and it'll all work out for me.

Dr. Blue: What might happen if you act out in court?

Ivan: (Jumping out of his seat, screaming, and running around the room) Nothing! I can do whatever I want because I was only trying to protect people!

Intended takeaway/theme. The crux of why the criminal justice system—and society—should be concerned about adjudicative competence is the problem of subjecting a defendant to prosecution when they are ill-equipped to defend themselves. In other words, it is unfair to stack the deck against a defendant, and it undermines the legitimacy of the penal system. The above case example helps make it clear that symptoms of behavioral health conditions can render defendants unable to participate in their defense in a *meaningful* way—at least temporarily. Stripped away are the technicalities and jargon of legal standards and functional legal capacities. Rather, in the above example learners are challenged to identify the various ways they think Ivan is unlikely to be able to participate in his defense. For those individuals who are not formally tasked with assessing an individual's adjudicative competence, this level of understanding is generally sufficient to help them understand the purpose of adjudicative competence evaluations, the policy reasons to care about adjudicative competence, and how the concept of adjudicative competence might intersect with their specific work.

Conclusion

Case-based learning is a key tool that can be used to better reach audiences that do not have formal backgrounds in forensic psychology or forensic behavioral health topics. It can help make abstract topics more tangible, and promote collaboration among learners in any field while allowing for rich discussion.

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