

Psychological Testing in the Forensic Setting

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Thank you.



What is Psychological Testing?

- Answers specific questions to aid in making relevant decisions
- Utilizes normed, standardized tests to produce accurate descriptions of abilities, traits, symptoms, personality, levels of functioning, etc.
- Integrates a wide range of data and brings into focus diverse areas of knowledge
- More than data oriented: includes overall context of a person, then places data in the context of that wider perspective

Benefits of Testing

Standardized

- An individual test score is compared to a normed, comparable sample. This sample group is large enough to be representative of the individual

Reliable

- Stable traits over time

Valid

- Actually measures what it is designed to assess

Additional “outsider’s perspective”

- Not intimately connected to the situation

APA Guidelines for Child Custody Evaluations

Table 1

APA Guidelines for Child Custody Evaluations in Family Law Proceedings (2009)

Orienting Guidelines: Purpose of the Child Custody Evaluation

1. The purpose of the evaluation is to assist in determining the psychological best interests of the child.
2. The child’s welfare is paramount.
3. The evaluation focuses upon parenting attributes, the child’s psychological needs, and the resulting fit.

General Guidelines: Preparing for the Custody Evaluation

4. Psychologists strive to gain and maintain specialized competence.
5. Psychologists strive to function as impartial evaluators.
6. Psychologists strive to engage in culturally informed, nondiscriminatory evaluation practices.
7. Psychologists strive to avoid conflicts of interest and multiple relationships in conducting evaluations.

Procedural Guidelines: Conducting the Child Custody Evaluation

8. Psychologists strive to establish the scope of the evaluations in a timely fashion, consistent with the nature of the referral question.
 9. Psychologists strive to obtain appropriately informed consent.
 10. Psychologists strive to employ multiple methods of data gathering.
 11. Psychologists strive to interpret assessment data in a manner consistent with the context of the evaluation.
 12. Psychologists strive to complement the evaluation with the appropriate combination of examinations.
 13. Psychologists strive to base their recommendations, if any, upon the psychological best interests of the child.
 14. Psychologists create and maintain professional records in accordance with ethical and legal obligations.
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When Might Psych Testing be Utilized?

- Resolution of unanswered disputes requiring additional information
- Mental illness considerations and diagnoses
- Organization and clarification of information gathered from family members
- Parenting/attachment styles
- Competence

Overview of Testing Sections

Demographics Section

Psychological Tests Administered

Review of Records

List of Professional Collateral Contacts

MSE and Behavioral/Clinical Observations of both parents and/or children

Test Findings of both parents and/or children

Clinical information from both parents and/or children

Additional Information

Summary and Conclusions

Recommendations and Suggestions

What is Considered Psychological Testing Data?


- Clinical Interviews
- Behavioral Observations/Home Visits
- Collateral Contacts
- Psychological Testing Measures
 - Mini Mental Status Exam (MMSE)
 - Minnesota Multiphasic Personality Inventory, Second Edition (MMPI-2)
 - Personality Assessment Inventory (PAI)
 - Beck Depression Inventory (BDI-2)/Beck Anxiety Inventory (BAI)
 - Custody Evaluation Questionnaire
 - Parenting Relationship Questionnaire (PRQ)
 - Trauma Symptom Checklist for Children (TSCC)
 - MMPI-A/PAI-A

Mini Mental Status Exam (MMSE)

Mini-Mental State Examination (MMSE)

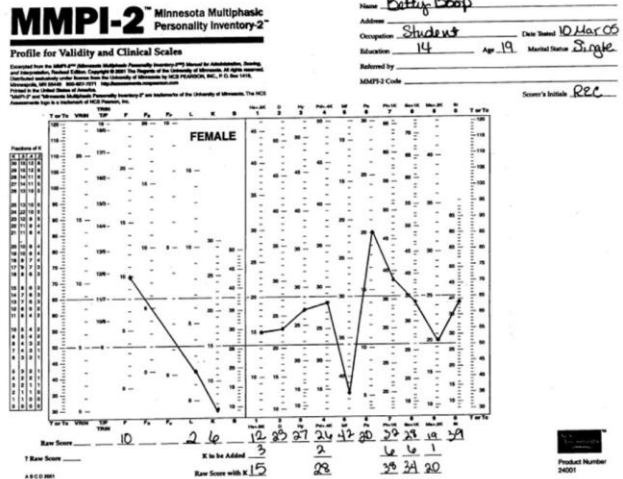
Patient's Name: _____ Date: _____

**Instructions: Ask the questions in the order listed.
Score one point for each correct response within each question or activity.**

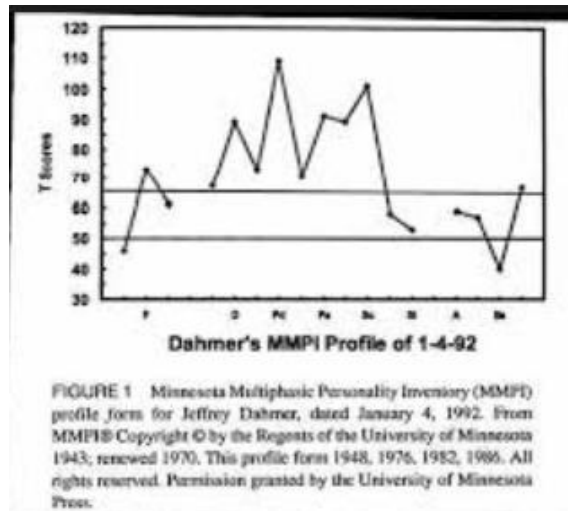
Maximum Score	Patient's Score	Questions
5		"What is the year? Season? Date? Day of the week? Month?"
5		"Where are we now: State? County? Town/city? Hospital? Floor?"
3		The examiner names three unrelated objects clearly and slowly, then asks the patient to name all three of them. The patient's response is used for scoring. The examiner repeats them until patient learns all of them, if possible. Number of trials: _____
5		"I would like you to count backward from 100 by sevens." (93, 86, 79, 72, 65, ...) Stop after five answers. Alternative: "Spell WORLD backwards." (D-L-R-O-W)
3		"Earlier I told you the names of three things. Can you tell me what those were?"
2		Show the patient two simple objects, such as a wristwatch and a pencil, and ask the patient to name them.
1		"Repeat the phrase: 'No ifs, ands, or buts.'"
3		"Take the paper in your right hand, fold it in half, and put it on the floor." (The examiner gives the patient a piece of blank paper.)
1		"Please read this and do what it says." (Written instruction is "Close your eyes.")
1		"Make up and write a sentence about anything." (This sentence must contain a noun and a verb.)
1		"Please copy this picture." (The examiner gives the patient a blank piece of paper and asks him/her to draw the symbol below. All 10 angles must be present and two must intersect.) 
30		TOTAL

MMPI-2

This test has 566 true-false questions covering areas from physical condition to moral and social attitudes. Validity scores and personality patterns emerge from self-presentation.

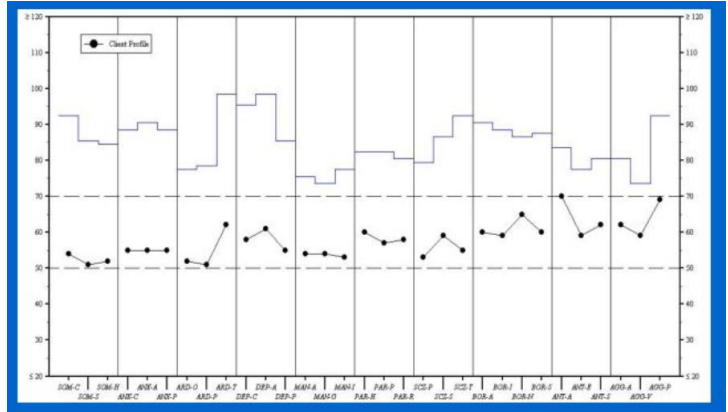


Dahmer's MMPI Profile ;))



PAI

This test has 344 questions that require a response of very true, mostly true, sometimes true, or false. This test is an objective test of personality functioning. It provides a validity index based on response styles. This test generates results of clinical features, self-concept, and interpersonal and social information.



BDI-2 & BAI

These are brief self-report measures commonly utilized in psychological settings. They consist of a 0-3 point rating scale for symptomology of anxiety and depression. The overall score represents none- mild, moderate, or severe symptomology.

Raw Scores	Depression Severity
0-13	Indicates minimal depression
14-19	Indicates mild depression
20-28	Indicates moderate depression
29-63	Indicates severe depression



Custody Evaluation Questionnaire

This is a 17 page questionnaire utilized to assess the children’s history, history of the custody and visitation agreements to date, custody concerns and requests, scheduling accommodations and requests, legal involvement and arrest history, marital and relationship history, history of the dispute, personal history and family members, and other concerns in the case.

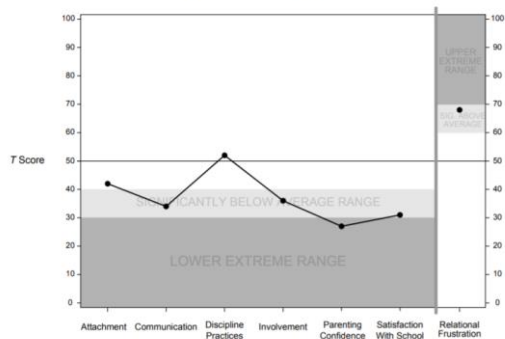
Parenting Relationship Questionnaire (PRQ)

This index is a standardized self-report measure of parent/child relationships in the areas of attachment, communication, discipline practices, involvement, parenting confidence, school satisfaction, and relational frustration.

VALIDITY INDEX SUMMARY

F Index	D Index	Response Pattern Index	Consistency Index
Acceptable	Acceptable	Acceptable	Acceptable
Raw Score: 0	Raw Score: 0	Raw Score: 55	Raw Score: 6

PRQ T-SCORE PROFILE



Raw Score:	26	18	21	7	17	12	21
T Score (Plotted):	42	34	52	36	27	31	68
Percentile Rank:	24	7	57	7	2	5	96
90% Confidence Interval:	37 to 47	29 to 39	44 to 60	31 to 41	20 to 34	27 to 35	63 to 73

Note: All classifications of test scores are subject to the application of the standard error of measurement (SEM) when making classification decisions. Individual examiners are advised to consider all case-related information to determine if a particular classification is appropriate. See the BASC-3 PRQ Manual for additional information on SEMs and confidence intervals.

Trauma Symptom Checklist for Children (TSCC)

This self-report measure evaluates posttraumatic stress and related psychological symptomatology in children ages 8-16 years who have experienced traumatic events, such as physical or sexual abuse, major loss, or natural disasters, or who have been a witness to violence.

TSI-2 Factors, Scales, and Subscales

Factor	Scale	Subscale
Self-Disturbance (SELF)	Depression (D)	
	Insecure Attachment (IA)	Relational Avoidance (IA-RA) Rejection Sensitivity (IA-RS)
	Impaired Self-Reference (ISR)	Reduced Self-Awareness (ISR-RSA) Other-Directedness (ISR-OD)
Posttraumatic Stress (TRAUMA)	Anxious Arousal (AA)	Anxiety (AA-A) Hyperarousal (AA-H)
	Intrusive Experiences (IE)	
	Defensive Avoidance (DA)	
	Dissociation (DIS)	
Externalization (EXT)	Anger (ANG)	
	Sexual Disturbance (SXD)	Sexual Concerns (SXD-SC) Dysfunctional Sexual Behavior (SXD-DSB)
	Suicidality (SUI)	Ideation (SUI-I) Behavior (SUI-B)
	Tension Reduction Behavior (TRB)	
Somatization (SOMA)	Somatic Preoccupations (SOM)	Pain (SOM-P) General (SOM-G)

Limitations

- No tests are perfect
 - Applicability of Western, standardized tests to individuals from ethnically diverse families is not always applicable
- No clinicians are perfect
 - Technical competence
 - Contextual competence
 - Cultural competence
 - Bias
- Personality is not always fixed
- In sum, psychological testing should be used as one more source of data to help make the best decision possible for the child(ren), not the “end-all-be-all” of decisions ☺

Questions?



The End 😊