

Questions and Considerations for TERM Evaluations of a Child/Adolescent

See TERM Handbook sections on “Required Format and Elements of a CWS Psychological Evaluation” posted on Optum TERM Website www.optumsandiego.com/

ALL EVALUATIONS OF A CHILD/ADOLESCENT

Please include the following elements in your evaluation:

- a. Review of educational and mental health records documenting child’s status prior to the abuse/neglect, if available, to obtain estimate of pre-morbid functioning.
- b. Review of CWS Jurisdiction/Disposition Report, other significant additional court reports i.e. those that document major changes in the child’s situation.
- c. Review of the History of Child Placements report, if child has not just become a dependent.
- d. Review of child’s most current Health and Education Passport.
- e. Collateral interviews with teacher(s), past mental health providers, extended family members or friends who knew the child prior to the abuse/neglect (if that is applicable).
- f. Clinical interview and behavioral observation of the child.
- g. General screen of the child’s cognitive/intellectual functioning using appropriate assessment instruments, paying special attention to assessment of impairment in attention and concentration.
- h. For evaluations of Emotional Damage (W&I Code 300c): Compare current cognitive functioning with pre-morbid level of functioning (if possible).
- i. Objective measures of personality and psychopathology, normed and validated with internal measures of validity/response bias, are required for all psychological evaluations, unless there is valid clinical justification for not doing so specified in the report (i.e., due to cognitive or psychiatric compromise, lack of age appropriate measures, literacy limitations, or significant defensiveness invalidating results). An appropriate alternative is to rely on other assessment components (behavioral observation, collateral reports, clinical interview) and acknowledge potential consequent limitations in the report. The lack of normative data and objective scoring limit the usefulness of projective or “performance-based” instruments in the forensic context. Reliance on instruments that lack requisite scientific validity and/or reliability will not meet TERM standards for quality review.
- j. Objective, standardized instruments that assess trauma-related symptomatology also should be utilized whenever indicated and feasible based on the child’s age and cultural/linguistic background. Consider administration of trauma-specific instrument, such as Trauma Symptom Checklist for Children (TSCC; Briere, 1996).
- k. DSM diagnosis (full 5-Axis DSM-IV-TR diagnosis) including code specifiers.
- l. If DMS-5 diagnosis and/or diagnostic criteria more adequately describe the child’s presentation, please include and explain

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EMOTIONAL DAMAGE EVALUATIONS OF A CHILD/ADOLESCENT

A petition has been or will be filed under Section [300\(c\)](#) (Emotional Damage) and there is no therapist for the child who can evaluate and document emotional damage.

Specific questions to address and document in the evaluation narrative include:

- a. An opinion, based on documentation described in above section, regarding whether the child has been negatively impacted emotionally by the abuse and/or neglect that precipitated the current Child Welfare Services referral or case.
- b. The specific emotional and/or behavioral concerns that require intervention.
- c. Specific treatment or assessment recommendations, including:
 - i. Description of appropriate therapeutic milieu in which child can be optimally and safely treated.
 - ii. Any additional testing or assessment (e.g. psychotropic medication evaluation) that would facilitate the child’s ability to reach optimal potential in psychosocial functioning.
 - iii. Particular therapeutic approaches that may be most appropriate, given the child’s age, developmental level, cultural context, and clinical presentation.
 - iv. Estimated length of treatment, based on current presentation.