



**Special Programs for Youth
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Date 12/7/10
To Alienist Competency Panel
From N. Ralph, PhD, MPH
Re Policies for Competency Evals.

*. Requirements and Policies: Here are the requirements and policies for competency evaluations.

1. Checklist for Psychological Evaluations: This defines the qualities of an adequate evaluation. To adequately assess youth for competency evals, we are requiring a full IQ and learning disability battery as part of the competency evaluation, and also a measure of adaptive functioning such as the Vineland II, which has both a Parent/Caregiver and Teacher versions. For most youth found "not competent", this is due to some type of cognitive delay or learning disorder, but may also be due to a psychotic condition, brain injury, toxic/metabolic condition, or substance abuse related disorder. A complete evaluation would be appropriate to attempt with all these conditions.

2. Grisso's Model: This general model is described in "Evaluation of Juveniles' Competence to Stand Trial" (Kruh & Grisso, 2009), and the forms and methods are described in "Evaluating Juveniles' Adjudicative Competence" (Grisso, 2005) and the use of the JACI. This model is based on relevant developmental and cognitive research, a "theory" of competency, a specific methodology for evaluation, and relevant forms. Panel members using this method are satisfied. It importantly includes didactic elements to see if youth can learn relevant aspects of the legal processes. Some youth can readily be "taught" the relevant legal information. The judges want this to be done, and Grisso details this.

3. Remediation Plan: For youth where there is a finding of "not competent", a Remediation Plan is required. It should address what specific aspects of the youth's functioning can realistically be remediated (or not), in what time frame, and a specific, detailed plan for remediation. The plan should include available resources and time frames, and an estimation of the likelihood of success. We will require consultation with Jen Leland, MFT, (415-753-4431, jen.leland@sfdph.org) and the Aim Higher staff about what options are available. The psychologist will be responsible for writing the Remediation Plan, and providing an independent opinion, but should be aware of realistic treatment options. Time frames for remediation should be stated if possible. Also if a youth is not likely to be remediated within reasonable time frames, this also should be stated. For example, a youth with a 45 IQ who is 16 may not be remediable by the time they are 18. The Competency Evaluation should still include evidence based recommendations, not limited to competency issues, to help improve the overall functioning of the youth, as is now required for all evaluations. The point is not to just answer the narrow legal issue of competency, but what should be done to protect community/victim safety and importantly help the youth where possible.

*. Follow-up Quality Assurance (QA):

A QA procedure will be done in "real time" with ratings whether the evaluations were adequately done and met criteria. This is being done by SPY with other Panel evaluations already.

Appendix 2: Checklist for Psychological Evaluations

- *. Review of records: from probation and other sources with annotation of important information.
- *. Interview with probation officer: regarding information and relevant records.
- *. Interview with defense attorney: regarding information and relevant records.
- *. Interview with parents: regarding referral issues, family relations, peer and delinquent influences, school adjustment, sub abuse, violence trauma, mental health hx, aggression problems, prosocial activities, DSM IV symptoms, criminogenic factors. Also developmental hx; prebirth hx, marital issues, preg hx, fam med hx, mat/pat sub abuse, perinatal hx and birth weight, early growth, developmental milestones, school behave and learning hx, spec ed hx, function at home, etc.
- *. Interview with youth: regarding referral issues, family relations, peer and delinquent influences, school, sub ab, violence trauma, aggression problems, mental health hx, prosocial activities, DSM IV symptoms, criminogenic factors.
- *. Mental Status Examination: and behavioral observations.
- *. Use of cognitive and academic achievement batteries for all assessments so that youth with cognitive challenges, and learning disabilities can be identified.
- *. Use of objective assessment instruments to assess personality and temperamental characteristics, and/or DSM IV type psychiatric symptoms.
- *. DSM IV diagnosis: with description of rationale for diagnoses, based on history, records, collateral sources, interview with youth, mental status exam, and test results. Put limitations, rule outs, and cautions.
- *. Recommendations: linked to assessment findings, and based on research regarding what are effective treatments for specific problems in probation youth. Consideration should be given whether resources for recommendations are reasonably available.
- *. Time limits and qualifications of findings, e.g., this assessment shouldn't be used for more than a year. Also qualifications for assessing certain risk factor, e.g., risk of assault.