Forensic Briefs

Julie Goldenson - Aspirational Report Writing

Dr. Julie Goldenson returns to *Forensic Briefs* to discuss aspirational forensic mental health practice and report writing. Drawing from her recent scholarship, she examines growth mindset, cognitive flexibility, bias awareness, and the role of consultation across career stages. The conversation highlights how trauma-informed principles, humility, and self-reflection can strengthen forensic evaluations while supporting ethical decision-making and professional development in both new and experienced practitioners.

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Dr. Millkey Welcome to Forensic Briefs. I am one of your hosts, Alex Milky.

Dr. Guyton And I am your other host, Michelle Guyton.

Dr. Millkey So, Michelle, who will we be talking to today?

Dr. Guyton Alex, I am delighted to tell you that we are welcoming back an old friend, Doctor Julie Goldenson to forensic briefs. Doctor Goldenson is a clinical and forensic psychologist, a professor at the University of Toronto, and a past president of the Ontario Psychological Association. She is also a member of the Program in Psychiatry and the law at the Massachusetts Mental Health Center, Harvard Medical School, and was the 2021 recipient of the Strasberg Award, recognizing her contributions to the program.

Dr. Guyton Doctor Goldenson also serves as an associate editor for Psychological Injury in the law, as well as the International Journal of Forensic Mental Health. She conducts a range of forensic assessments in both civil and criminal contexts, and is frequently written to evaluate harms resulting from institutional abuse. Her research has focused on the psychological effects of childhood trauma, adverse childhood experiences, and resilience.

Dr. Guyton Doctor Goldenson is particularly interested in exploring how trauma informed practices can be integrated into various forensic processes, including but not limited to, forensic mental health assessments and the supervision of forensic trainees. And apparently, when she is not tethered

to her computer, she enjoys spending time in nature. Welcome back to the podcast Doctor Goldenson.

Dr. Goldenson Thank you.

Dr. Guyton Now, one of the things that we really like to do when we meet people in this process is to ask them how they got to be here, right? So for you practicing in this niche of forensic mental health, the real focus on trauma and trauma informed forensic practice. How did you arrive at this place?

Dr. Goldenson Getting to forensic practice was sort of a circuitous path. And, you know, some people, especially high school students, are always sort of that they realized they want to do this or they think they want to do that, starting with the like, you know, the right the age of 13. They think they want to do something as seen on CSI.

Dr. Goldenson And so that wasn't my path. I started off in journalism, then found psychology, and then did some practicums where there was a bit of a forensic focus and then wanted to move back to Canada from California. And there was a forensic postdoc. So I just sort of stumbled my way in originally into forensic practice. And in terms of how I got specifically to where I'm at now, which is a real interest in how to leverage sort of trauma informed processes in forensic practice, really, that was probably through doing things not as well as I would have liked.

Dr. Goldenson It's probably through some of my errors in working with individuals who have significant trauma that really sort of flagged to me, hey, there's a lot to learn here, and there are maybe some things that I could do better and perhaps, we could do better in the forensic arena.

Dr. Guyton I appreciate your humility and bringing up. I made errors, and I have learned a lot from that because I think we are all there. Our willingness to talk about it may differ. Can you tell us maybe what some of those initial experiences were for you and and what they taught you?

Dr. Goldenson Absolutely. So I will say, I don't think especially in my vintage, I don't know what I respective ages are, I don't we didn't get a ton of training. Maybe we, you know, we learned about PTSD wise, but we didn't get a lot of training on trauma. And in terms of some of my early and complicated experiences, I had several evaluations where the evaluation went sideways.

Dr. Goldenson Sideways. I have two that that come to mind. The first was a lovely gentleman, and we had sufficient rapport, but he came back a second time. It was a complex evaluation. I asked him how he was doing, what his experience was like after the first assessment, and he used some very colorful language stuff that I want necessarily want on a Google review, that it felt really intense, like a six hour rectal probe, which stuck with me for a long time.

Dr. Goldenson I thought, well, that is not that is certainly not how I want value ease to to encounter the devaluation pardon and pardon the colorful description. And he went on to say that he ended up feeling really unsettled by the experience that he quite heavily afterwards, that he he felt pretty unwell and taken together. That was the cue like, yeah, we do have to investigate some of these experiences that can be dysregulated, but there may be ways that we can do this that aren't a therapeutic necessarily, but but that can make our values a little more comfortable.

Dr. Goldenson So that was one I really with all of my errors. Another was a someone who was in the military, and we were getting into his potentially traumatic experiences. He had a very observable fight or flight reaction and literally stormed out of the office that day. He came back another day, but the session end ended early and so taken together.

Dr. Goldenson Yeah, I thought, hey, I really liked refine my process so that that this doesn't happen again.

Dr. Millkey They say that experience is the best teacher, but you know, you almost always get the experience after you need it at some point.

Dr. Goldenson Exactly right. So yeah, those are those are two mistakes that certainly stand out for me.

Dr. Guyton I will not share all of my mistakes with you, but I appreciate you saying that. And I think what a wonderful gift in some way was to get that feedback, especially with the first gentleman that you mentioned, that we often don't see somebody a second time or have somebody who is willing to share that, given the power differentials that are inherent in these kinds of relationships, that somebody felt comfortable enough to use that colorful language to explain his experience.

Dr. Goldenson It was definitely memorable and not necessarily how I personally want it to be remembered. In terms of professional work he did. He did have a

sense of humor, and I also really appreciated his candor, especially given those power differentials that you mention.

Dr. Guyton Well, maybe that leads us into our discussion today. One of the articles, one of many that you've written, this one perhaps hot off the presses because it was published in 2025, entitled Toward Aspirational Forensic Mental Health Practice that you've authored, along with your coauthors, Stan Brodsky and Terry Kuchar. Fun fact Stan Brodsky is one of our, other interviewees that we've had the pleasure of speaking with.

Dr. Guyton And so I, I'm guessing maybe to start broadly, what were you hoping to do, you and your coauthors? What were you hoping to do with this article?

Dr. Goldenson We all know that we have some guiding text that sort of give us some ideas of how to aspirationally practice, but, you know, and there are a number of things that are missing in terms of how those aspirations can be concretized. And I'll just say that this is a commentary, and in no way do we have the answers about how how we should be practicing or what excellence looks like.

Dr. Goldenson But there was a lot of mention and the specialty guidelines about striving. And we were thinking, what are we striving for? And we also thought about a number of other disciplines where, you know, qualities have been studied. What makes someone an excellent pilot, what makes someone a suitable firefighter. And interestingly, you know, as part of our forensic role, sometimes we evaluate people, you know, who are engaging in high stakes work to assess their their skills and whether they have these sort of optimal, you know, traits that would bode well for their practice and yet very little exploration has been done in terms of what that might look like for us, both temperamentally and in terms

Dr. Goldenson of skills. So that's what piqued our our interest.

Dr. Millkey You mentioned that these guidelines are aspirational, but are we anywhere close to achieving these aspirations? How are forensic evaluators doing in terms of, attaining what we could?

Dr. Goldenson You know, I personally have not done the studies on this, but we do cite a couple of studies in our paper. Some of our work might not be of the highest quality. And we flagged here some studies by Norwood Hill. It all Auckland and Tucker did some studies out of Hawaii. And so there wasn't always great consistency.

Dr. Goldenson And some of the reports and one said that was a mediocre quality of forensic mental health decision making. So I don't think that speaks to everybody. You know, we could do better. And certainly there is a huge interest in biases, cognitive, implicit emotional biases, that can hamper our work. So I think there's probably room for us to do better.

Dr. Guyton Yeah, absolutely. I'm familiar with at least some of those studies that you cite. And it is a bit disheartening to think that even when some of some of those things are looking at just very structured, sort of. Did you include this, did you address this in the report and doesn't necessarily even address the quality with which somebody address those issues, right.

Dr. Guyton Which is so much harder to study that even just simple inclusion of some of the things that we think need to be included in that report are mediocre at best. And of course, because we're all humans, we think, well, we're not the ones down at the bottom of that, right? We're the ones pulling up that average. But obviously that that's not so because we're not all above average.

Dr. Guyton In our report writing ability. So I think that's really important for us to sort of notice. And then if people are concerned. Right. So if people are coming into this field either as new practitioners or they're transitioning from another area of practice into forensic work, and they're concerned about their competency level, what do you recommend for these folks who are newer to the field?

Dr. Guyton What do you recommend for them in terms of gauging their own competency and how to promote that?

Dr. Goldenson I think that's a great question. And you so aptly put that often we have sort of a blind spot in terms of taking an accurate inventory of of how well we're actually doing. And you asked about newer people, and I think to get to a place where we're practicing forensically, we've gone through a lot of training and the hope is, oh, I've arrived, I'm an expert, or we're being retained as an expert.

Dr. Goldenson So there's there's this pressure to, to know or at least present as if we know. I've actually just written another paper with, Stan and Terry, who are delightful collaborators on consultation and forensic practice. But I think that consultation, I mean, first of all, obviously ongoing training, a growth mindset set, continuing to sort of strive and and learn and areas that we might be lacking is is important.

Dr. Goldenson And there are great places to do that, including the American Board of Forensic Psychology and Concepts and and some places in Canada where I'm at. But consultation both with experts and trusted colleagues just to check our thinking can be really helpful, because sometimes it's hard for us to know what we don't know, and sometimes it's really valuable to actively check our thinking.

Dr. Goldenson So that's your question.

Dr. Guyton Yeah. And I think that because I was going to ask you then for old people like Alex and I, and I won't necessarily include you in that, Julie, but certainly experience, because I want to ask about what what do you recommend for, you know, folks who've been around a little while. But for those newer folks, I think really seeking out that consultation because I know, you know, the, the jump from being a supervised shallow where resident somewhere to then independent practice when you've sort of always had this protective, shallow supervision around you up until that point and suddenly you've broken free and you're on your own.

Dr. Guyton And how liberating slash frightening that might be. But also for someone, I think, coming into this field from an adjacent field, like maybe more traditional clinical practice or health or something like that, that some of these fundamental differences that we can read about on paper but are just embedded in what we do and how we do it, is just something that has to be learned.

Dr. Guyton And I think supervision slash mentorship is really the way to go because we often cannot see it on our own. So then I will transition to then my next question. Right. So for the more senior folks around, right, the more longer interviews folks like us, like what are the things? Because bias exists for people like us, just like it does for newer folks.

Dr. Guyton Are there things that you recommend any differently for more experienced folks in improving their aspirational practice?

Dr. Goldenson I think consultation isn't just for the youth, it's for our vintage. Whatever we are middle aged people I can't speak to you do, but you know, there's a risk of becoming overconfident, you know, and and feeling that we don't need an extra set of eyes or that we're not impacted by bias. As we become more experienced, at least the, the newer folks sort of often feel

a little bit of fear and like, hey, I really, you know, I really should continue consulting.

Dr. Goldenson I have a lot to learn, but I think that, consultation is a beautiful practice, especially for those of us on, you know, I'm a soul practitioner on a private practice. I've gotten so much from consulting. And, you know, I've consulted with both Dan Brodsky and Terry Kuchar about a variety of things that are both and their respective expertise.

Dr. Goldenson But also just when I feel sort of, you know, evoked by something in the work or where I had an inkling like, hey, I need to do some reality testing around this. So I think that that, you know, ideally is a lifelong process, one that helps keep us humble even as we become more experienced, and maybe particularly when we become more experienced, because I think that's when sort of overconfidence can come in and we're experts and we're training other people.

Dr. Goldenson But I don't think we're ever really impervious to bias, you know, a variety of biases that can come about two things.

Dr. Millkey First, I really appreciate that you're referring to us as vintage rather than old.

Dr. Guyton Yes. I mean, I'm going to use that phrase now.

Dr. Millkey I do sometimes feel a little bit corked, I have to admit. And also I want to say, you know, I Akash, I really, really appreciate what you're saying. You know, with with new practitioners, you know, there can be a challenge and feeling that, you know, this isn't the beginning of the end, but the end of the beginning. And then for more, more vintage, practitioners knowing that, like, you're you're always beginning, you know, you're you're beginning forever.

Dr. Millkey And I think this goes back to something that you mentioned in passing, but feels really foundational to me, which is you mentioned growth mindset and your article, you talked about growth mindset versus fixed mindset. But for a lot of people, particularly people of a certain vintage, this term growth mindset is not going to be familiar to us. Can you talk about what a growth mindset is versus a fixed mindset, and why that's so important for good practice?

Dr. Goldenson You know, I only know the reference from a book like I believe her name is Carol Dweck. You know, I can't. I admit that I have not read her book in

entirety, but in my mind, the way that we, we sort of use it in our article, really, it's about the idea of humility as being open to, the possibility that we may not know.

Dr. Goldenson And there's a lot to learn and the desire for sort of a lifelong learning, knowing that, that, you know, it's humbling. It's a Herculean effort. We we go through graduate school sometimes we have a postdoc, sometimes one becomes board certified. But that the, the the half life for our education and training is is what I think I've heard once six years.

Dr. Goldenson But there's going to be forever things to learn. And and it's having the humility and acceptance of that and an appetite to continue to grab on to new ideas, to being open to other ways of thinking about things as things evolve. I'm grappling with that right now with with AI and, and make fun of my husband endlessly because he refers to a chat bot named cloud, which is constantly.

Dr. Goldenson And they're changing his life and talk about a fixed mindset. I'm like, no, I'm sorry, I just I feel like my grandmother, who was grappling to sort of reconcile learning the new VCR, but that there's going to be forever things that are evolving that we but we probably need to stay open to in order to sort of keep striving and growing.

Dr. Goldenson By contrast, a fixed mindset is probably where I'm at with a AI right now. You know, this desire to have sort of like, no more enough is enough. I don't want to learn something new, but I'm working on.

Dr. Guyton Or I really don't understand it. And I'm afraid it could be wrong. And, you know, all of those kinds of things right? So I, I, you know, we don't have a cloud in our house, but, I share your trepidation in that, but I appreciate the framework of. Right. This is not a new process to be apprehensive about learning something new and how it's going to impact our work, and to be somewhat open, you know, to embracing sort of our ambiguous ity and lack of knowledge.

Dr. Guyton Yeah. To then see where it does go.

Dr. Goldenson Yeah. I think part of it can be, scary. Because with so much education and training and sometimes feed the label of being an expert, it sometimes forces us to reconcile the ways we might not have been right or we might have done things differently. And that can be really uncomfortable. And, settling.

Dr. Millkey It's it's hard work to always be beginning and always be open to these, these, these these new things and these things. And it's hard to be humble. And it's hard to work hard. These are all that, that, you know, what are some things, Julie, that you think that I can do, that we can do, I can do to, maintain openness and to continue to grow and to reach these aspirations.

Dr. Millkey Do you have strategies that you can suggest?

Dr. Goldenson But I think a lot of them are fairly conceptual in terms of tolerating ambiguity, not over relying on templates, you know, and and being flexible, being open to new trainings, to new ideas. I think unfortunately, sometimes the environments that we work in put a sort of cap on our capacity to sort of grow and to be flexible. And sometimes we have to compromise in some ways trying to grasp on to excellence for efficiency or for doing things that are prescribed that aren't necessarily constantly reimagined, you know, ensuring that the templates that we're working make good sense and our best practice and revamping those, particularly when we have the flexibility to do that in our independent

Dr. Goldenson practice. And I think then it's easier to do that when we're dealing with sort of, you know, organizational demands. It gets a bit more challenging. But I'm constantly digging into new literature on trauma. And while I have sort of a broader it's not even a template, but sort of a format that I use each time. You know, I write a report, I'm kind of excited to learn something new, to reshape it in a way that's going to be user friendly, and so there can be some joy in reimagining things and refining things as as we learn.

Dr. Guyton Yeah, I really think that that is important. Right? Sort of it is. You've been talking about sort of cognitive flexibility on the part of of the mental health professional, but also sort of the flexibility of your practice to be able to incorporate new things, to take out things that don't work. I sort of laugh because the template that I have for competency evaluations, for example, I don't ask half of those questions anymore, but I think are two ways you to take them out.

Dr. Guyton I just know that I shortcut past those and I ask other questions that are not in there, which has been frustrating to some trainees who are like, where did these questions come from? Right. And so but being able to figure out, you know, when I do this work, this is this works, these questions elicit helpful information or, or these questions people don't understand or I don't understand to be able to edit that.

Dr. Guyton But I also hear being able to move away from the template when you are interviewing. Right. So somebody is providing some information and they say something, you know, that piques your curiosity for one reason, to be able to to move down that without being kind of overly structured.

Dr. Goldenson And I personally do a lot of work in the civil realm. So, you know, part of that work is really taking a very comprehensive narrative history, because no stone really can be left unturned when we're figuring out causality about whether an event, a claim actually sort of caused various harms. And so there might be more flexibility and a need to be more limber.

Dr. Goldenson And those as compared to something where it's a little more prescribed, a little bit more narrow, like a, you know, competency evaluation.

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