

PARENTAL COMPETENCY
EVALUATIONS
in a Court Setting

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Judicial Advisor: Honorable Morgan Long, Multnomah County
Circuit Court Judge

PRESENTATION

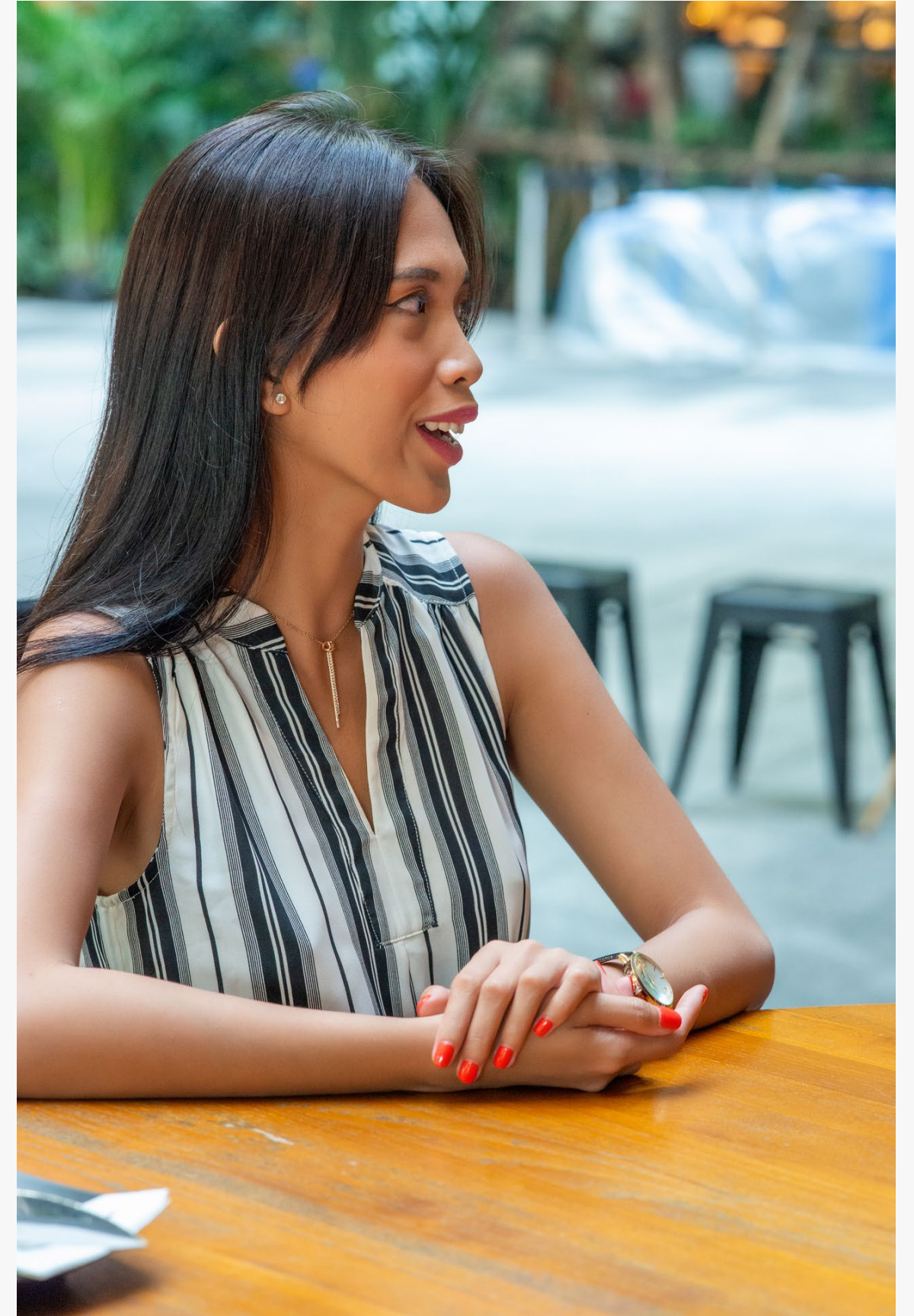
AGENDA

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- Provide an overview of different types of psychological evaluations
 - Provide critical information to understand psychological testing
 - Review commonly used psychological tests
 - Provide core requirements of a Parental Competency Evaluation (PCE)

We will try and provide several “Practical Tips” over the course of the presentation.

ONE WAY TO THINK ABOUT PSYCHOLOGICAL EVALUATIONS:

- They are an opportunity for the evaluator to hone a “story” about a person’s mental health and related behaviors.
- The story incorporates information from others (collateral information), the client (the interview), and a non -biased third party (the testing).
- The evaluator attempts to combine this information in a meaningful manner that includes a full explanation of the conclusions and how they were derived (no rabbits out of hats) and also to explain how contradictory information was utilized (for example, if the client provides a distinctly different account of recent functioning compared to the DHS records).





HELPFUL TIPS



- The last slide is only one way to conceptualize psychological evaluations.
- I used this format as it often makes sense to clients and helps them to relax and not be as defensive.

PLETHORA OF POSSIBLE PSYCHOLOGICAL EVALUATIONS

- By Domain
- By Name

Personality/
Mood

Cognitive

Developmental

Niche

PERSONALITY / MOOD ASSESSMENT

Involves the administration, scoring, and interpretation of empirically supported measures of personality traits and styles in order to:

- Refine diagnosis
- Structure and inform psychological interventions
- Often overlaps with other types of assessments

Used primarily to identify specific mood related concerns.

- Does the person suffer from clinical levels of depression, anxiety, etc.?

These often, but do not always connect to functional issues.



HELPFUL TIPS

A psychological test can never solely be used to make a diagnosis.

The MMPI-3 indicates significant depression

- This does not mean that the person suffers from DSM-5 disorders related to depression

The WAIS-4 indicates that person has an IQ of 65.

- This does not mean that the person suffers from DSM-5 intellectual or cognitive disabilities.

COGNITIVE ASSESSMENT

- Utilizes empirically based tests to identify deficiencies in knowledge, thought processes, or judgment.
- Can provide information about major cognitive impairment, mild cognitive impairment, evaluate traumatic brain injuries, help determine decision making capacity, and assess for intellectual dysfunction.



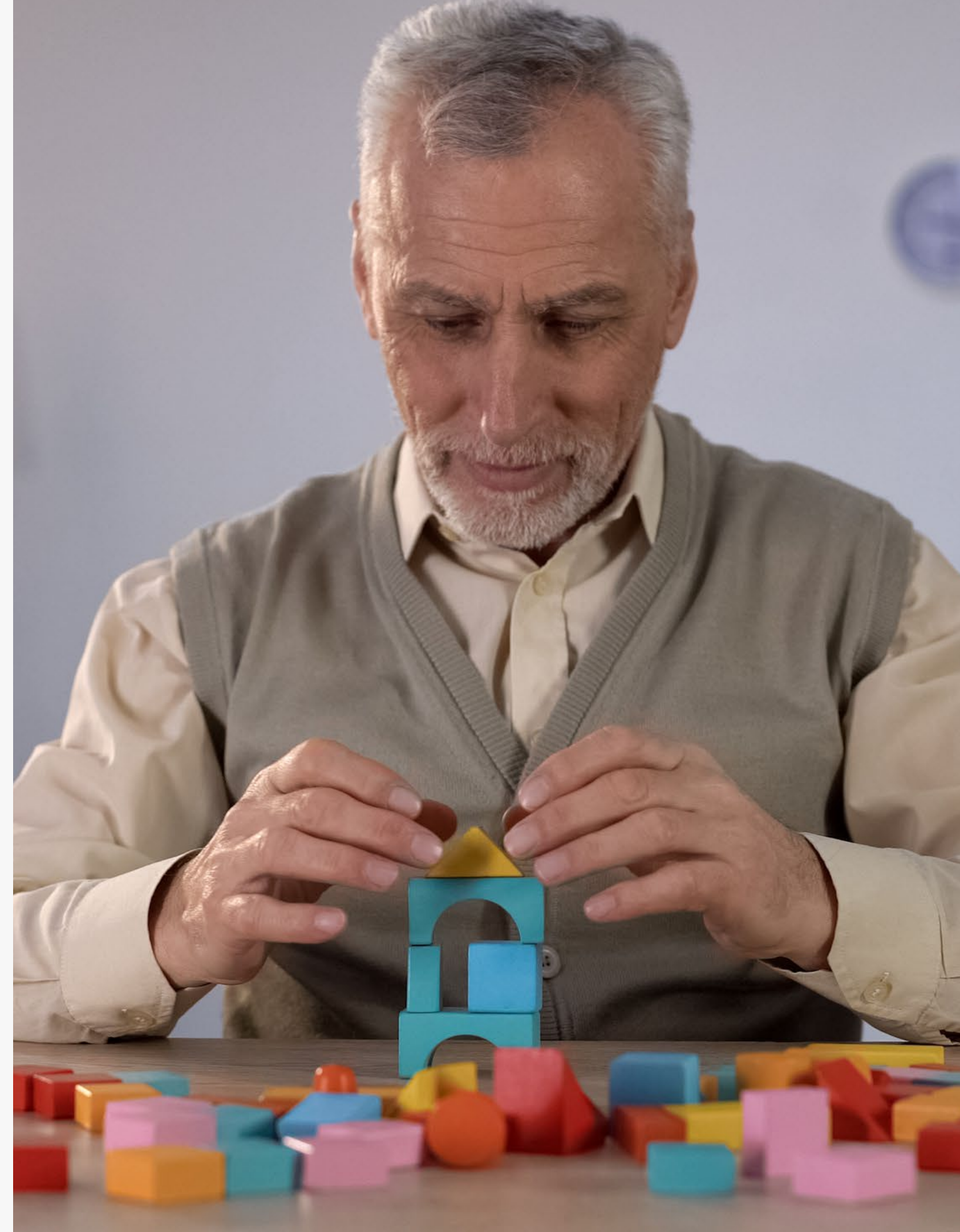


HELPFUL TIPS

This link is an excellent review
of cognitive assessments:
Cognitive Assessment, Aishe l
Gonzalez Kelso & Prasanna
Tadi, National Library of
Medicine,
[https://www.ncbi.nlm.nih.gov
/books/NBK556049](https://www.ncbi.nlm.nih.gov/books/NBK556049),
November 22, 2022.

COGNITIVE ASSESSMENT VS NEUROPSYCHOLOGICAL ASSESSMENT

- Neuropsychological Assessment is a subtype of cognitive assessment.
- Neuropsychologists have specialized training in brain behavior relationship and perform more in -depth evaluations.





DEVELOPMENTAL ASSESSMENTS

- Early Childhood Developmental Assessments
 - Focus on early cognitive, social, and emotional development.
- Autism Spectrum Disorder Assessment
 - Used to help diagnosis (or not diagnosis) Autism Spectrum Disorder

NICHE ASSESSMENTS

- These are specialized hybrid assessments that utilize some or all of the above domains.
- Risk Assessment (the likelihood that a client will engage in negative behaviors). For example, a batterer's assessment
- Disability Evaluation (for example, for Social Security or the Veteran's Administration)
- Psychosexual Evaluation
- Best Interest Evaluation
- Parental Competency Evaluation



USE OF TESTING IN A PSYCHOLOGICAL EVALUATION

- Testing is a corner stone of assessment, but not all testing is equal.
- Difference between empirically validated testing and garage testing.



TO UNDERSTAND TESTING, YOU HAVE TO UNDERSTAND RELIABILITY AND VALIDITY

- Key idea

If you do not have reliability, you cannot have validity.

This concept can be applied beyond psychological testing.

Standards have to be consistent (reliable) so that we know that they are applied correctly (valid).



RELIABILITY

- The degree to which a test is consistent and stable in measuring what it is intended to measure.
 - A scale is not reliable if it says a pumpkin weighs 12 pounds the first time it is set on the scale and 8 pounds the next time it is set on the scale. With only this information, there is no way to know how much the pumpkin truly weighs.



VALIDITY

- The degree that the test actually measures what it claims to measure.
- The pumpkins true weight is 12 pounds.



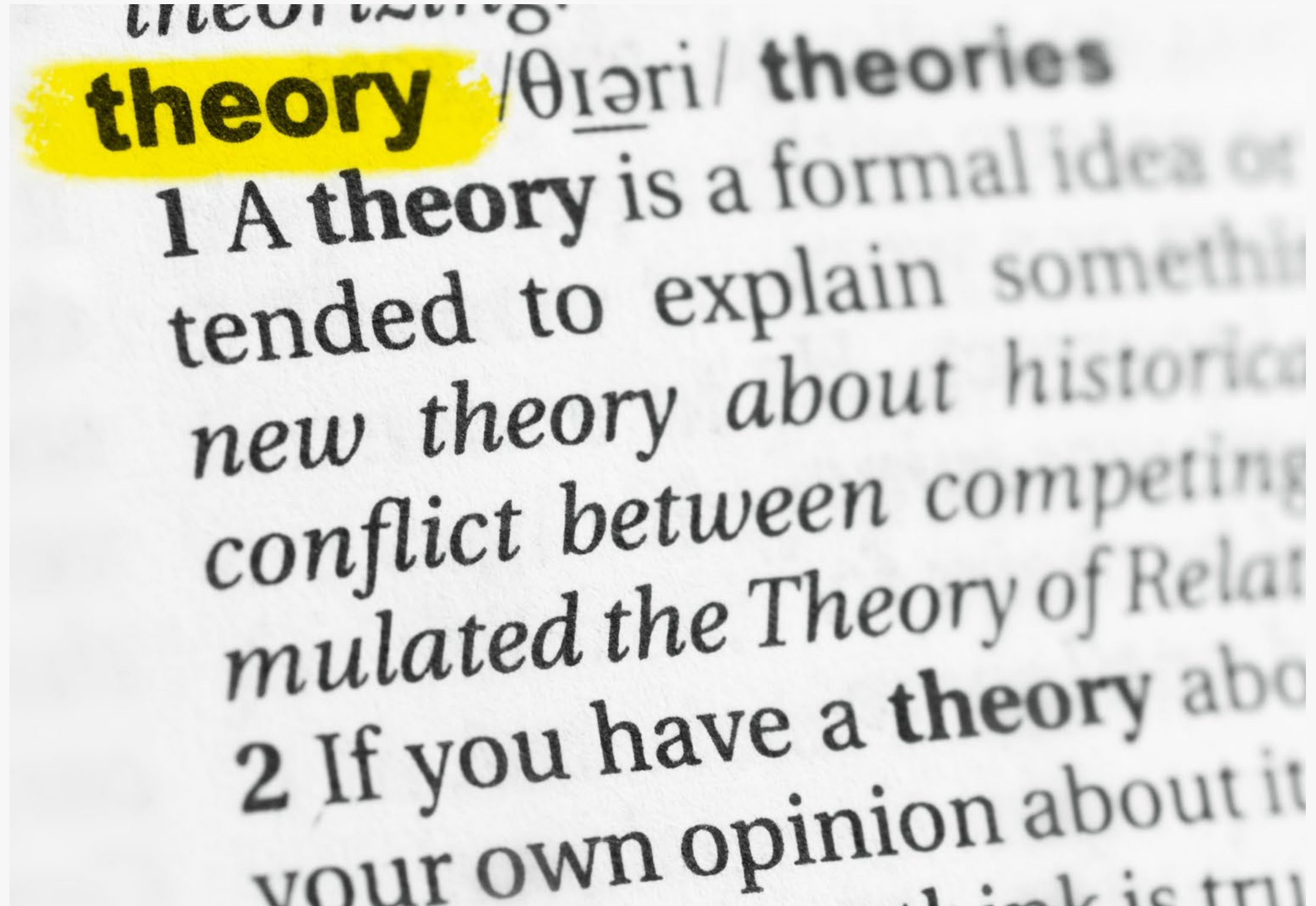
EMPIRICALLY VALIDATED TESTING

This is the degree
to which an idea,
model, or test has
been supported
by the
accumulation of
research.



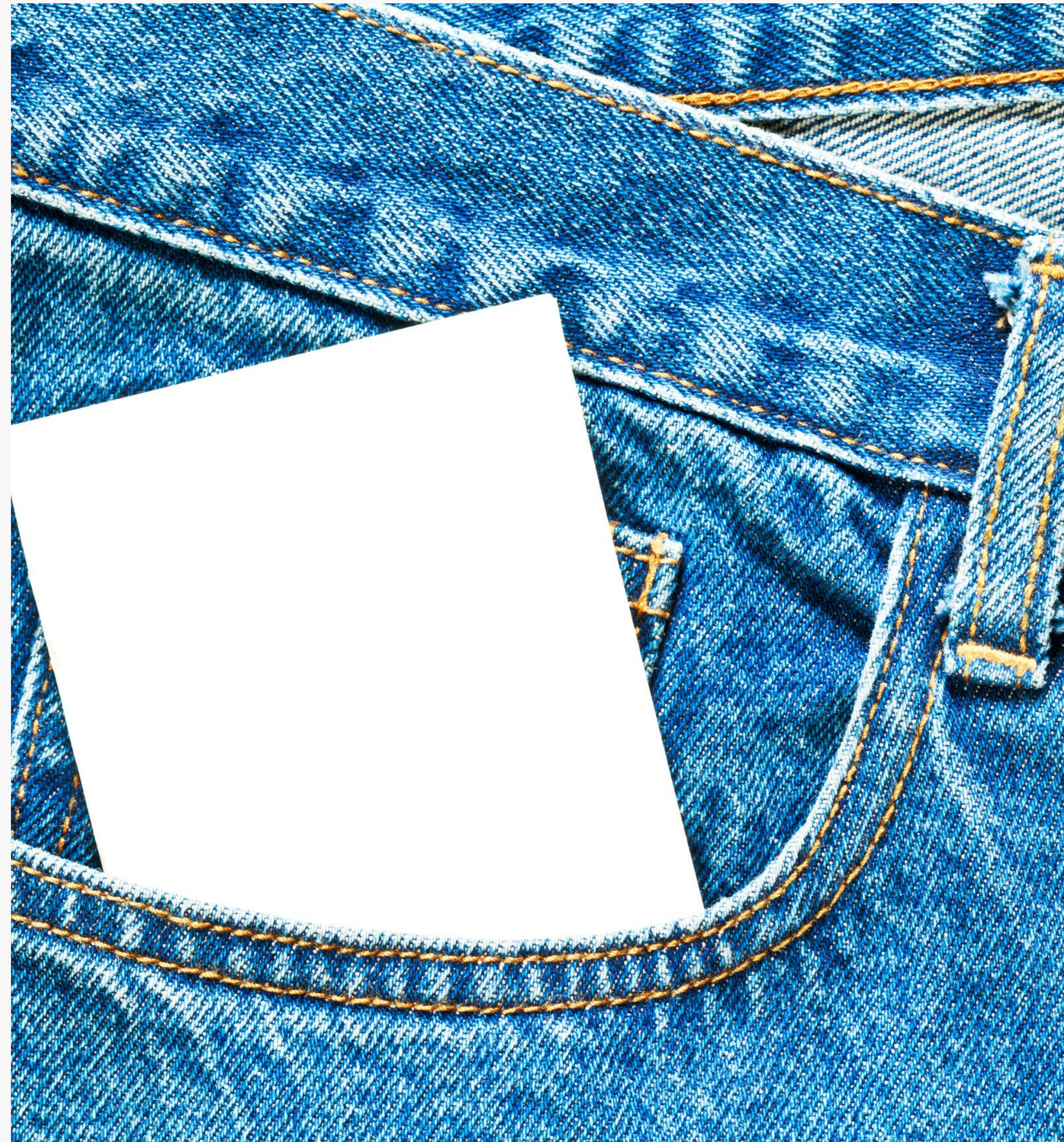
THEORY BASED TESTING

- A test that reflects an underlying theory, but there has not been appropriate research supporting it by the larger community.
- Example - the Never Opposed Personality Event (the NOPE).
 - I might like it and believe that it is accurate since it fits my theory, but there is no supporting research.



RETESTING CAN BE A MAJOR ISSUE AND POINT OF CONTENTION

- It can impact the validity of the results if a test is given a second time in a short period of time.
- This is often an issue with “pocket evaluations.”





HELPFUL TIPS

If the results from the same test are very different, the first testing is likely to be more accurate, but this is not always the case if a good explanation can be provided for the improved results.

RETESTING WITH THE WAIS-IV

Pearson does not appear to provide clear guidance to address how much time has to elapse between administrations.

Guidelines for testing children adapted for retesting adults:

- Has enough time elapsed so that the person is not likely to remember their answers?
- Is there a reason to believe that the first test administration did not represent the client's best performance?
- Has enough time elapsed between tests that the client has made progress?

The testing company's recommendation is not to retest if any of the three questions above are answered no.



SECONDARY GAIN IN A PSYCHOLOGICAL EVALUATION

- Is having an agenda or being motivated to attempt to impact the results of the evaluation.
 - For some evaluations (for example, Social Security Evaluations), there is inherent motivation to appear worse baseline (to be eligible for money and medical care).
 - For other evaluations (for example, Parental Competency Evaluations), there is inherent motivation to appear “normal or better at baseline (to conclude the ODHS case in their favor).
- Agendas create opportunities for a lack of test validity.
- Directly drives the need for validity scales.



VALIDITY SCALES

- If it is possible to “fake” in the desired direction, a test should always have validity scales.
 - No validity scales – No go!

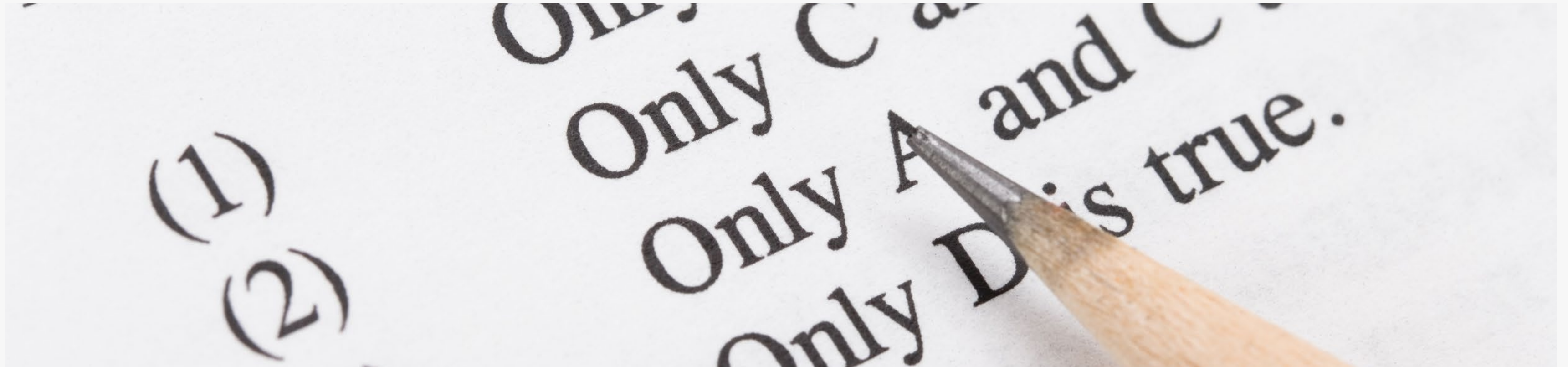




HELPFUL TIPS

It is possible to “fake bad” on an IQ test (to appear not as bright or as having cognitive issues).

It is not possible to “fake good” on an IQ test (a person cannot score better on an IQ test than their true score). You can't be smarter than you are.



FACE VALIDITY

- When you can see by the items wording what it appears to measure.
 - Beck Depression Inventory
 - 21 Items
 - 0 I do not feel sad.
 - 1 I feel sad 2
 - I am sad all the time and I can't snap out of it.
 - 3 I am so sad and unhappy that I can't stand it.
 - MMPI-2-RF
 - I Like mechanics magazine (True / False)

OTHER COMMON VALIDITY SCALES

- Random Responding
- Inconsistent Responding

ROLE OF BIAS IN FORENSIC EVALUATIONS

- Bias is an external factor (or factors) that impact the validity of the evaluation findings.
- It is a concern for all types of forensic evaluations.
- It is often a concern for DHS and for defense attorneys.
- The evaluator has an ethical responsibility to assess for personal bias and take appropriate actions (for example, to refuse to take a referral).
- Empirically based testing is way to limit bias.



IMPACT OF ACTIVE SUBSTANCE USE ON TESTING



- This can be a controversial topic as a person will likely respond to questions and test differently compared to not being impacted by substance use.
- It is recommended that a client never be evaluated if the evaluator knows (or strongly believes) that the person is under the -influence.
- At times, it may be appropriate if the testing is meant to address the person's current functioning.

TESTING IN PCEs

TEST SELECTION

- Tests are selected based on the goals of the evaluation (these are usually defined by the referral questions).
- There are empirically accepted tests that are appropriate for forensic evaluations in all four of the basic domains.
- It is not unusual for evaluators to have preferences for one test over another.





COMMON TESTS USED IN PARENTAL COMPETENCY EVALUATIONS

- Minnesota Multiphasic Personality Inventory – 2 – Restructured Form (MMPI -2-RF)
- Minnesota Multiphasic Personality Inventory – 3 (MMPI -3)
- Personality Assessment Inventory (PAI)
- Wechsler Adult Intelligence Scales – 4th Edition (WAIS-4)
- Child Abuse Potential Inventory (CAPI)
- Parenting Stress Index, 4th Edition (PSI-4)

WELL ESTABLISHED PERSONALITY TESTS PROVIDE:

- In terms of PCEs, these tests provide information about areas of concern related to psychological distress and psychopathology.
 - For example, if a person appears to experience significant:
 - Depression
 - Symptoms of psychosis
 - Behaviors consistent with mania
 - Anger problems
 - Difficulties with social interactions
 - Stress level





BENEFITS OF PERSONALITY TESTING

- Have strong validity scales
 - Which allows the ability to draw some conclusions about the manner that the client approached the test:
 - Defensive
 - Overly positive
- Usually they have very little face validity, so it is more difficult for the client to knowingly bias the test results
- Reduces bias as an invalid test can be noted immediately and allow for an opportunity to administer an additional personality test

THE MMPI-2-RF

- The MMPI-2-RF is a measure of personality and psychopathology.
- Published in 2008
- Consists of 338 items (choices are “true” or “false”)
- 51 scales
- Multiple validity scales
- Based on the original norms of the MMPI -2 from the late 1980s (1,138 men & 1,138 women)
- Translated into Spanish and French for Canada



THE MMPI-3

- The MMPI-3 is a measure of personality and psychopathology.
- It is intended to be an update and extension of the MMPI -2-RF
- Published in 2020
- 335 items (choices are “true” or “false”)
- 52 scales
- Multiple validity scales
- Revised and updated norms
- Fully normed Spanish -language version





THE PAI

- The PAI is a measure of personality and psychopathology.
- Published in 1991 and updated in 2007
- 344 items
- There are four choices for each item ranging from “strongly agree to strongly disagree”
- 22 scales
- Strong validity scales

WAIS-4

- Assessment of intellectual functioning
 - Often appropriately used to screen for general cognitive functioning
 - Verbal skills
 - Problem-solving
 - Memory
 - Cognitive processing speed
- Test has to be administered by a person
- Takes 60 to 90 minutes
 - It is TIRING as it purposefully and repeatedly strains client's cognitive abilities.
- This test is often used as a cognitive screen and is the gold-standard for intellectual assessment.
- Can provide information about the client's basic language skills, short-term memory, attention, problem solving, and processing speed.
- This test is very tiring to take. It requires the person to essentially do a task with increasing difficulty until they get to a point where they repeatedly fail.

THE CAPI

- Screens for the presence of important personality characteristics shared with known physical child abusers
- 160 items
- Three validity scales
- Tests are often invalid due to overly positive presentation (“fake good”).
- This test is often utilized incorrectly to portray people as having engaged in child abuse.
- The test measures personality aspects, but not actions.
- Assesses to what extent the client shares important personality characteristics with known physical child abusers.
- It is often misunderstood and even misrepresented.
- It does not have any predictive power if a person will (or has) physically abused a child.
- It only provides information if there are important shared personality characteristics.
- This test is often invalid and rarely provides important information in a PCE.

THE PSI-4

- Identifies parent -child problem areas
- 120-items
- Translated into over 30 languages
- Two domains
 - Child domain
 - Parent domain
- Acceptable validity scales
- It is not uncommon that the client presents in an overly positive manner.
- Positive validation within a variety of non -US populations, including Chinese, Portuguese, French Canadian, Finish, and Dutch.
- This is one of the only empirically validated self-report inventories that assess the role of parenting stress on the client
- Domain 1 – Stress from the child that impacts the parent
- Domain 2 – Stress created by the role of parenting
- One of the chief benefits of this stress is that it can provide information about specific areas for intervention.
- Parenting skill training
- Mental health care
- Stress management
- Increase social support

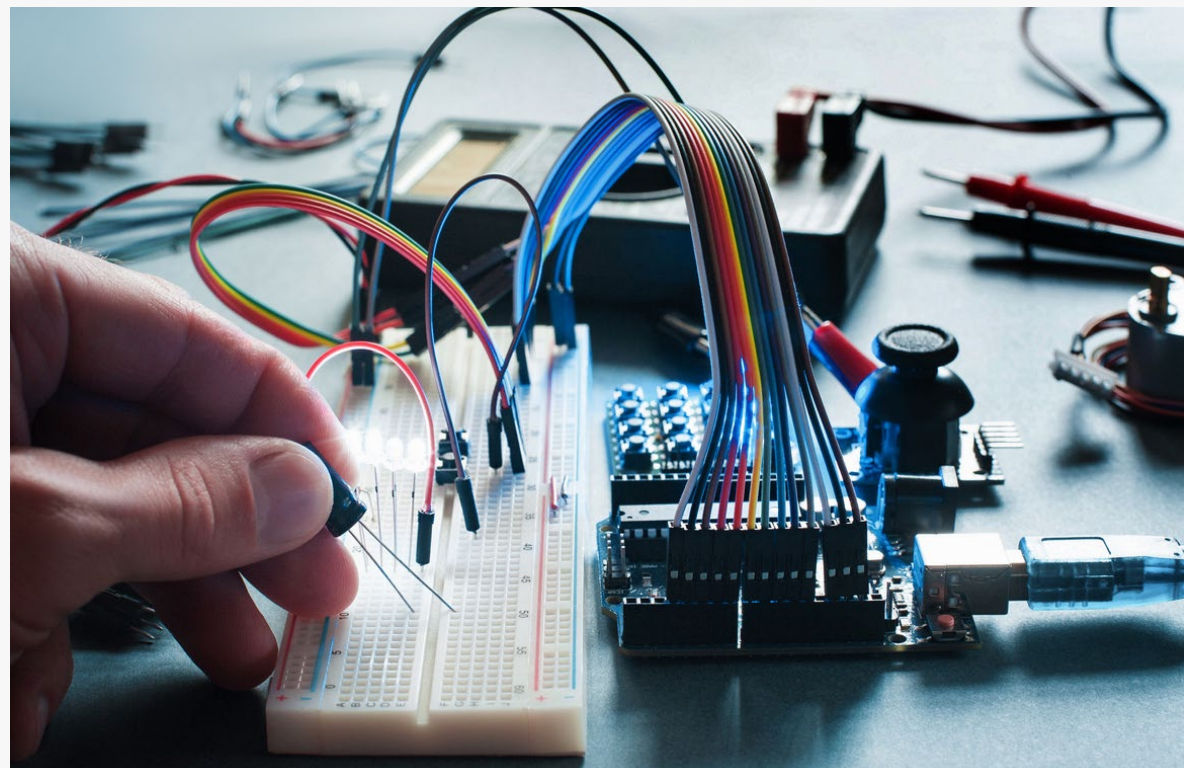
REPORT WRITING

ROLE OF PARENTAL COMPETENCY EVALUATION (PCE)

- To provide independent information about specific areas of a client's mental health and if (or how) the identified issues impact their parental functioning.
 - The report is only a professional opinion, but psychologists believe that most of the time the judge agrees with all or some of the conclusions and recommendations.



NECESSARY COMPONENTS FOR PARENTAL COMPETENCY EVALUATION



- Collateral Records
 - Order from the Judge (this is usually not provided, but probably should be)
 - Referral letter(s) (usually only from referring party, but it is preferred to have at least a referral letter from each party)
 - DHS records (for example, 2057s, visit notes)
 - Prior evaluations
 - Medical records
 - Statements from others
- Interview
- Testing

COLLATERAL RECORDS

THESE ARE USUALLY PROVIDED BY THE REFERRING PARTY (GENERALLY ODHS) AND INCLUDE A REFERRAL LETTER OUTLINING THE CASE, IT SHOULD DESCRIBE SPECIFIC AREAS OF CONCERN, AND ALMOST ALWAYS INCLUDES QUESTIONS FOR THE PSYCHOLOGIST TO ADDRESS (THESE ARE ALMOST ALWAYS BOILERPLATE AND SOMETIMES NOT EVEN SPECIFIC TO THE CASE).

CONCERN FOR BIAS: EXTENSIVE DHS RECORDS CAN PAINT A PICTURE OF SEVERE DYSFUNCTION OVER TIME. THIS MAY OR MAY NOT BE ACCURATE AND IT MAY NOT BE RELEVANT TO THE CURRENT EVALUATION. AT WORSE, IT CAN BIAS THE EVALUATOR BEFORE THE CLIENT WALKS INTO THE OFFICE AND THE EVALUATION THEN LOSES ITS INDEPENDENCE.

RESOLUTION OF BIAS CONCERN: ONLY RECORDS THAT ARE IMMEDIATELY AND DIRECTLY PERTINENT TO THE IMMEDIATE EVALUATION SHOULD BE PROVIDED FOR REVIEW.

COLLATERAL RECORDS



- In the best situation, the following would occur (but generally don't)
 - Referral information would be elicited from the non-referring party
 - There would be follow-up interviews with providers, relatives, etc. who can provide an outside or additional perspective to the evaluation.
- Barriers:
 - Time
 - Access to collateral sources
 - Payment

NEXUS STATEMENT

- Directly links mental health issues to parenting.
- It is likely that not all PCE include a clear nexus statement and discussion.
- If there is not a nexus statement and discussion, this seemingly violates the necessary findings from Department of Human Services v. W.C.T. (DeVore, J.) A174195.



THANK YOU



FOR COMING

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HONORABLE JUDGE MORGAN LONG

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