Specialized Optum TERM Panel Evaluations

The following chart summarizes minimum standards for specialized CWS and Juvenile Probation evaluations (to be used in conjunction with Optum TERM Evaluation Guidelines and TERM Clinical Specialty Criteria for Evaluators):

Juvenile Fire Setting Risk Assessment
(Juvenile Probation)

Methods of Evaluation

The assessment should be based on the integration and synthesis of multiple sources of information, including:

- Empirically guided comprehensive clinical interview, to include details of fire setting history, frequency of incidents, method, motive, consequences, family and environmental factors, and review of known associated risk factors. An independent history of the minor's fire setting behaviors should also be obtained from collateral sources.
  - Examples of published structured interviews include the Juvenile Fire setter Child and Family Risk Surveys, Fire setting Risk Interview and the Child Fire setting Interview, as well as, the Comprehensive Fire Risk Evaluation
  - The highest degree of accuracy is achieved with these measures if both the juvenile interview schedule and interview with at least one caregiver are conducted
- Behavioral observations and formal mental status exam
- Collateral interviews and review of all available collateral data, including fire or police incident report(s)
- If any information is unavailable to the provider, he or she shall note in the report the efforts to obtain that information
- Use of empirically guided inventories or tools for assessment of fire setting behavior as applicable
- Other standardized assessment measures with demonstrated reliability and validity to assess cognitive functioning, achievement abilities, personality and psychopathology, social, emotional and behavioral functioning, history of trauma and its impact on the client, as well as other domains of functioning as specified by referral questions
- The impact of self-presentation on the validity of psychological tools should be recognized and assessed

Estimation of risk level, community safety, and identification of treatment needs should be the immediate focus. The evaluation should be guided by available best practice guidelines. Any psychological tests utilized should be relevant to understanding risk, empirically supported, and appropriate to the minor's age, clinical status, and ethnicity. Use of unstructured clinical judgment with regard to risk estimation will NOT meet quality review standards.

Relevant Resources

Office of Juvenile Justice and Delinquency Prevention http://www.ojjdp.gov/

National Association of State Fire Marshals Juvenile Fire setters Program
http://www.firemarshals.org/programs/juvenile-firesetters-program

Adult Psychosexual Risk Evaluation (CWS*) **and Juvenile Sexual Behavior Problem Risk Assessment**
(Juvenile Probation)

*For CWS evaluations, the provider must be approved by the
California Sex Offender Management Board

Methods of Evaluation

The assessment should be based on the integration and synthesis of multiple sources of information, including:

- Empirically guided comprehensive clinical interview, to include psychosexual history and review of: past trauma history, deviance and paraphilia's, sexual and non-sexual offense history, known associated dynamic and historical risk factors, situations or circumstances under which sexual behavior problems occur, current perceptions about offense, interpersonal relationships, motivation for treatment, and response to prior interventions
- Behavioral observations and formal mental status exam
- Collateral interviews and review of all available collateral data, including victim statements and arrest records for all offenses
- If any information is unavailable to the provider, he or she shall note in the report the efforts to obtain that information
- Psychological tools designed for the evaluation of sexual behavior problems as applicable (such as the Child Sexual Behavior Inventory-III for ages 2-12, or Child Sexual Behavior Checklist-2nd Revision for ages 12 years and younger) and other empirically guided risk assessment strategies as applicable if supported by current literature and appropriate to clinical circumstances
- Other standardized assessment measures with demonstrated reliability and validity to assess cognitive functioning, achievement abilities, personality and psychopathology (including psychopathy in adults), as well as other domains of functioning as specified by referral questions
- The impact of positive self-presentation on the validity of psychological tools should be recognized. Assessment of response style/bias is required for all evaluations

Risk appraisal, victim/community safety, and identification of treatment needs should be the immediate focus of the evaluation. Evaluations should be guided by available best practice guidelines. Any psychological tests utilized should be relevant to understanding risk, empirically supported, and appropriate to the client's age, clinical status, and ethnicity. Use of unstructured clinical judgment with regard to risk estimation will NOT meet quality review standards. NOTE: Caution should be taken when assessing children in this context; providers should guard against projecting adult constructs onto children.

Relevant Resources

Association for the Treatment of Sexual Abusers

California Coalition on Sexual Offending California

State Sex Offender Management Board Center for Sex

Offender Management

San Diego County Sex Offender Management Council

Juvenile Competency to Stand Trial
(Juvenile Probation)

Methods of Evaluation

The assessment should be based on the integration and synthesis of multiple sources of information, including:

- Empirically guided comprehensive clinical interview, to include review of significant features of the minor's social, emotional, cognitive, and behavioral development, medical and mental health history, educational history, current developmental and clinical status, and family context
- Behavioral observations and formal mental status examination as it relates to the demands of the specific legal case
- Collateral interviews and review of all available collateral information, including but not limited to court records, Probation and Child Welfare records, and Regional Center records
- The provider shall consult with the minor's counsel and any other person who has provided information to the court regarding the minor's lack of competency
- If any information is unavailable to the provider, he or she shall note in the report the efforts to obtain that information
- Assessment of functional abilities related to the legal standard of competency to stand trial (e.g. factual and rational understanding, competency to assist counsel). Selection of competency assessment tools should be based on appropriateness for the minor's developmental and clinical status. Examples of competency assessment tools include:
    - Structured competency interview schedule (e.g., Juvenile Adjudicative Competence Interview; Grisso, 2005).
    - Standardized competency assessment instruments normed and validated for the juvenile population. *Note: Currently, all the available standardized competency assessment instruments are designed for use with adults and no juvenile norms have yet been published.*
- Other standardized assessment measures that are appropriate for the client's age, language proficiency, and cultural background and with demonstrated reliability and validity to assess domains of functioning as indicated by referral questions and relevance to assessment of competency (developmental maturity, cognitive functioning, personality and psychopathology, history of trauma and the impact on the client, social, emotional and behavioral functioning)
- The impact of self-presentation on the validity of psychological tools should be recognized and assessed
- Evaluators should be familiar with local competency remediation services to inform their recommendations, and should consider any legally mandated time parameters for remediation

Analysis of competency to stand trial and provision of a remediation opinion should be the immediate focus of the evaluation. The evaluation should be guided by available best practice guidelines. Any psychological tests or assessment tools utilized should be empirically supported, relevant to understanding competency, and appropriate to the minor's age, clinical status, and ethnicity. Use of unstructured clinical judgment with regard to competency assessment will NOT meet quality review standards. Pursuant to California Welfare and Institutions Code 709, the evaluator must assess whether the minor suffers from a mental illness, mental disorder, developmental disability, or developmental immaturity and whether the condition impairs the minor's competency. A minor is incompetent to proceed if he or she lacks sufficient present ability to consult with counsel and assist in preparing his or her defense with a reasonable degree of rational understanding, or lacks a rational as well as factual understanding, of the nature of the charges or proceedings against him or her.

Juvenile Competency to Stand Trial
(Juvenile Probation)

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Relevant Resources

California Welfare and Institutions Code- WIC § 709 (2019)

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=709

Assembly Bill No. 1214

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB1214

Grisso, T. (2005). *Evaluating juveniles' adjudicative competence: A guide to clinical practice.* Sarasota, FL: Professional Resource Press.

Neuropsychological Evaluation
(CWS, Juvenile Probation)

Methods of Evaluation

The assessment should be based on the integration and synthesis of multiple sources of information, including:

- Empirically guided comprehensive clinical interview to include a complete neuropsychological history (e.g., presenting psychological and neuropsychological symptoms, developmental, medical and psychiatric history, medications, neurological tests)
- Behavioral observations and formal mental status exam
- Collateral interviews and review of all available collateral data
- If any information is unavailable to the provider, he or she shall note in the report the efforts to obtain that information
- Standardized neuropsychological measures with demonstrated reliability and validity to assess relevant domains of cognitive functioning (general intellect, higher level executive skills, attention and concentration, learning and memory, language, visual-spatial skills, motor and sensory skills)
- Other standardized assessment measures with demonstrated reliability and validity to assess emotional, behavioral and adaptive functioning as specified by referral questions
- The impact of self-presentation on the validity of psychological and neuropsychological tools should be recognized and assessed

Neuropsychological status as it relates to the case plan should be the immediate focus of the evaluation. The evaluation should be guided by available best practice guidelines and any (neuro) psychological tests utilized should be empirically supported and appropriate to the client's age, clinical status, and ethnicity. If client has been referred for a comprehensive evaluation, neuropsychological screening will NOT meet quality review standards.

Relevant Resources

American Academy of Clinical Neuropsychology Practice Guidelines for Neuropsychological Assessment and Consultation (2007). https://www.tandfonline.com/doi/pdf/10.1080/13825580601025932?needAccess=true

National Academy of Neuropsychology (2003). Official Statement on Independent and Court-Ordered Forensic Neuropsychological Evaluations. http://www.nanonline.org/NAN/Files/PAIC/PDFs/NANIMEpaper.pdf

Family Code 7827 Evaluations
(CWS)

Methods of Evaluation

The assessment should be based on the integration and synthesis of multiple sources of information, including:

- Empirically guided comprehensive clinical interview, to include review of significant historical information, such as family of origin, educational history, mental health and medical history, substance use history, marital history, work history, criminal history, current symptomatology, treatment history and parents' use of clinical intervention, sources of stress and support, interpersonal relationship history, history of parenting, parental acceptance of responsibility, capacity for empathy, and readiness to change
- Behavioral observations and formal mental status exam
- Collateral interviews and review of all available collateral data
- If any information is unavailable to the provider, he or she shall note in the report the efforts to obtain that information
- Standardized assessment measures with demonstrated reliability and validity to assess relevant aspects of parental functioning as specified by referral questions (cognitive functioning, parenting skills, personality and psychopathology, history of trauma and its impact on the client, emotional functioning, and adaptive functioning as appropriate
- If symptoms of a particular Axis I or Axis II disorder are critical to case conceptualization, consideration should be given to use of focused measures of psychopathology as an adjunct to any broad based measures that have been administered (e.g., psychopathy, substance use disorders)
- The impact of positive self-presentation on the validity of psychological tools should be recognized. Assessment of response style/bias is required for all evaluations
- As most tests have not been adequately validated or normed for the child protection population, a conservative approach to interpretation of findings should be adopted (e.g., seeking corroboration across multiple information sources, clearly noting any limitations to the tests' use in the evaluation report)
- Prognosis for remediation within the legal time limits specified for the case must be included. Note: The date by which parent must demonstrate substantial progress in services is listed on CWS Form 04-178 and should be referenced when addressing prognosis. Any interventions proposed must be achievable within this timeframe

The immediate focus of the evaluation should be the determination of ability to safely parent the child(ren), capacity to benefit from services within legal time parameters, and identification of specific interventions to restore functioning and/or assist the parent in gaining requisite parenting skills if capacity to benefit has been determined. The evaluation should be guided by available best practice guidelines and any psychological tests utilized should be relevant to understanding parenting capacity, empirically supported and appropriate to the client's age, clinical status, and ethnicity. Unstructured clinical judgment or failure to address legal timelines will NOT meet quality review standards. Pursuant to Family Code 7827, "mentally disabled" as used in this section means that a parent or parents suffer a mental incapacity or disorder that renders the parent or parents unable to care for and control the child adequately. A proceeding may be brought where the child is one whose parent or parents are mentally disabled and are likely to remain so in the foreseeable future.

Family Code 7827 Evaluations
(CWS)

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Relevant Resources

American Psychological Association (2013). Guidelines for psychological evaluations in child protection matters. American Psychologist, 68, 20-31.
http://www.apa.org/practice/guidelines/child-protection.pdf

California Family Code 7827 (Effective Jan. 1, 2019)
http://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=FAM&division=12.&title=&part=4.&chapter=2.&article=

Juvenile Threat Assessment
(Juvenile Probation)

Methods of Evaluation

The assessment should be based on the integration and synthesis of multiple sources of information, including:

- Empirically guided comprehensive clinical interview
- Review of history, risk and need factors to include individual, family, school-related, peer-related, and environmental risk and protective factors (i.e., history of aggressive conduct; adverse childhood experiences; family dynamics/parenting; antisocial peer associations; social isolation/loneliness; behavioral, cognitive and personality factors; antisocial attitudes/values/beliefs; substance abuse history; developmental/medical/psychiatric history; academic achievement/history; medication compliance; *****threat posturing/preparatory behaviors/rehearsal fantasies or actions). Evaluator shall inquire about youth's internet and social media usage and shall seek information about digital devices owned, used or borrowed. Evaluator shall note sources for these inquiries (subject, parents, teachers, peers, etc…)
- Behavioral observations and formal mental status exam
- Collateral interviews and review of available collateral data
- If any information is unavailable to the provider, he or she shall note in the report the efforts to obtain that information and any consequent limitations to the evaluation
- Standardized psychological measures with demonstrated reliability and validity to assess relevant domains of functioning as specified by referral questions
- Evidence-based risk assessment utilizing empirically validated risk assessment tools relevant to the purpose of the assessment, as appropriate to the context.
- Any limitations to the selected tools and measures and their interpretation should be documented and discussed in the report
- The impact of self-presentation and response style on the validity of psychological and neuropsychological tools should be recognized and assessed

Estimation of risk level, community safety, and identification of treatment needs should be the immediate focus. The evaluation should be guided by available best practice guidelines. Any psychological tests utilized should be relevant to understanding risk, empirically supported, and appropriate to the minor's age, clinical status, and ethnicity. Use of unstructured clinical judgment with regard to risk estimation will NOT meet quality review standards.

Relevant Resources
Association of Threat Assessment Professionals Risk Assessment Guideline Elements for Violence: Considerations for Assessing the Risk of Future Violent Behavior (2006). https://c.ymcdn.com/sites/atapworldwide.site-ym.com/resource/resmgr/imported/documents/RAGE-V.pdf Ethical Guidelines for the Practice of Forensic Psychiatry. American Academy of Psychiatry and the Law (1995). http://www.aapl.org/ethics-guidelines Ethical Principles of Psychologists and Code of Conduct. American Psychological Association (2017). https://www.apa.org/ethics/code/ethics-code-2017.pdf Specialty Guidelines for Forensic Psychology. American Psychological Association (2013). https://www.apa.org/practice/guidelines/forensic-psychology
Definition of Key Terms
Threat posturing: Communication of a threat. Consider the following: 1) Has a threat been communicated? If so, was the communication direct or indirect, verbal, written, text message, social media posting? 2) Have there been hostile or aggressive behaviors upon a person? If so, were the behaviors verbal, physical, personal space intrusions, malicious glaring? 3) Have there been hostile aggressive behaviors upon objects such as vandalism, destruction of property, throwing/breaking objects, punching walls, pounding tables, slamming doors? 4) Is there a history of violent behaviors? 5) Have recent behaviors escalated in intensity, frequency and/or duration? 6) Has there been a narrowing of focus upon a target? **Preparatory behavior: Investing time & resources towards a malicious act.** Consider the following: 1) Researching & planning, developing checklists, & "how-to's" 2) Have any weapons, supplies, ammunition, or equipment been procured? 3) Have there been any predatory behaviors such as open source data searches of targets or surveillance 4) Has there been any testing of security & responses or trial runs? 5) Has there been a ramping up of these behaviors? **Rehearsal fantasies and actions: Obsessions & fixations with malicious themes.** Consider the following: 1) Have there been any communications of what will transpire or leakage of malicious intent? 2) Is there evidence of romanticizing past incidences of violence? 3) Has there been any evidence of "costuming" of omnipotent characters or tactical gear? 4) Is there emotional/psychological investment into fantasies or increased risk of impelling one into action? **Reference: A Primer on Threat Assessments accessed at http://www.nothreat.com/primer.htm**