AN EXPLORATION OF THREE COMMONLY UTILIZED FORENSIC PSYCHOLOGICAL EVALUATIONS AND AN EXAMINATION OF THEIR COMPONENTS

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Objectives

1. Participants will understand differences between 3 types of forensic evaluations

2. Participants will understand components routinely included by Clinical Psychologists

3. Participants will learn about commonly utilized forensic psychological tests currently being used by Clinical Psychologists
What is the New Jersey Coordination Center

Collaboration between:
The Institute for Families, School of Social Work
Funded by The New Jersey Department of Children and Families

Multidisciplinary Team of the NJCC

Promote Best Practices in Forensic Evaluations through
Quality reviews of provider and RDTC forensic Evaluations
Provide feedback
Identify and disseminate best practice strategies
New Jersey Department of Children and Families

Guidelines for Expert Evaluations in Child Abuse/Neglect Proceedings (Mental Health)

- Introduction
- Definition/Application
- General Principles/Guidelines
- Best Practices for Expert Forensic Evaluations

REASON FOR A COORDINATION CENTER
Most child welfare evaluations are forensic in nature.
NJCC Quality Improvement Study (QIS)

- Quality Improvement Tool and Codebook
- Who are the Peer Reviewers?
- Recruitment and Training of Peer Reviewers
- Limitations of the Quality Improvement Study
NJCC Quality Improvement Study (QIS)

Block II: Referral Information

B:2.2) Subject of Assessment’s Gender

E:2.5) Indicate the referral question or statement
- Assess current level of cognitive functioning
- Assess current level of psychological functioning
- Other
- No referral question/statement

E:2.7) Referral question/statement(s) are clearly stated
- Procedural Guidelines, Page 8
OVERVIEW OF FORENSIC EVALUATIONS
Descriptive Data

Type of Assessment (Child)
- Psychological: 57%
- Abuse: 6%
- Psychosocial: 18%
- Other: 4%
- Multiple Classification: 15%

Type of Assessment (Adult)
- Psychological: 77%
- Parenting Evaluation: 14%
- Other: 5%
- Multiple Classifications: 4%

N=1074; Adult Evaluations=831 & Child Evaluations=243
Credentials of the Evaluator

What do NJ Guidelines Say?

Psychosocial: Independently Licensed Clinician (LCSW, LPC, or Licensed Psychologist)

Psychological: Licensed Psychologist or pre/post psychological interns under supervision (PhD, PsyD, and EdD)

Parenting Capacity: Licensed Psychologist or Psychiatrist

Listed Credentials found in Evaluations

- Psychologist: 90%
- LCSW: 10%
- Intern: 3%
- Other: 4%

N=1074; Adult Evaluations=831 & Child Evaluations=243
Utilization of Forensic Evaluations

**Psychological**
- Addresses the psychological, behavioral, developmental needs of the child and/or parent(s)
- Assesses the adult’s capacities for parenting, including attributes, skills, strengths, and abilities relevant to abuse/neglect concerns.

**Psychosocial**
- Assesses a client’s mental/emotional health, social status, and functional capacity within the community.
- Used to assess impact of alleged abuse or neglect

**Parenting Capacity**
- Used to determine if a caregiver can safely and effectively parent a child at the given time.
- Can provide conclusions and recommendations regarding placement and services
Components of an Evaluation

Forensic Evaluation

- Referral
- Background/Records Review/Collateral Contacts
  - DCPP Screening Summary
  - NJ CARES report for Kate Wilson
  - DCPP Investigation Summary
  - DCPP caseworker (multiple dates)
- Clinical Interview/Mental Status Exam
- Psychological Testing, including Intellectual Functioning (IQ) if necessary
  - Personality Assessment Inventory (PAI)
  - Child Abuse Potential Inventory (PAI)
  - Parenting Stress Index (PSI)
- Diagnosis (if applicable)
- Summary
- Recommendations
REFERRAL QUESTION

Components of an Evaluation
Writing a Quality Referral Question

Specify why an evaluation is needed and what type of evaluation is needed.

The type of referral should match the actual purpose of the evaluation.

Evaluators should include certain components in their report based on the referral questions.

Evaluators should identify additional questions if relevant.
Referral Question: Psychological

Does the client meet criteria for a mental health diagnosis? If so, what impact do the symptoms and expression of the diagnosis have on the client’s level of functioning?

What are the child’s primary unmet needs, what types of treatment would be most beneficial, and what are the expected behavioral changes that should be made to show progress?

How might the parent’s culture or ethnic background impact their parenting style and familial relationships?
Referral Question: Psychosocial

What protective factors do the family currently have and how can they be leveraged to further increase family strengths and functioning? What are the risk factors and how can they be mitigated?

What impact does the parent’s mental health have on the parent’s ability to provide a safe and nurturing home free from abuse and neglect?
Referral Question: Parenting Capacity

To what degree is the parent capable of parenting the youth and providing them with a safe and nurturing environment free from abuse and neglect?

What interventions are recommended? What are the expectations for the intervention’s effectiveness?
RECORDS REVIEW/COLLATERAL DOCUMENTS

Components of an Evaluation
Records Review/ Collateral Documents

“Evaluators use multiple methods of data gathering...Evaluators should review relevant reports”

- **Collateral Interview**
  - Interview with the child
  - Interview with Parent
  - Interview with Spouse/Partner
  - Interview with our Relative
  - Interview with Resource Family
  - Taped Interviews

- **Collateral Records**
  - Medical Records
  - CP&P Records
  - School Records
  - Prior Evaluations/ Observations
  - Law Enforcement Records
  - History of Offenses
  - Court Complain
  - Mental Health Records
  - Prior Complaints Filed
Records Review/ Collateral Documents and Quality

70% of the records review/collateral documents are sufficient, 26% are insufficient, and 4% have no background material. The overall quality of the evaluation is as follows:

- **No Background Material**: Mean = 3.03
- **Insufficient**: Mean = 3.27
- **Sufficient**: Mean = 4.04
Clinical Interview: Background

- Ground Rules
- Nature/Scope
- Informed Consent
- Competency

Interview Procedures

History
- Work
- Education
- Relationships
- Medical/Mental Health

Relationship
- Family (Siblings/Parents)
- Peer
- School

Specific to Psychosocial
- Spiritual
- Cultural
- Community
Clinical Interview: Mental Status Exam (MSE)

Psychological
- Intellectual Ability: Formally Assessed
- Suicidal Ideation
- Homicidal Ideation

MSE Common Features
- Appearance/Grooming/Hygiene
- Gait/Motor Coordination
- Manner/Approach
- Speech/Language
- Recall/Memory
- Orientation/Alertness
- Thought Process
- Hallucinations/Delusions
- Judgment Insight
- Mood/Affect
- Rapport

Psychosocial
- Intellectual Ability: Not formally assessed
- Violence Risk Screening for Harm to Self/Others
- Perceived Level of Stress & Ways of Coping/
- Support Network- Perceived & Provided
**Clinical Interview: Clinical Observation**

**Example of “Clinical Observations”**

Ms. Wilson was cooperative, if somewhat guarded, throughout the interview. She was a calm and rational individual. She demonstrated good insight regarding her behavior. She was able to regulate her emotion. She was somewhat defensive, but within the limits of most individuals in this setting. She did appear to be somewhat rigid in her interpersonal style. Overall, she appeared to be a good historian.

**Parental Capacity Interviews:**
are expected to be longer and cover more details which will include:

<table>
<thead>
<tr>
<th>Description of Parenting Style</th>
<th>Description of Parenting Capacity</th>
<th>Description of Functional Abilities</th>
<th>Description of Risk Factors</th>
</tr>
</thead>
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ASSESSMENT TOOLS

Components of an Evaluation
Assessment Tools by Evaluation Type

Were Assessment Tools Used?

Yes, 97.1%

No, 2.9%

Assessment Tool Use by Evaluation Type

- Cognitive
  - Psychological: 50.0%
  - Psychosocial: 40.0%
  - Parenting Capacity: 30.0%

- Multiscale
  - Psychological: 70.0%
  - Psychosocial: 60.0%
  - Parenting Capacity: 50.0%

- Clinical
  - Psychological: 60.0%
  - Psychosocial: 50.0%
  - Parenting Capacity: 40.0%

- Child Forensic
  - Psychological: 80.0%
  - Psychosocial: 70.0%
  - Parenting Capacity: 60.0%
Assessment Tools and the Referral

Measures are Selected in Response to the Referral Question

- Assess for Cognitive Abilities
- Mental Health Symptoms/Personality Factors
- Parenting-Related Constructs

- Wechsler Adult Intelligence Scale-IV Edition
- Minnesota Multiphasic Personality Inventory-2
- Child Abuse Potential Inventory
Understanding Threats to Validity

<table>
<thead>
<tr>
<th>Threat Type</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Culture-Related</td>
<td>85%</td>
</tr>
<tr>
<td>Client-Related</td>
<td>15%</td>
</tr>
<tr>
<td>Test Use-Related</td>
<td>52%</td>
</tr>
<tr>
<td>Validity Scale-Related</td>
<td>49%</td>
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</tbody>
</table>

Percentage of Evaluations with a Threat Identified
DIAGNOSIS, SUMMARY & RECOMMENDATIONS

Components of an Evaluation
Diagnosis in an Evaluation

- Major Depressive Disorder, Single Episode, Moderate, with anxious distress; DSM 5: 296.22 (F32.1)

- No Diagnosis—All suspected conditions have been ruled out; DSM 5 203.89 (Z71.1)*

Diagnosis Provided 585 (84.1%)

Diagnosis by Provider 95.7%

Diagnosis by History 18.3%

No Diagnosis Provided 111 (15.9%)

Diagnostic Assessment Conducted

696 (78.4%)
Assessment Summary

- Should synthesize the risk factors and strengths in the case.
- Should answer the original referral question (assuming it was relevant)
- Should prioritize concerns and set up treatment recommendations
- Should not be a verbatim copy of the evaluation
- Cookie Cutter Summaries

Summary Included
- Overall Quality: 3.9
- Percentage: 87.1%

Summary Not Included
- Overall Quality: 3.1
- Percentage: 12.9%
Psychological: Key Components to the Recommendations

- Targeted to risk
- Specific EBT treatment identified
- Observable behavioral outcomes identified
- Expected time frame identified
- Allows for equivalent service if specific protocol is not available
Parenting Capacity: Outcomes lead to Different Recommendations

- **Good enough**
- **Fixable risk factors**
- **High risk of harm**
BRIDGING THE GAP BETWEEN PRACTICE AND QUALITY
HOW GAPS IN PRACTICE CAN INITIATE DISCUSSION