

**Judicial Branch
Administrative Policy and Procedures Manual**

Forensic Mental Health Evaluations in Child Protection Proceedings

This Manual governs the Judicial Branch Policies and Procedures associated with the Procurement of and Continuous Quality Improvement for Psychologists and other Mental Health Professionals who are selected to conduct Court Ordered Psychological Evaluations and other assessments for the Superior Court for Juvenile Matters in Child Protection Proceedings. This manual provides an overview of the necessary education, training and qualifications Mental Health Professionals must possess to be considered for inclusion on the Judicial Branch approved roster. Also included are guidelines for conducting evaluations and providing reports to the Court, and the continuous quality review process.

(Final September 2013)

I. Scope of Policy:

This policy governs the provision of services by private providers who conduct court ordered evaluations in child protection matters before the Court. The policy applies to any private provider who conducts a mental health, competency, psychological, neuropsychological, psychosexual, and psychiatric, substance abuse, or any other such assessment or evaluation ordered by the Court. This policy recognizes that specialized knowledge is required by mental health staff providing evaluation for the court.

The policy applies to private providers who have been approved for inclusion on any Judicial Branch roster created for the purpose of procuring these professional services.

II. General Policy:

Forensic Mental Health Evaluations:

For purposes of this policy, a forensic mental health evaluation is generally defined as an evaluation that is completed at the request of the court and serves, primarily, though not exclusively, as a means of providing information to the court. Such information will become part of the court record and may influence the decision making about a particular case.

The purpose of a forensic evaluation may vary, but in general, the purpose will be to contribute specialized knowledge of psychiatry, psychology and the law in a judicial context with the goal of assisting in the resolution of legal matters before the court. Such issues may involve juvenile justice, child protection or competency.

Forensic evaluations may be in the form of psychiatric, competency, psychological, psychosexual, neuropsychological, developmental, trauma, safety risk, risk of violence, risk of doing harm to oneself or suicide and risk of specific legally relevant behaviors, substance abuse, and domestic violence assessments/evaluations.

III. Selection of Providers - For child protection evaluations:

A mailing to all licensed psychiatrists, psychologists, and social workers will be sent out biannually or as needed to recruit new providers using lists obtained through the Department of Public Health database.

IV. Qualifications and Licensure:

Any individual proposing to provide mental health assessments paid for by the Judicial Branch or the Department of Children and Families must hold a current license in medicine with a specialization in psychiatry; a license to practice psychology; or a license to practice social work, marriage and family therapy or other related field issued in Connecticut and in good standing

without restriction. Exceptions may be made for individuals licensed in another state and who is license eligible in Connecticut.

a. For Psychiatrists:

Education: Graduation from an accredited Medical School and completion of an accredited residency in the US or Canada.

Experience: Documentation of at least 2000 hours of post degree experience in the assessment and treatment of children and adolescents.

b. For Psychologists:

Education – Graduation for an accredited Doctoral Level program in Clinical, Educational or Counseling Psychology

Experience: Documentation of at least 2000 hours of post degree experience in the assessment and treatment of children and adolescents.

c. For Social Workers:

Education – Graduation from an accredited Masters' Level program in Clinical Social Work, Marriage and Family Therapy, or other related field.

Experience: Documentation of at least 2000 hours of experience in the assessment and treatment of children and adolescents.

V. Continuing Education Requirements:

Due to the specialized nature of court work, the individual must demonstrate continuing education of sixteen (16) hours annually in continuing education training related to forensic evaluation.

VI. Registration :

Each individual seeking to provide evaluations for the court will provide the following:

1. Proof of graduation from an accredited university or medical school,
2. Proof of any claimed specialization.
3. Proof of valid, unrestricted license,
4. Completed application and credential verification.

VII. Credentialing and Credential Verification

The Judicial Branch has established a two part process for assessing and accepting mental health professionals who are found to be qualified to conduct court ordered evaluations in child protection proceedings.

Part One: Credentialing

Step 1: Provider Information

Any mental health professional seeking to perform court ordered psychological/psychiatric evaluations (COPEs) in child protection proceedings is required to complete a "Provider Information Form". The form provides demographic and logistical information to the Branch about the mental health professionals.

Step 2: Council on Quality Health Care (CAQH)

Any mental health professional seeing to perform court ordered evaluations in child protection proceedings is required to register with the CAQH and enter relevant professional information and data on its web based data collection site. (www.CAQH.org)

Step 3: Advanced Behavioral Health, Inc. (ABH)

The Judicial Branch has contracted with ABH, Inc. to conduct credential verification for all mental health professionals seeking to conduct COPEs in child protection proceedings.

After registering at CAQH, mental health professionals are required to complete the credentialing verification process through ABH, Inc. The process includes completion of a CPS and criminal background check as well as signing releases and authorizations for the Judicial Branch and ABH to access CAQH data files to conduct the credential verification. ABH, Inc. will obtain the CPS and criminal background checks and contact colleges, licensing boards, universities and other entities to verify information and standing related to State of Connecticut licensing requirements.

Step 4: Placement on the Approved Roster

Providers will be selected for placement on a list of approved providers subject to verification of the submission of above information. Once accepted, individuals may be enrolled into a judicial database from which they will be selected by particular courts for their work, with the permission of and at the discretion of the presiding judge. Application for inclusion in the list of willing providers does not constitute an employment contract nor does it provide a guarantee of work. Any provider may be removed from this list at the discretion of the Chief Court Administrator or designee.

Step 5: Probationary Period

Mental health professionals who successfully completed the credentialing verification for the first time will be placed on the roster for a one year probationary period during which time they may conduct court ordered evaluations.

During that probationary period the mental health professionals are required to attend two trainings, including one on the basics of conducting court ordered evaluations for the Juvenile Court in CT.

Part 2: Re-Credentialing

A re-credentialing of all previously approved mental health professionals will be completed every three years beginning in January 2013. Mental health professionals will be contacted and asked to provide updated information and submit to a new CPS and criminal background checks.

All mental health professionals are required to conduct evaluations, produce written reports (see Appendix A) and submit to periodic reviews in the manner described in Appendix B. Failure to do so may result in removal from the Judicial Branch roster.

VIII. Compensation

The methods of compensation are as follows:

For Child Protection: Payment for evaluations is governed by CGS Sec. 46b-129(i), and as indicated by a court order.

IX. Comprehensive Continuous Quality Improvement

The Judicial Branch has adopted a comprehensive system of continuous quality improvement (CQI) to establish and maintain a roster of qualified mental health professionals available to perform court ordered evaluations in child protection proceedings.

The goals of the CQI are to:

- ✦ Provide a highly qualified roster for mental health professionals to the Juvenile Court;
- ✦ Develop and maintain standards for performance of court ordered evaluations;
- ✦ Establish and maintain a process for oversight of evaluators and evaluation reports and implement remedial remedies for deficiencies noted during through oversight.

A detailed description of the Quality Assurance and Peer Review Process may be found in Appendix B.

Appendix A

Format for Reports of Court Ordered Evaluations in Child Protection Cases

Court Ordered Evaluations for Child Protection Proceedings are governed by the order promulgated by the Judicial Branch and signed by the judge presiding over the case. (The form may be found in Attachment 1)

The format for reports is based on established standards of practice for such evaluations. The format is best suited to convey information and findings derived from the evaluation. Major heading and sub headings are to be followed. Professional judgments should be exercised and should adhere to the *APA Guidelines for Psychological Evaluation in Child Protection Matters* (2011)¹ and the *APA Ethical Principles of Psychologists and Code of Conduct* (Ethics Code) (APA, 2002a, 2010)².

Sections and Headings

Every report has four sections with sub headings under each section. The outline for the report may be found in the outline to follow. Under each section sub heading, there is discussion of the *minimum* required information to be articulated in that section/sub heading. Professional judgment about inclusion of additional information or data should be applied.

¹ See <http://www.apa.org/practice/guidelines/child-protection.pdf>

² See <http://www.apa.org/ethics/code/index.aspx>

**Report Outline for Court-Ordered Protection and Custody Evaluations
(For Connecticut)**

TO: [person who referred case]

RE: [case name]

Date of Birth:

Docket number:

Dates of Evaluation:

Date of Report:

Examiner and

Business Affiliation:

Part I: PURPOSE AND PROCESS OF EVALUATION

A. Reason for Referral

A paragraph or two describing:

- Referral source: name of court, name of judge
- Statute under which the referral was made (if relevant)
- Legal, clinical and practical reasons for the referral
- Any additional questions raised by the person making the referral for evaluation
- Examiner's statement of scope and focus of the evaluation, in light of the referral questions
- Any special questions raised by the court

B. Method of Evaluation

Lists of all methods of data collection used, including:

- *Interviews:* Each family member and youth interviewed, dates, length of interviews
- *Observations:* Each session in which parent/child observations occurred (if different from "interviews")
- *Collateral contacts:* Each person (e.g., teacher, therapist, extended family member) interviewed by phone or in person, with dates. Documentation of attempts to gather collateral information that were unsuccessful because of the absence of appropriate releases of information.
- *Records:* Each record (e.g., school record, mental health record) obtained and reviewed, identified by agency sending the record
- *Assessment tools:* List of all tests, rating schedules, or other standardized tools administered by the examiner, with dates.

If the person evaluated required any accommodations (e.g. was the valuation conducted in the person's language of choice or was language interpreter was one used),

C. Legal and Ethical Protections for Examinees

A paragraph or two summarizing the manner in which the parents/caretakers and children were fully informed of:

- the purpose of the evaluation
- possible uses of the results
- any rights they have regarding participation or refusal, depending on law that applies to the type of evaluation being performed

Include comments on the degree to which it appeared the participants understood the information and its implications, and if relevant, whether they waived any rights

If relevant, comment on (a) the involvement of legal counsel and (b) how collaterals were informed of the purpose for examinee's requests for information.

Part II: CLINICAL INFORMATION OBTAINED

NOTE: The purpose of this section is to describe one's observations and to summarize data from various sources. Therefore, it should include facts, observations and data, but should avoid interpretations, opinions or conclusions. If important information of the following types was not available (e.g., records could not be obtained), explain this where appropriate in the following sections

A. Identifying information about child and parents/caretakers

Include brief description of:

- Demographics of the family
- Facts that led to the court's concern
- Index events involving alleged abuse and/or neglect, and their consequences

B. Parents/caretakers history

Include information about:

- Parents' own childhood family
- residence history
- health and mental health history
- educational history
- occupational history
- contacts with child welfare agencies and law enforcement
- Past efforts to rehabilitate the parents/caretakers (if relevant)

C. Parents/caretakers current functioning

Observations about personality, strengths and weaknesses, functioning as a parent, and any facts that might be related to alleged abuse/neglect concerns and potential for rehabilitation, including relevant information from:

- Interview results
- Mental status interview
- Collateral interviews related to current functioning
- Psychological test results (if used)

D. Child's (children's) history

Include information about:

- early development milestones
- health and mental health history
- educational history
- contacts with law enforcement
- specific details of nature and consequences of past abuse/neglect

E. Child's (children's) current functioning

Data regarding personality, strengths and weaknesses, attachments within and outside family, and any facts that might be related to abuse/neglect concerns, including relevant information based on:

- Interview results
- Mental status interview
- Collateral interviews related to child's current functioning
- Psychological test results

F. Parent/caretaker and child observations

(If relevant)

Description of what was observed in sessions involving interactions between parent and child, relevant for understanding interaction, attachment, and parenting abilities

Part III: OPINIONS AND RECOMMENDATIONS

NOTE: The purpose of this section is to offer interpretations or opinions about the case that answer the referral question. It includes a clinical formulation of the case that assists the court

in understanding the essential strengths and deficits of the parent/caretaker relevant for parenting, as well as recommendations for rehabilitation and probable outcomes.

All opinions are a function of the data offered earlier, combined with the clinician's theoretical and clinical knowledge of parenting, children, and causes and rehabilitation regarding abuse/neglect. No new data should arise in this section that is not already offered in Part B.

All major opinions must be explained (what was the basis for the opinion), not merely offered.

A. Clinical Summary

A formulation (typically a set of integrated interpretations based on the data), that

- Describes the parents/caretakers with regard to essential features that are needed to understand past and potentially future strengths and weaknesses related to abuse and/or neglect of the child.
- Describes the child in terms of attachments, deficits, resiliencies, and probably future development

This section does not simply repeat or summarize the data in Part B. It uses those data to make clinical and psychosocial inferences about essential constructs and capacities of the parents that are the core of (help to explain) the difficulties that led to the referral.

B. Recommendations Related to the Referral Questions

Opinions that address the general and specific questions raised in Part 1: A, including as relevant:

- Capacities of the parents/caretakers related to needs and protection of the child. Services that will be required to maximize needs and protection of the child
- Availability of those services and the likelihood that the services are accessible in a reasonable period of time
- Capacities of the parents/caretakers to make use of those services within a reasonable period of time
- Level of care, if achieved by the parent, will adequately serve the needs and protection of the child.

Part IV: CREDENTIALS/DEGREES/VERIFICATION

Note: The purpose of this section is to state credentials and degrees and verify the authenticity of the report.

- List qualifications including degrees and licenses
- Sign and date the report

Appendix B

Quality Assurance and Peer Review

I. Periodic Review of Evaluators Work Product

Providers will be expected to comply with the standardized procedures and report template formats that have been developed by the Judicial Branch for use in the Superior Court for Juvenile Matters. (See Appendix A for Guidelines and Sample Report Format) Any individual providing work for the Judicial Branch will agree to submit their work to an ongoing peer review process. This blind process will provide feedback to the individual provider on quality of work. Additionally, complaints regarding quality of work will be handled through judicial agreements for continuing quality assurance.

II. Establishment of a Review Committee

The Judicial Branch has established a committee of experts to oversee and participate in the review of court ordered psychological evaluations. The review committee is convened by the University of Connecticut School of Medicine, Department of Psychiatry under the direction of Daniel Connor, MD or his designee.

The Review Committee is comprised of:

- ✦ At least two (2) psychologists with expertise in the evaluation children and families in child protection proceedings;
- ✦ A representative of the UConn School of Medicine, Department of Psychiatry (who serves as chair of the review committee);
- ✦ A judge assigned to Juvenile Matters;
- ✦ A representative of the Court Operations Division of the Judicial Branch;
- ✦ A representative of the CSSD clinical staff;
- ✦ Other members as deemed appropriate by the chair of the Review Committee.

III. Role of the Review Committee

The Review Committee is responsible for the periodic review of the work product of mental health professionals who conduct court ordered evaluations in child protection proceedings. The review committee is responsible for providing feedback to individual mental health professional whose work is reviewed and for developing remediation plans with the individual mental health professional, if necessary. (See Appendix C for Guidelines for Review of court ordered evaluation reports)

IV. Process for Review of Mental Health Professionals Work Product

The Review Committee convenes six (6) times calendar per year. Prior to the review, a random sample of evaluation reports will be selected for review. The CP Case Management System is the source of cases from which the random sample is derived.

1. Ongoing review of Work Product of mental health professional on the Judicial Branch Roster

Two expert members of the review committee will review the reports in detail and prepare a written synopsis of their findings.

The review committee convenes to review the findings of the experts' review. The members discuss the findings and by consensus, agree on a final determination of findings. The review committee designates one (1) person to prepare and send a report of results of the review to the evaluator.

If remediation is required, the nature of and plan for remediation will be articulated to the evaluator in the results of the review.

Any mental health professional who is subject of a remediation plan is required to submit work product within six months of the receipt of the report of the review and remediation plan.

Failure to successfully address any deficiencies may result in removal from the Judicial Branch roster.

2. Review of Work Product for mental health professionals serving the One year Probationary Period

Mental health professionals who are serving the one (1) year probationary period are required to submit two (2) COPE evaluation reports after six (6) months. The Committee will review the work product and provide written feedback to the mental health professional about the results of the review and any remediation plan warranted. If the report is found to be satisfactory, the mental health professional serves out the remainder of his/her probationary period without further review, but will be subject to ongoing review in the future. If the reports are not found to be satisfactory, the mental health professional is required to submit two (2) reports after an additional six (6) months for review. If the work product/reports have not substantially improved, the mental health professional is not placed on the roster. The mental health professional who has been notified that permanent status has not been attained may reapply for inclusion on the roster one year after such notification.

Appendix C

Guidelines for Review of Reports

The review committee will assess the evaluators' competencies considering the following factors when evaluating COPE reports:

1. The report is organized and structured in accordance with the Format for Reports in Child Protection Cases;
2. The report is written in a manner that has minimal jargon and organization is logical and readable;
3. The report is reflective of the evaluator's knowledge of the legal system and ability to convey the parameters of confidentiality to the evaluatee;
4. The report reflects the use of appropriate methods including interviews, testing instruments and collateral contacts;
5. The report reflects the evaluator's knowledge and use of appropriate APA Guidelines and Principles;
6. The report reflects the appropriate use of data collected to formulate recommendations;
7. The report lists referral questions and provides responses to the questions at the end;
8. The report reflects any limitations noted by the evaluator that limits his/her ability to collect data or formulate recommendations and/or respond to referral questions.

A standardized audit instrument will be used by the committee to collect data from which the written report to the mental health professional will be derived.