

## Adult Assessment Tools

The following is a list of the standard tools used in competency evaluations. These instruments are in addition to a clinical interview that includes assessment of client's current level of functioning.

- **CST: Competency Screening Test**
  - Lipsitt, Lelos and McGarry, 1971
  - Long-form= 22 sentence stems
  - Short-form= 5 sentence stems
  - Series of short answer sentence completions
  - SCREENING purposes
- **CAI: Competency Assessment Instrument**
  - Harvard group constructed this test (Lipsitt and Lelos, 1970)
  - Structured one hour clinical interview that explores
    - Thoughts, feeling on coping with stress
    - Sense of optimism
    - Sense of being discriminated against
    - 13-15 different dimensions or types of competency
    - Scored similar to the CST
    - Normed on North Carolina defendants w/90% interrater agreement
    - Validity research still being done
- **GCCT: Georgia Court Competency Test**
  - Does not really delve into MH issues but focuses on behavioral aspects of competency
  - 21 questions that reliably tap into three dimensions
    - **General legal knowledge**
    - **The job of the judge**
    - **The job of lawyers**
- **ECST/ECST-R: Evaluation of Competency to Stand Trial-Revised**
  - 2002/2004
  - Semi-structured interview to rate examinee's competence related abilities
    - Focuses on *case specific* information
    - Based on Dusky standards
  - Scales focused on factual understanding of the proceedings, rational understanding of the proceedings and rational ability to consult with counsel
  - 18 items and three scales that assess separate dimensions of competency to stand trial; untimed
    - Factual understanding of the courtroom proceedings
    - Rational understanding of the courtroom proceedings
    - Consult with counsel
  - 28 items and five scales for atypical presentation
    - Realistic
    - Psychotic

- Nonpsychotic
  - Impairment
  - Both psychotic and nonpsychotic combined
- Embedded measures of response style
  - Systemic screening for feigned incompetency to stand trial
  - Probes impairment and symptomology specifically germane to competency issues
- **FIT: Fitness interview Test (or FIT-R) [IFI/IFI-R by Golding 1993]**
  - 30 minute interview intended to be administered **jointly** by a mental health profession and an attorney
  - Only instrument allowed by the law in Canada
  - The American version most often being the **IFI= Interdisciplinary Fitness Interview**
- **MacCAT-CA: MacArthur Competence Assessment Tool—Criminal Adjudication**
  - 25 to 55 minutes; Cat B test; felony and misdemeanor defendants
    - May also be used to asses treatment progress with respect to restoration of competency
  - Based on the legal framework given by the U.S. Supreme court in Dusky v. U.S.
  - Assesses the client’s rational and factual understanding of the proceedings
    - Understanding capacity for factual understanding of the legal system and adjudication process
    - Reasoning ability
      - distinguish more relevant from less relevant factual information
      - ability to reason about two legal options (pleading guilty vs not guilty)
    - Appreciation capacity to understand client’s personal legal situation and circumstances
  - 22 item structured interview for the pretrial assessment of adjudicative competence
- **MacCAT-FP MacArthur Competence Assessment Tool--Fitness to Plead**
  - Fitness to plead based on legal competency criteria
  - 22 items with 16 items based on hypothetical scenarios
  - Divided into Understanding, Reasoning, Appreciation
- **MacSAC-CD: MacArthur Structured Assessment of Competence-Criminal Defendants**
  - Fitness to plead assessment based on legal definition of competency
  - Three domains:
    - Understanding= ability to understand relevant aspects of the criminal proceedings
    - Appreciation= capacity to appreciate their legal predicaments
      - Looks at whether delusional beliefs or other psychotic sx affect their ability to understand the nature and gravity of the criminal proceedings

- Reasoning= ability to decide what facts are relevant to the defense of a hypothetical case
  - Open-ended Guttman scale questions
    - The Guttman scale is used mostly when researchers want to design short questionnaires with good discriminating ability and works best for constructs that are hierarchical and highly structured (i.e. social distance, organizational hierarchies, and evolutionary stages)
  - Long-form= 82 different scenarios
  - Short-form= 22 item clinical version
- **CADCOMPT: Computer Assisted Determination of Competency to Proceed**
  - A set of 272 items that simulate competency evaluation
  - Clinician or computer administered
- **CAST-MR: Competence assessment for Standing Trial-Mental Retardation**
  - Specialized to use with mild to moderate retardation
  - Late 1980's (validation studies still being conducted)
- **M-FAST: Miller Forensic Assessment of Symptoms Test**
  - 25 item screening, 5-10 minutes
  - Brief interview format
  - To estimate the likelihood of malingering psychopathology
  - Category B test
  - Facilitates rapid identification of individuals in need of further assessment
  - Interpretive Information
    - TTL score estimates likelihood that respondent is malingering psychopathology
    - M-FAST scale sc provides information regarding the nature of the clients response styles
      - Help explain how client attempting to malingering
      - UH, RC, RO, ES consistently differentiate malingerers from honest responders (both simulators and known/suspected malingerers)
    - Responses to individual items provide interpretive information
  - 7 scales (identify clients attempting to feign psychology)
    - Reported vs. Observed (symptoms) (RO)
    - Extreme Symptomatology (ES)
    - Rare Combinations (RC)
    - Unusual Hallucinations (UH)
    - Unusual Symptom Course (USC)
    - Negative image (NI)
    - Suggestibility (ES)
- **TOMM: Test of Memory Malingerers**
  - Visual recognition test
  - 50 single pictures presented twice; takes approx 15—25 minutes; Cat A test
    - Good face validity over other tests of malingering
  - Help discriminate between individuals with true memory impairments and malingerers

- Explicit feedback to patients on response correctness after each item has been shown to widen the gap between the scores of memory-impaired patients and malingerers. Non-malingering patients may seek to increase their response accuracy, while malingers may adjust their performance to respond more poorly on subsequent trials. (Cut from [www.pearsonassessments.com](http://www.pearsonassessments.com), 11/17/2006)
- **PCL-R: Hare Psychopathy Checklist- Revised**
  - Category A test; 90—120 minutes to administer
  - Semi-structured interview and review of collateral data
  - Assess the degree an individual matches prototypical psychopaths OR to help identify and diagnose psychopaths
- **MMPI: Minnesota Multiphasic Personality Inventory**  
The ten trait scales on the MMPI-2 are:

Scale 1 — Hypochondriasis

Neurotic concern over bodily functioning.

Scale 2 — Depression

Poor morale, lack of hope in the future, and a general dissatisfaction with one's own life situation. High scores are clinical depression whilst lower scores are more general unhappiness with life.

Scale 3 — Hysteria

Hysterical reaction to stressful situations. Often have 'normal' facade and then go to pieces when faced with a 'trigger' level of stress. People who tend to score higher include brighter, better educated and from higher social classes. Women score higher too.

Scale 4 — Psychopathic Deviation

Measures social deviation, lack of acceptance of authority, amorality. Adolescents tend to score higher.

Scale 5 — Masculinity-Femininity

This scale was originally developed to identify homosexuals, but did not do so accurately. Instead, it is used to measure how strongly an individual identifies with the traditional (pre-1960's) masculine or feminine role. Men tend to get higher scores. It is also related to intelligence, education, and socioeconomic status.

Scale 6 — Paranoia

Paranoid symptoms such as ideas of reference, feelings of persecution, grandiose self-concepts, suspiciousness, excessive sensitivity, and rigid opinions and attitudes.

Scale 7 — Psychasthenia

Originally characterized by excessive doubts, compulsions, obsessions, and unreasonable fears, it now indicates conditions such as Obsessive Compulsive Disorder (OCD). It also shows abnormal fears, self-criticism, difficulties in concentration, and guilt feelings.

Scale 8 — Schizophrenia

Assesses a wide variety of content areas, including bizarre thought processes and peculiar perceptions, social alienation, poor familial relationships, difficulties in concentration and impulse control, lack of deep interests, disturbing questions of self-worth and self-identity, and sexual difficulties.

Scale 9 — Hypomania

Tests for elevated mood, accelerated speech and motor activity, irritability, flight of ideas, and brief periods of depression.

Scale 0 — Social Introversion

Tests for a person's tendency to withdraw from social contacts and responsibilities.

The authors also developed four Validity Scales to detect "deviant test-taking attitudes" and gauge the accuracy of the other scales.

The "Cannot Say" scale

This is the simple frequency of the number of items omitted or marked both true and false. Large numbers of missing items call the scores on all other scales into question.

The L scale

Originally called the "Lie" scale, this was an attempt to assess naive or unsophisticated attempts by people to present themselves in an overly favorable light. These items were rationally derived rather than criterion keyed.

The F scale

This is a deviant, or rare response scale. The approach was to look at items which are rarely endorsed by normal people. If less than 10 percent of the normals endorse the item, but you do, your F count goes up. "All laws should be eliminated."

The K scale

This scale was an attempt to assess more subtle distortion of response, particularly clinically defensive response. The K scale was constructed by comparing the responses of a group of people who were known to be clinically deviant but who produced normal MMPI profiles with a group of normal people who produced normal MMPI profiles (no evidence of psychopathology in both). The K scale was subsequently used to alter scores on other MMPI scales. It was reasoned that high K people give scores on other scales which are too low. K is used to adjust the scores on other scales. K-corrected and uncorrected scores are available when the test results are interpreted.

There are additional validity scales developed via research and incorporated into computer scoring services (whether used in office or sent to a service for scoring).

- **Personality Assessment Inventory**
  - Self administered 344 items, 22 non-overlapping full scales
    - Assessment of adult psychopathology
  - 50-60 minutes to administer; 15—20 minutes to score
  - Used with adults/elder adults
- **Myers-Briggs**
  - 93 forced choice questions; 30 minutes
  - Fit into the Big Five personality traits (neuroticism, extraversion, agreeableness, conscientiousness, openness to experience).
  - Introvert and Extravert
  - Sensing and intuition

- Thinking and Feeling
  - Judging and perceiving
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Applied Psychology in Criminal Justice, 2006, 2 (3) indicated the following as a clinical report format.

- Identifying Information/Referral Questions/Notification
- Relevant History
  - Social and Family History
  - Educational History
  - Employment History
  - Medical history
  - Mental health and Substance Use History
  - Legal History
- Mental Status/Current Clinical Functioning
- Competence to Proceed
  - Appreciation of charges and Allegations
  - Appreciation of the Range and Nature of Possible Penalties
  - Understanding of the legal process and its Adversary Nature
  - Capacity to Work with Attorney and Provide Relevant information
  - Ability to Manifest Appropriate Courtroom Behavior
  - Ability to Testify Relevantly
- Opinion Regarding Competence to Proceed and need for Treatment/Restoration

These elements will be part of reports submitted by mental health clinicians who assist the OPD. I will be developing a form that will include these specific competency related elements.