



# 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

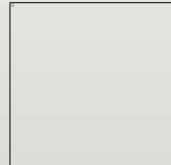
Quality reviews of provider and  
RDTIC forensic Evaluations

Provide feedback

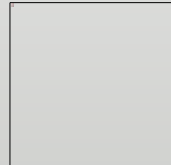
Identify and disseminate best  
practice strategies

New Jersey Department of Children and  
Families

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

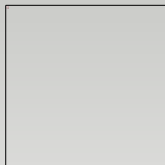


Introduction



Definition/Application

General Principles/Guidelines



Best Practices for Expert  
Forensic Evaluations



# REASON FOR A COORDINATION CENTER

# Defining a Forensic Evaluation

Forensic evaluations are ordered by the court or may be reasonably expected to go to court to assist the court in resolution of the case (DCF, 2012) and can include:

*Psychological*

*Parenting Capacity*

*Psychosocial*

*Psychiatric*

*Bonding*

*Psychosexual*

Most child welfare evaluations are forensic in nature.

# NJCC Quality Improvement Study (QIS)



Quality Improvement Tool and Codebook



Who are the Peer Reviewers?

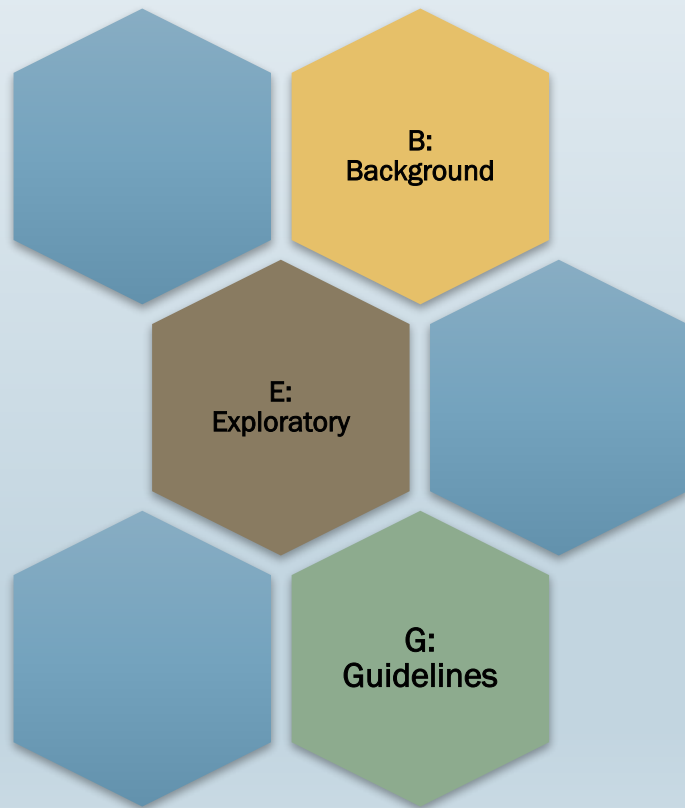


Recruitment and Training of Peer Reviewers



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

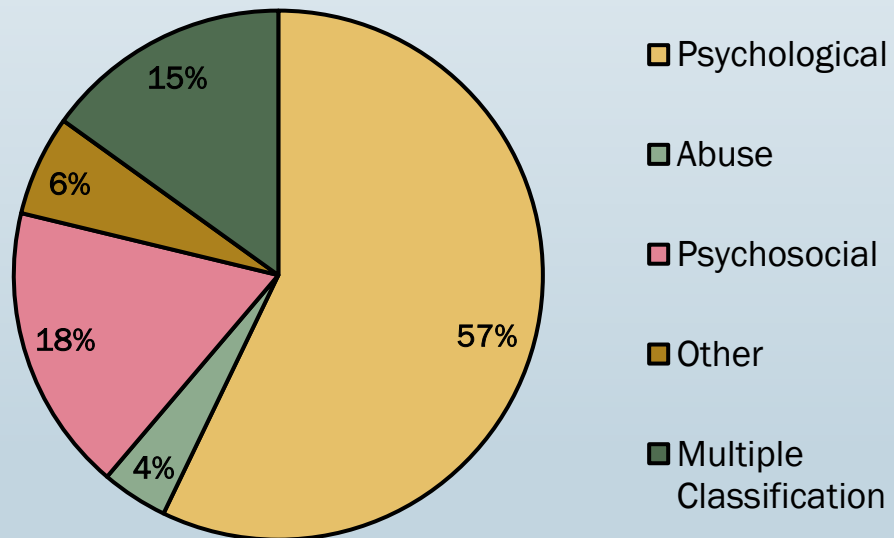
- Procedural Guidelines, Page 8

# OVERVIEW OF FORENSIC EVALUATIONS

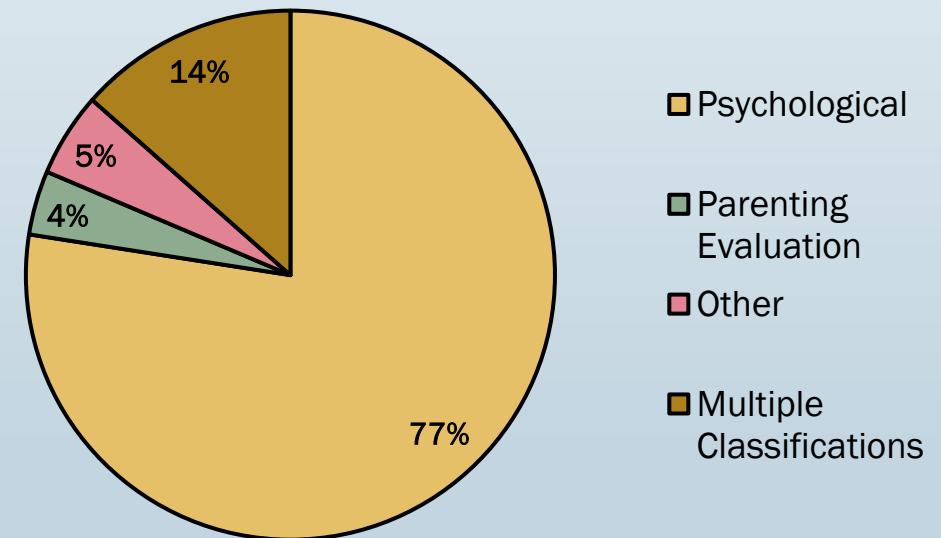


# Descriptive Data

## Type of Assessment (Child)



## Type of Assessment (Adult)



# Credentials of the Evaluator

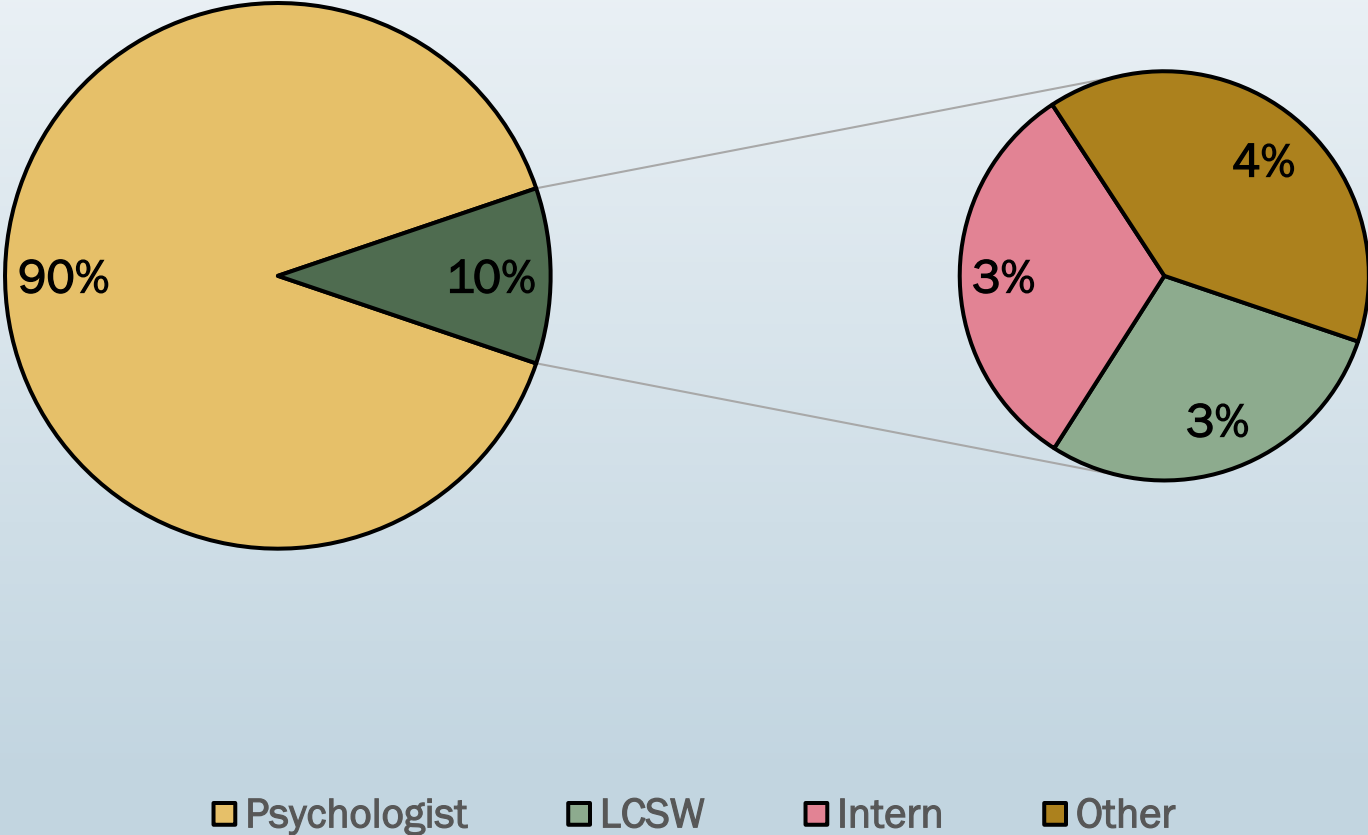
Listed Credentials found in Evaluations

What do NJ Guidelines Say?

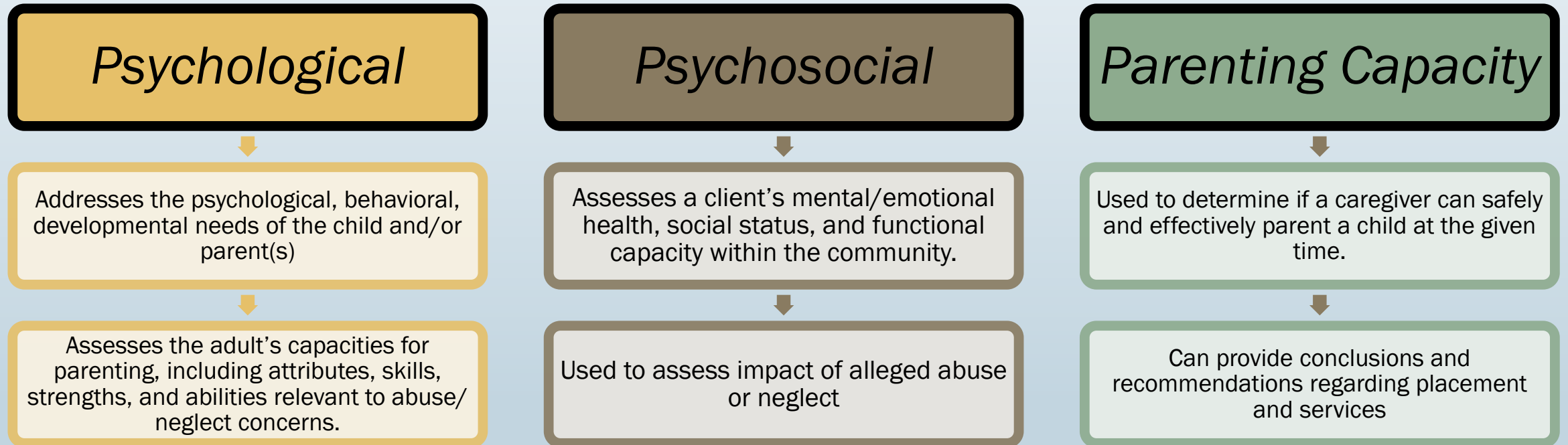
Psychosocial: Independently Licensed Clinician (LCSW, LPC, or Licensed Psychologist)

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

Parenting Capacity: Licensed Psychologist or Psychiatrist



# Utilization of Forensic Evaluations



# 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

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.

# Writing a Quality Referral Question

# 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”*

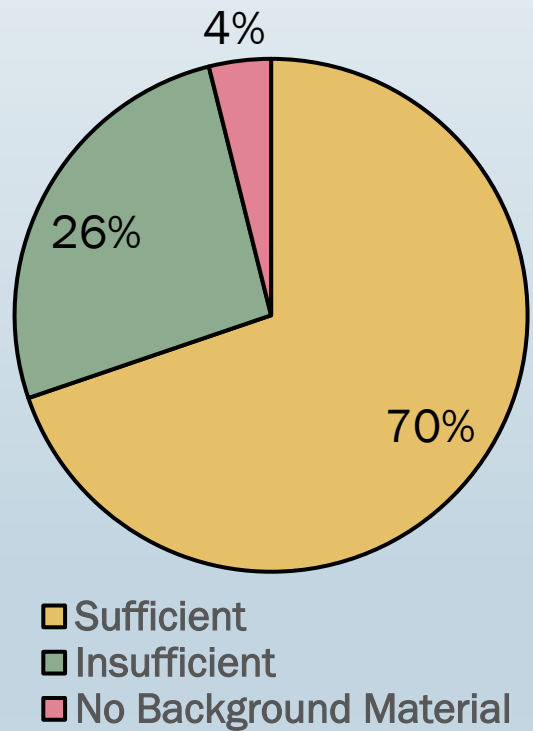
## ■ Collateral Interview

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

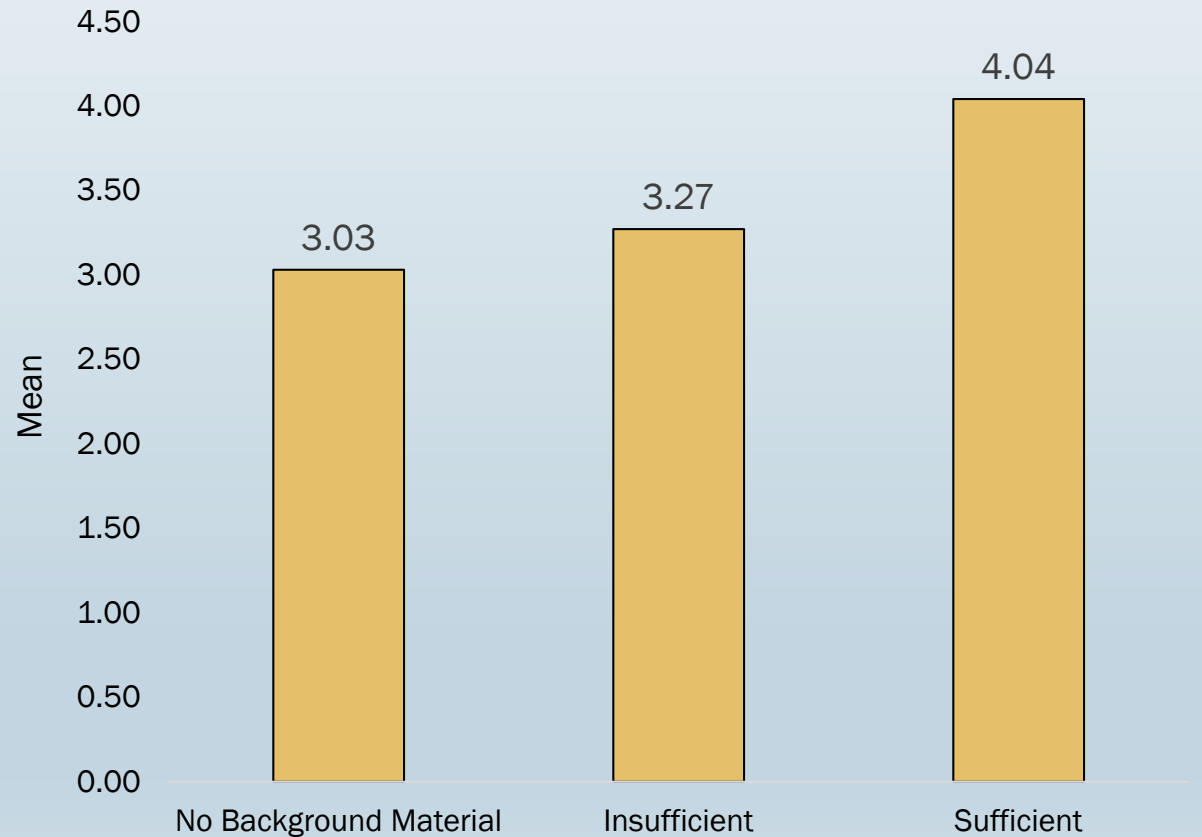
## ■ Collateral Records

- *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



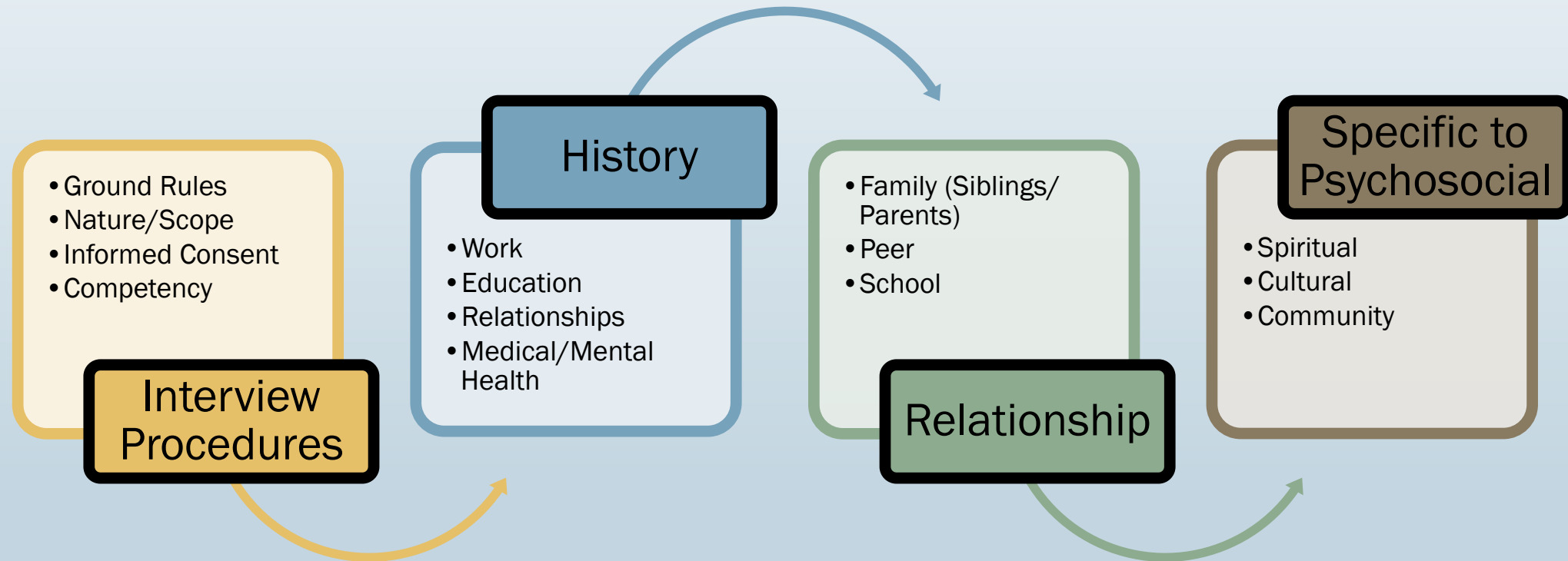
Overall Quality of the Evaluation



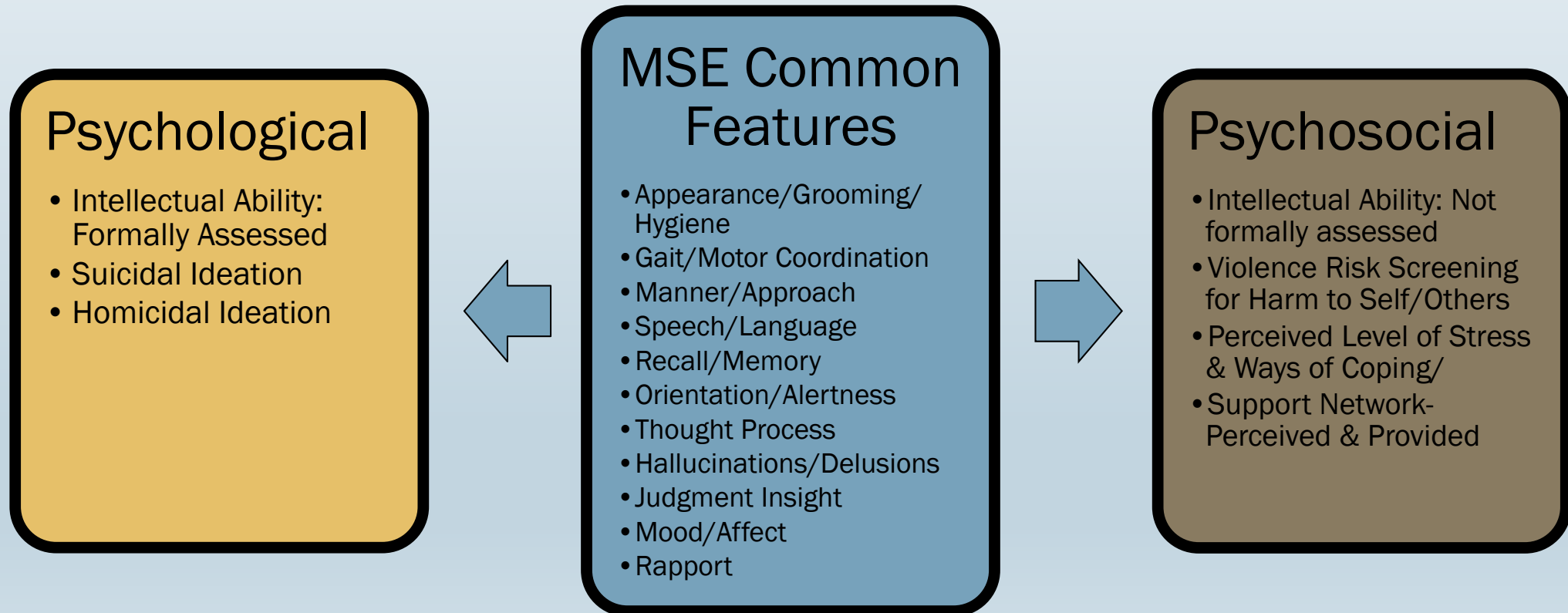
# CLINICAL INTERVIEW

Components of an Evaluation

# Clinical Interview: Background



# Clinical Interview: Mental Status Exam (MSE)



# 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:

Description of  
Parenting Style

Description of  
Parenting Capacity

Description of  
Functional Abilities

Description of Risk  
Factors

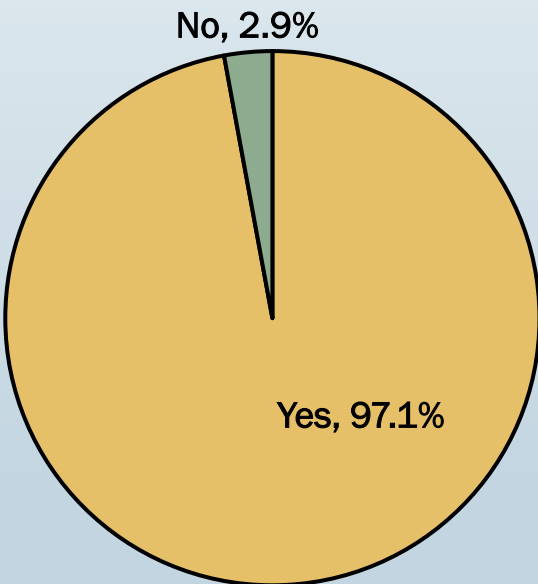


# ASSESSMENT TOOLS

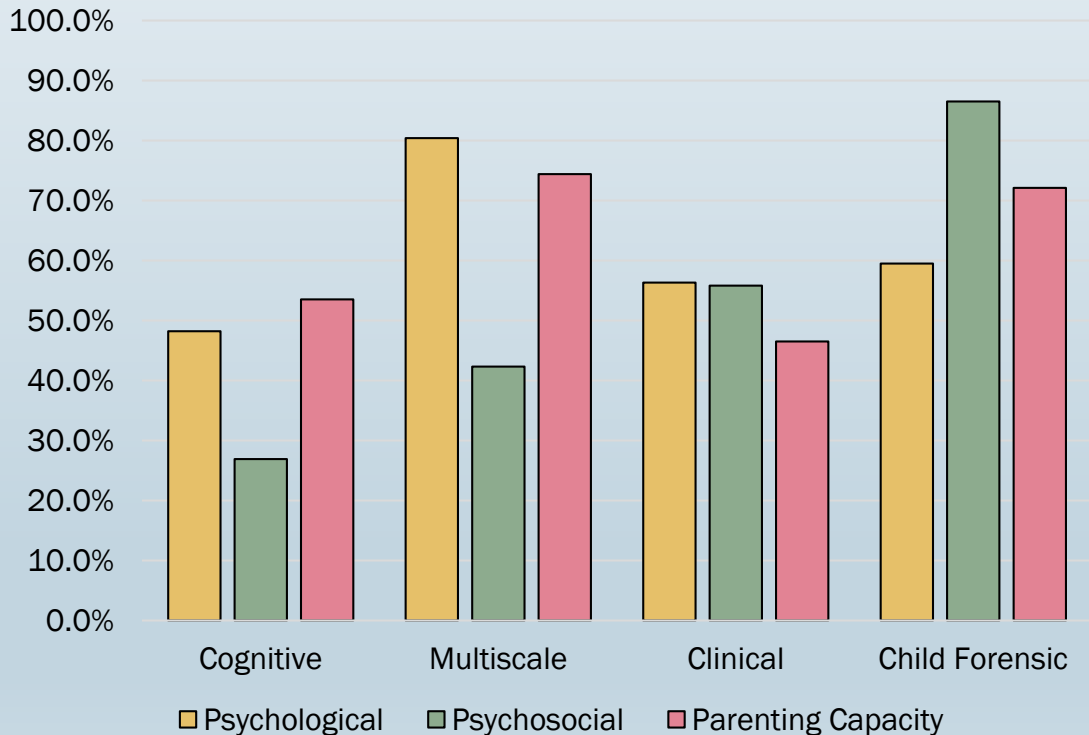
Components of an Evaluation

# Assessment Tools by Evaluation Type

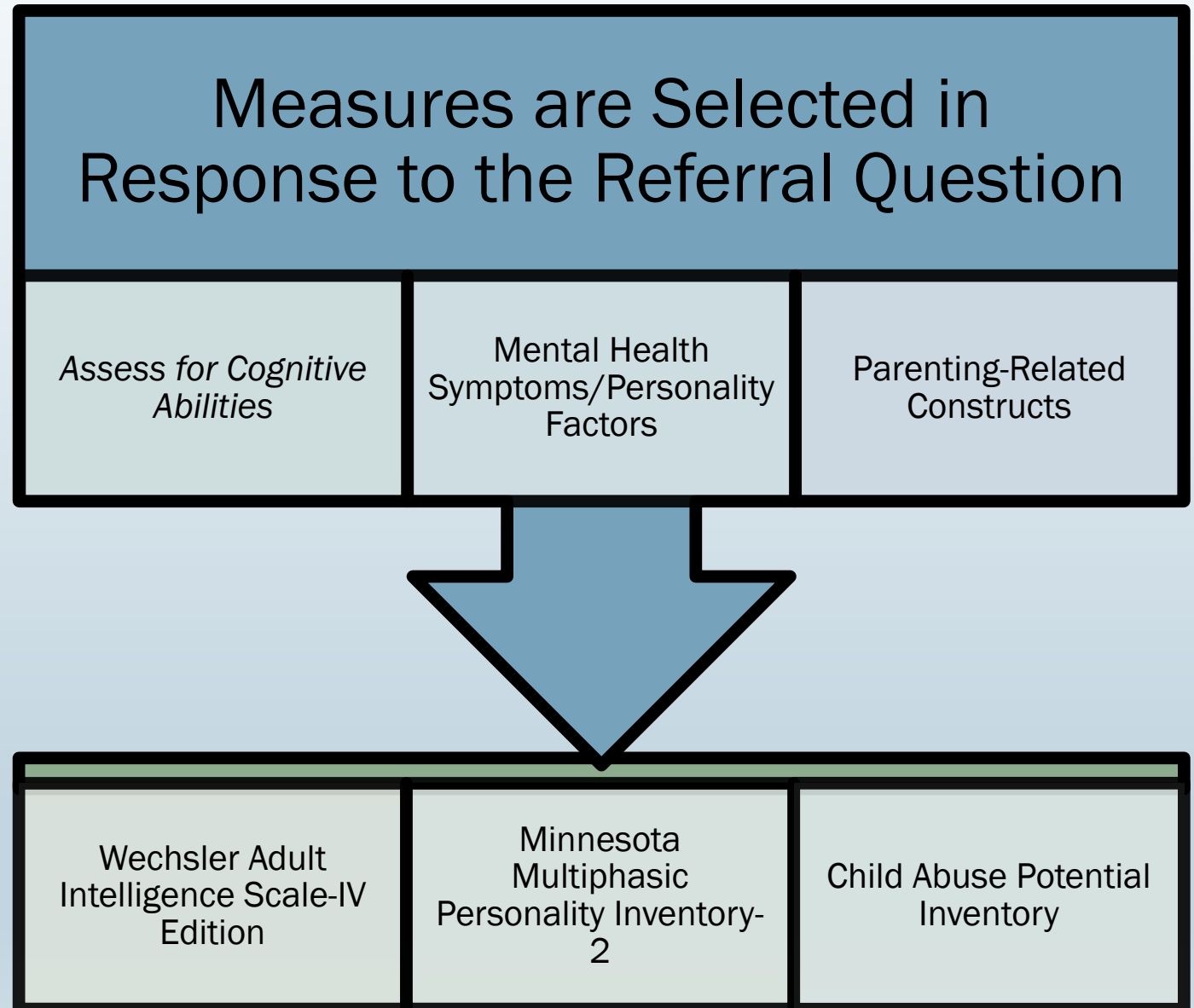
Were Assessment Tools Used?



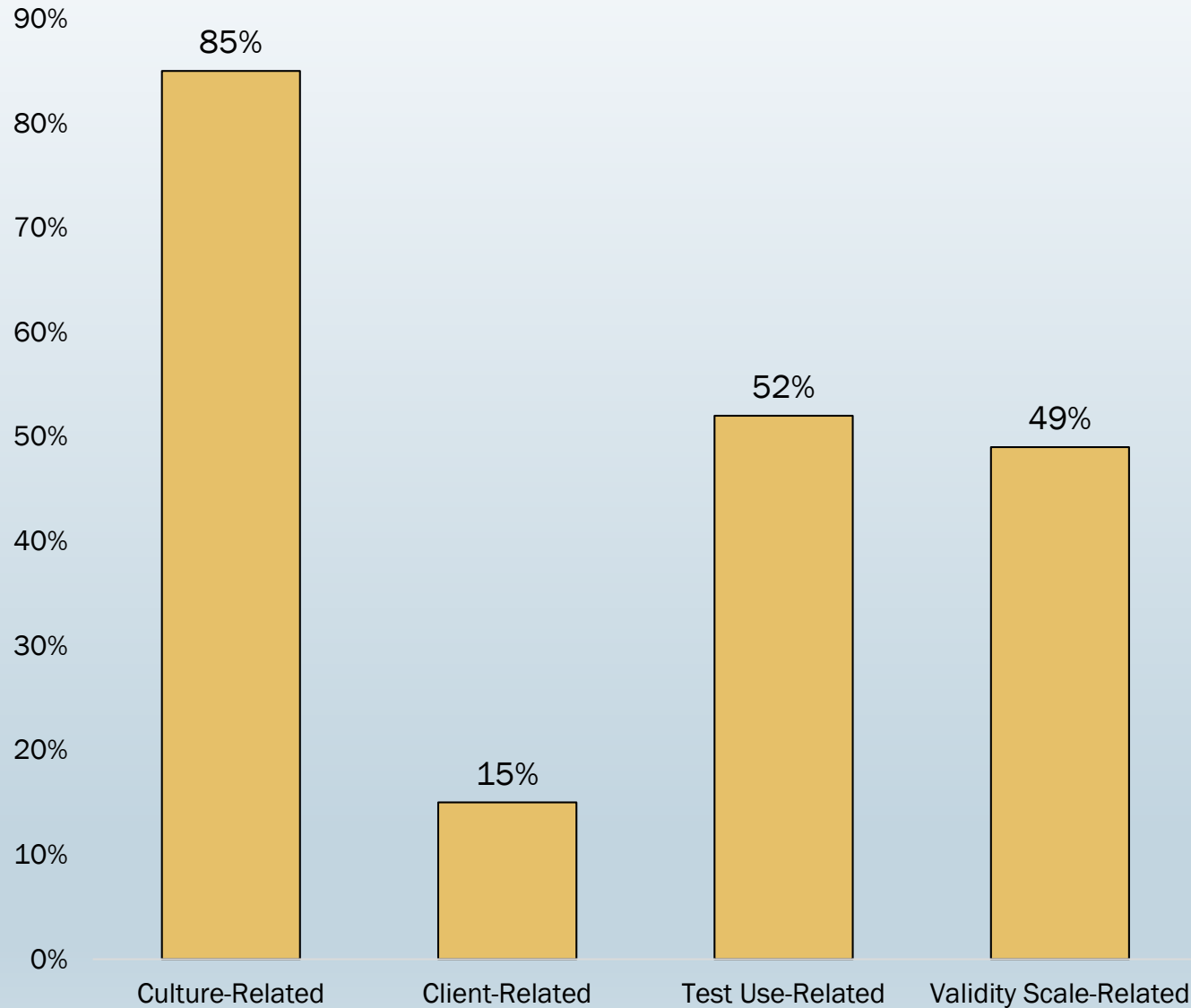
Assessment Tool Use by Evaluation Type



# Assessment Tools and the Referral



# Understanding Threats to Validity



Percentage of Evaluations with a Threat Identified

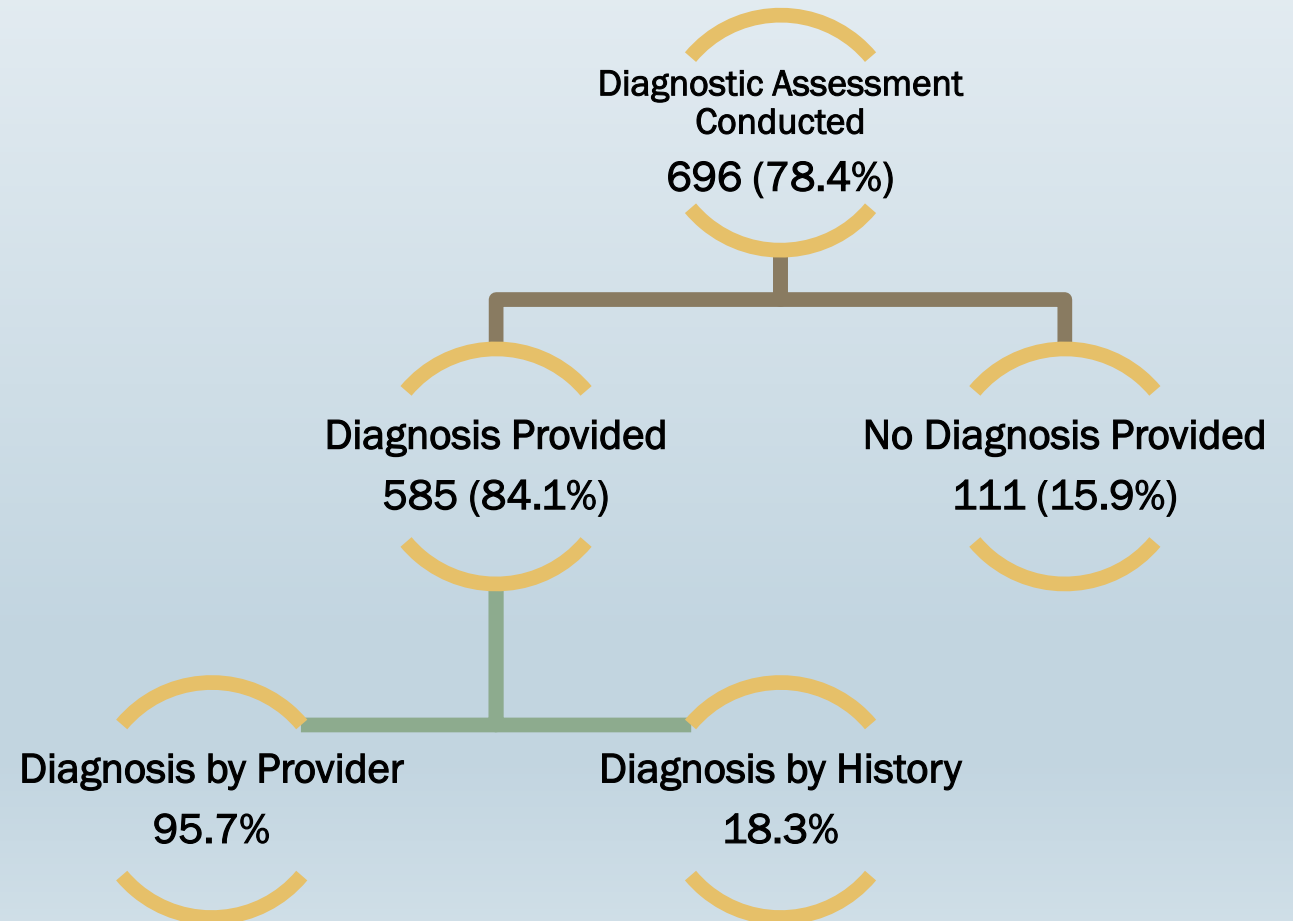


# DIAGNOSIS, SUMMARY & RECOMMENDATIONS

Components of an Evaluation

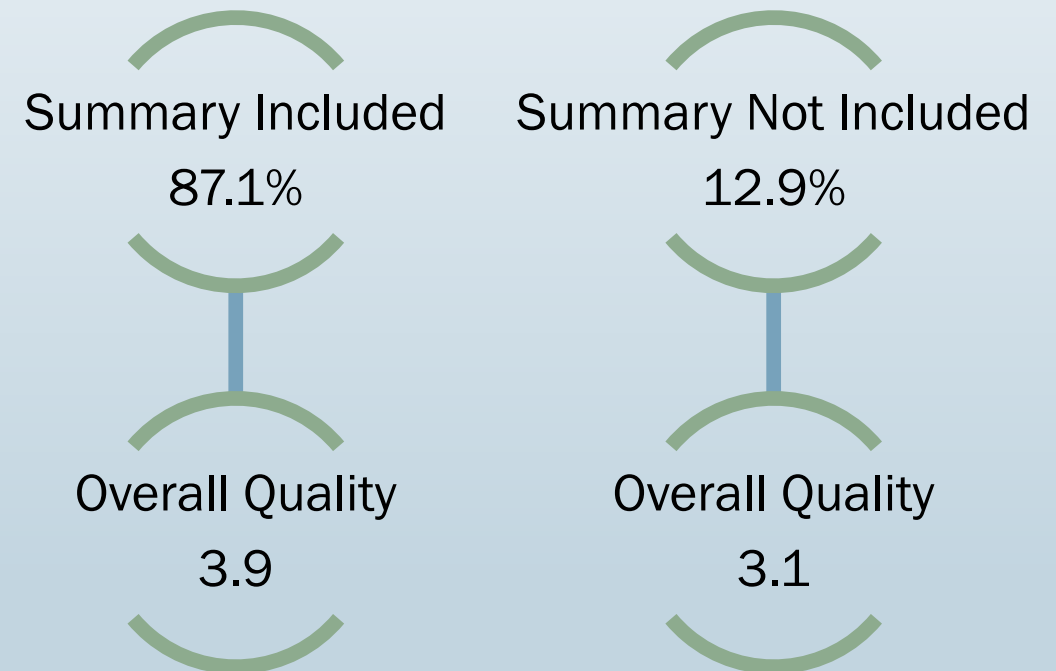
# Diagnosis in an Evaluation

- 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)\*

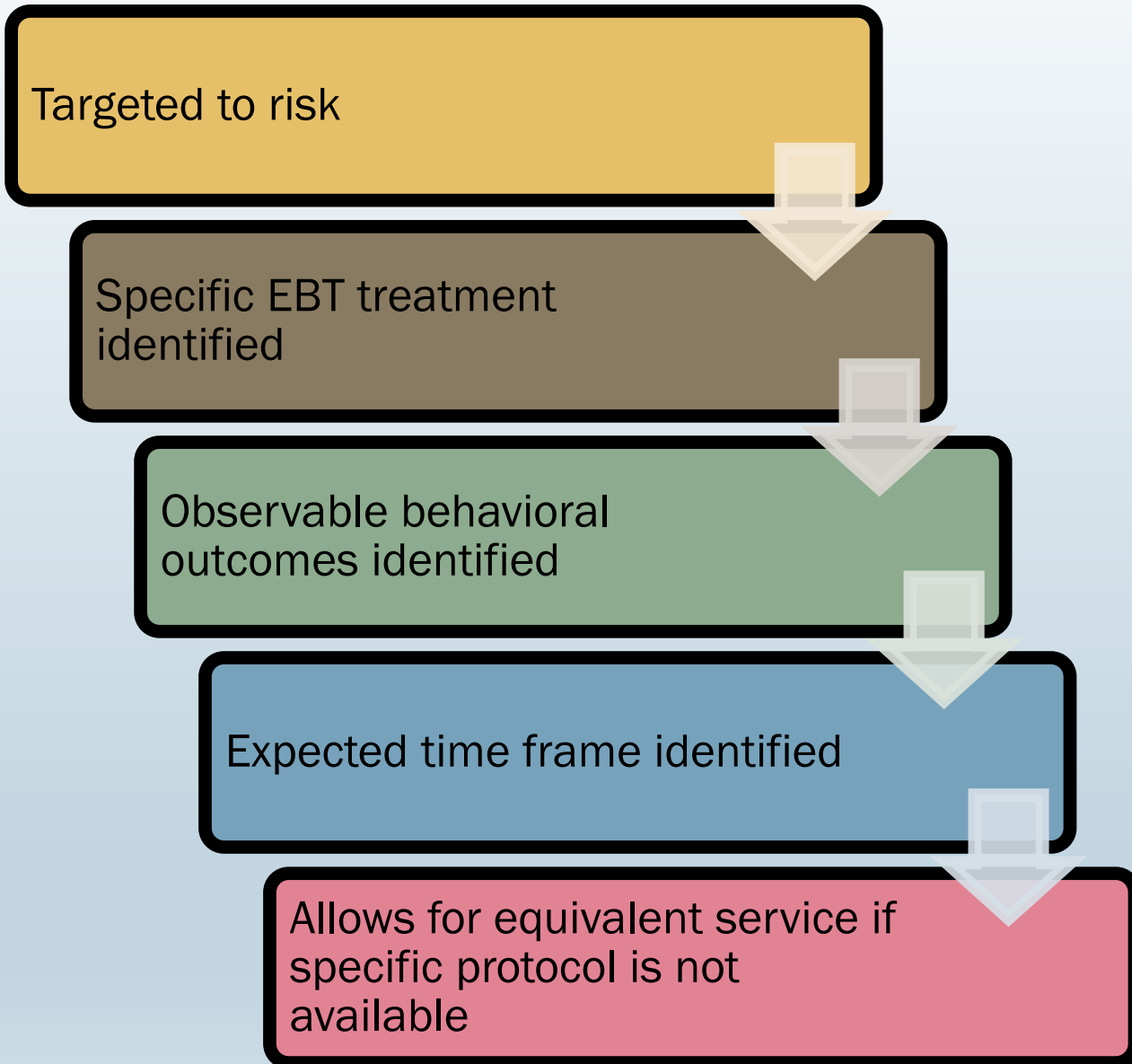


# Assessment Summary

- 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



## Psychological: Key Components to the Recommendations





Parenting Capacity:  
Outcomes lead to  
Different  
Recommendations



Good enough



Fixable risk factors



High risk of harm

# BRIDGING THE GAP BETWEEN PRACTICE AND QUALITY

**Dissemination Meeting**  
Results from the NJCC Quality Improvement Study  
Jersey Shore & Audrey Hepburn Catchment Areas

To attend, email [njcc@ssw.rutgers.edu](mailto:njcc@ssw.rutgers.edu)

**June 12, 2019**  
9:30am - 1:00pm

9:30am - 10:00am  
Registration & Breakfast

10:00am - 1:00pm  
Presentation

Rutgers University - New Brunswick  
Busch Student Center  
604 Bartholomew Road  
Piscataway, NJ 08854

**Forensic Practitioner Lecture Series**

**Towards Improving Quality:  
Effectively Assessing Domestic Violence in Child Welfare Cases**

Register at <http://bit.ly/2HQtkxB>

**Southern Session** OR **Northern Session**

**June 5, 2019**  
9:00am - 12:30pm  
Southern Regional Institute & ETC Parway Building  
10 West Jimmie Leeds Road  
Galloway, NJ 08205

**June 17, 2019**  
9:00am - 12:30pm  
Morris County Free Academy  
500 West Hanover Avenue  
Morristown, NJ 07960

Presented by Cynthia Lischick, Ph.D., L.P.C., DVS & Christine Heek, Ed.D., LCSW, DVS  
For more information, contact [njcc@ssw.rutgers.edu](mailto:njcc@ssw.rutgers.edu)

**Brief Report: Providing Clinical Diagnoses in Forensic Psychological Evaluations**

Release Date February 7th, 2019

**Introduction**  
The assessment process involved in conducting a forensic child welfare evaluation and arriving at a clinical diagnosis is complex and varies among practitioners. Forensic evaluations often include one or more clinical diagnoses from the Diagnostic and Statistical Manual of Mental Disorders<sup>1</sup> and the implications of this should be considered.

**PROVIDING DIAGNOSES**

A formal diagnosis involves more than collecting information in that it requires a thorough understanding of psychological tests, cultural competence, and general forensic psychology expertise.

The New Jersey Department of Children and Families (DCF) Guidelines for Expert Evaluations in Child Abuse/Neglect Proceedings<sup>2</sup> state that once a forensic evaluation is completed, the summary and report should include any formal clinical diagnosis arrived at by the evaluator. Presently, there is some contention within the field of forensic psychology and psychiatry as to whether or not providing a clinical diagnosis is necessary. The American Association of Psychiatric Law (AAPL) guidelines<sup>3</sup> recommend that when possible, the forensic evaluator should give a formal diagnosis, as it provides a valuable purpose in understanding the evidence or fact at issue. However, forensic practitioners also acknowledge that this use of diagnostic labels may divert attention away from the purpose and function of these evaluations, which typically focuses on the individual functioning and parenting abilities of the litigants.

Accordingly, the APA Specialty Guidelines for Forensic Psychology<sup>4</sup> state that practitioners must consider the problems that may arise when using a clinical diagnosis in some forensic contexts, and qualify their opinions appropriately. Diagnoses rendered in forensic evaluations have substantial effects on the decisions made by the courts.<sup>5</sup> Therefore, evaluators are encouraged to give careful consideration when including diagnoses in psychological evaluations while retaining their objectivity and avoiding bias. This report outlines diagnostic trends and provides recommendations for improving forensic psychological evaluations in child welfare cases where clinical diagnoses are concerned.

**Methods**  
The data presented in this report were collected for analysis from forensic psychological evaluations from thirteen counties in New Jersey after Rutgers' institutional review board gave approval for the project. Forensic evaluations, reviewed by NICC trained expert peer reviewers, were conducted by private psychologists providers for the local child welfare offices within one of three catchment areas. All peer reviewers were licensed psychologists with expertise in forensic evaluations and trained in the use of the NICC Quality Improvement

**RUTGERS**  
School of Social Work

The New Jersey Coordination Center for Child Abuse and Neglect Forensic Evaluation and Treatment (NICCFEAT) is a project of the Institute for Families at the Rutgers School of Social Work and the Rutgers Graduate School of Applied and Professional Psychology working in partnership with the New Jersey Department of Children and Families. The NICCFEAT promotes advances in knowledge, policy and practice within the field of child abuse and neglect forensic evaluation and treatment.

HOW GAPS IN PRACTICE CAN INITIATE DISCUSSION