

FORENSIC PSYCHOLOGICAL EVALUATIONS: THE METHODS IN OUR MADNESS

You meet your client, Leo, in the court holding cell. His large frame is shackled and clothed in torn pants and a filthy Yankees cap, worn backwards. Your olfactory sense alerts you to his recent drinking and forgetful hygiene. His face conveys confusion, apprehension and fear, as he looks at you without recognition. You read the affidavit and initiate a one-sided conversation. It leaves you with no idea of Leo's version of events and a growing suspicion of his mental state. He has been arrested and charged with arson, setting a fire that burned down a vacant building where he camped. Police arrived at the scene and observed him staring at the flames. When they attempted to question him, he was distracted and non-responsive. A witness said she saw him running from the building, just before it went up in flames.

When Patti walked in your office, she was embarrassed and anxious as she talked about the "troubles" she was having with her boss, a mid-level manager at a prominent manufacturing company. As her story unfolded, it became clear that retention of her job had become conditioned on her willingness to provide sexual favors. She said "No" and he eventually found a pretext to fire her. She and her two children now have no income or health care, and she has no idea where she will find a new job. The stress and emotional toll seem to be overwhelming her.

Katey is fourteen years of age when she arrives at your office with her social worker. Life on the streets has taken its toll; she looks older, if not wiser, and too experienced in the school of hard knocks. Katey has a history of running away with an assortment of her drinking friends, mostly unemployed young men on probation. She demands that you get her out of Woodside, where she has been held for a week because of repeated violations of dispositional and probation orders. You learn that there may be new disorderly conduct charges stemming from a drinking party where she was apprehended with a .19 BAC. She tells you that she is sick of being abused by people in "the system," but will not elaborate.

Initially your representation of Hubert seemed like a straightforward divorce case. He said Delores and he had "worked things out" toward a settlement. During this visit he is agitated and angry. He tells you Delores is now making allegations that he sexually abused their eleven year-old daughter. He insists this is all part of her strategy for winning custody of the girl. The sex abuse claim is "bogus." He has friends who will verify his claim that he is a loving, if overly protective, dad. He wants you to "do something." You know nothing about this forty-six year-old man or his psychosexual history.

So begins the odysseys of four cases, marked by complications, uncertainties, and legal risk. Each could become a black hole of time and energy, with no way of knowing how they might conclude. You do not have enough information to move forward with any of them. There is high likelihood that Leo will be spending the next few weeks in the company of other inmates at the nearest correctional facility. The boss who harassed Patti will undoubtedly deny it and stonewall. Katey is headed back to Woodside full of anger and resentment. And Hubert may be facing lewd and lascivious charges or worse before his divorce case runs its course. This might be a propitious moment for an attorney to request a forensic psychological evaluation for their client.

In this article we hope to share some observations that frame the contemporary practice of forensic assessment. We will describe the types of evaluations we conduct, review several admissibility issues, and list several of the more useful current psychological tests. We close with some suggestions that might be helpful for untangling the complexities of our four cases.

What Is a Forensic Evaluation?

The term "forensic evaluation" has a wide breadth of meaning. It conjures up everything from pages of psychobabble to a focused analysis of a specific referral question. In short, it is a report for use in court proceedings that should

clearly communicate psychological data, findings, and recommendations about an individual's cognitive functioning, personality, behavior, and social influences, generally in response to a referral question relevant to the proceedings. Some evaluations may be received as manna from heaven by counsel looking for support in a case. Others may find a less welcome reception. Some are read carefully, some are not, and the active shelf life may last only as long as the case itself. In fact, the audience for a report may only be the attorney who requests it, especially if the information is unflattering to the client. However, in the context of case strategy, a well-conducted forensic evaluation may provide very useful information for the management and disposition of a difficult case.

There are several types of evaluations, and they may be requested for a variety of purposes. At the front end of a serious felony case it is not uncommon for one of the attorneys to request an insanity/competency evaluation. Juvenile cases are often referred for adjudication evaluations. As the facts of a criminal case become known and depositions are taken, a specific question involving mental illness might arise. Evaluations at this stage can bolster a case and assist an understanding of culpability, competency, and insanity at the time of the offense. In custody disputes, you may see a case of dueling experts reporting and testifying on the sterling character of their respective clients. You might represent a child who has made threats at school and his/her dangerousness must be assessed in the context of school safety. Changes in the status of clients committed to the Division of Mental Health may be preceded by evaluations of the patient's safety and treatment needs in the community. The list goes on.

Forensic evaluations are usually conducted by psychologists (behavioral science) and psychiatrists (medicine). Their roles vary according to education, training, and competencies. While there may be considerable overlap, and occasionally collaboration on a case, we have found that the professions

sort themselves out with respect to the types of the evaluations they conduct and how they go about performing their functions.

Psychologists: General psychological evaluations

- specialized forensic evaluations
- risk/dangerousness assessment
- sex offender evaluations
- civil commitments
- juvenile evaluations, including threats/dangerousness
- psychological trauma
- harassment and discrimination
- fitness for duty
- parole/probation evaluations

Psychiatrists: General psychiatric evaluations

- specialized forensic examinations
- competency/sanity
- involuntary medication
- commitment to inpatient psychiatric care

In Vermont there are relatively few psychologists or psychiatrists who choose to specialize in this field. In addition to doctoral level training, usually in clinical psychology,¹ we receive additional training and supervision in forensic topics. It requires a broad understanding of specialized assessment techniques, knowledge of applicable statute and case law, and compliance with special forensic psychology ethical standards.² We must be able to synthesize information from multiple sources, reconcile inconsistencies, and write our reports clearly. There are additional realities, which clinicians might consider disincentives, such as providing testimony or depositions and facing a jury. There are ethical considerations and important differences in the clinician-client relationship, particularly limits on confidentiality. These considerations notwithstanding, we find it a particularly interesting and challenging arena with opportunities to engage with our clients and their attorneys in unique ways, drawing on our clinical experience to understand their complexities and challenges.

____ Admissibility of Evidence ____

The admissibility of psychological evaluations and testimony in court was a matter of judicial interest during the twentieth century. Although the states have followed somewhat unevenly, the federal courts have left a relatively clear trail. In 1923, the United States Court

of Appeals for the District of Columbia upheld the decision of a lower court to deny James Frye's request that polygraph evidence be admitted in his defense of robbery and murder charges. The court made "general acceptance of scientific knowledge" the standard for admission of expert scientific testimony into the federal courts. Commenting on the lack of "scientific recognition" of the polygraph, the court wrote:

Just when a scientific principle or discovery crosses the line between the experimental and demonstrable stages is difficult to define. Somewhere in the twilight zone the evidential force of the principle must be recognized, and while the courts will go a long way in admitting an expert's testimony deduced from a well-recognized scientific principle or discovery, the thing from which the deduction is made must be sufficiently established to have gained general acceptance in the particular field in which it belongs.³

For most of the 20th century the Frye test of general scientific acceptance was recognized in the federal courts and many state courts adopted a similar standard. In 1975 the Federal Rules of Evidence (Rule 702) changed the standard, requiring that: (1) the expert be qualified; (2) the testimony address a subject matter on which the fact finder can be assisted by an expert; (3) the testimony be reliable; and (4) the testimony fit the facts of the case.

In what may now be considered the most far-reaching case, *Daubert v. Merrell Dow Pharmaceutical, Inc.*, the U.S. Supreme Court replaced the Frye standard.⁴ Two minor children and their parents sued Merrell Dow, arguing that the children had serious birth defects caused by their mother's use of the prescription anti-nausea drug Bendectin. Merrell Dow provided expert testimony that in clinical trials the drug had not been proven a risk factor for birth defects. The plaintiffs offered expert testimony from scientists who had conducted newer studies and arrived at the conclusion that there was an association between the drug and birth defects. The federal district court and the appeals court rejected the new evidence, ruling that it did not meet the Frye standard of "general acceptability." The Supreme Court, however, unanimously ruled that this standard was overly restrictive and should no longer be used in federal trials. The court ruled that all scientific

testimony or evidence should be evaluated by the trial judge to ascertain whether it meets three criteria:

- *Relevancy* - Scientific findings must be pertinent to the specific case. When the relationship between the evidence and facts are not sufficiently demonstrated, the evidence should not be admitted.

- *Legal sufficiency* - The expert evidence must be probative rather than prejudicial. It must provide proof or evidence, rather than mislead or confuse a jury.

- *Reliability* - The evidence should be based on scientific theory or technique that has been tested; the error rate of the particular scientific technique should be known; the evidence should be subjected to peer review and publication; and there should be general acceptance of the theory or technique within the scientific community.

In *Kumho Tire Co., Ltd. v. Carmichael* (1999) the Court addressed the admissibility of expert opinion based on clinical experience and observation, rather than traditional "science" conducted under laboratory conditions.⁵ The Court extended the *Daubert* standard to include "non-scientific" testimony from clinical experts (including psychologists and psychiatrists).

Based on these court decisions and his own extensive forensic expertise, Heilbrun⁶ articulated seven guidelines for determining the appropriateness of psychological tests in court:

1. The test should be commercially available and adequately documented in a manual. It should be referenced in recognized publications that review psychological testing materials.
2. The test should have adequate statistical reliability.
3. The test should be relevant to the legal issue or to the psychological issues represented in the case.
4. The test should have standardized administration, and the examiner should follow the instructions and conditions of administration that were in place when the norms for the test were developed.
5. The test should be applicable to the population in question and the purpose for which it was developed.
6. Actuarial, objective tests are preferable to those relying upon clinical intuition.
7. The validity of the client's responses should be considered

for malingering or symptom management in the service of secondary gain.

Heibrun's 1992 guidelines continue to serve us well. Yet, many psychologists and psychiatrists have a limited understanding of their importance, as we often see in reports that rely on inappropriate or inadequate methods and means.

State v. Hulett: Where Risk Intersects with Punishment

The assessment of criminal recidivism risk and dangerousness represents a large percentage of our work. Today this is a particularly controversial topic for a number of reasons, including highly publicized court cases and proposed civil commitment legislation. In the recent *State v. Hulett* case, a thirty-four year-old man received a sixty-day split sentence (plus a formidable host of probation conditions) for sexually assaulting a young girl over a four year period. This sentence was greeted with howls of protest and a landslide of negative publicity, based on the perception that it provided inadequate punishment for a man who committed heinous crimes. The Department of Corrections used several valid sex offender screening measures in determining that Mr. Hulett was low risk to re-offend. The Department informed the court that he was a good candidate for post-release community treatment and recommended this treatment should follow a three-year incarcerative term for punishment. Primed by media coverage, this case burst into the public's view when Judge Edward Cashman declined to sentence Hulett to a lengthy term for the purpose of punishment alone. At this dramatic point, the need for appropriate community treatment for a low-risk offender and the public's desire for a high level of punishment for this man collided in spectacular fireworks. The judge subsequently increased his sentence (3-10 years to serve) when the Department of Corrections, under enormous pressure from all sides, rescinded its sensible, longstanding policy that the scarce beds and funds available for the incarcerative sex offender program be reserved for higher risk cases, while lower risk cases receive treatment in the community, largely at their own expense. As a matter of new public policy in Vermont, low risk sex offenders will now be required to receive treatment in prison,

a decision certain to increase both their numbers and associated costs with negligible increased benefits to either the perpetrators or society.

This case illustrates one of the more important, if under-reported, factual subtleties of risk assessment: there is no statistical relationship between the magnitude (seriousness) of a particular crime and the likelihood that the offender will re-offend.⁷ Our own studies of Vermont offenders have supported this; they disconfirm the conventional wisdom that the seriousness of a given criminal act predicts the likelihood of repetition and recidivism. This is particularly so with sex offenders who, as a group, actually have comparatively low recidivism rates, as we discuss later in this article. As in the *Hulett* case, there may be important considerations related to retribution, victim needs, and public deterrence. However, these must be carefully delineated and distinguished from the dangerousness posed by a specific person at a given time and place in his/her life. This highlights the importance of sorting through the difficult issues inherent in complex cases and clearly articulating the manner in which potentially contradictory information (such as risk level and punishment expectations) fits together.

Tools of the Trade

As clinicians and managers we have spent many years studying, using, and evaluating a wide variety of psychological assessment techniques. While it exceeds the scope of this article to discuss the enormous number of psychometric instruments commercially available, we will focus on several measures that are particularly applicable for forensic purposes. This is not an exhaustive list. It is intended to offer the reader a glimpse of those tools we have found most useful.

Over the past two decades there have been significant improvements in the predictive accuracy of the evaluation and assessment tools that measure criminal risk. Bonta described three generations of risk assessment methods.⁸ In the first generation tradition, clinical judgment relied heavily on the clinician's intuition, observation, and instinct to arrive at conclusions as to dangerousness and risk. Objective data might be consulted, but the primary determinant of risk rested in the clinician's gut. As widely noted, the evidence does not support

this approach; predictive accuracy is no better than chance.⁹

The second generation of evaluation tools was ushered in by the advent of checklists and inventories based on actuarial and historical data, shown to be related statistically to recidivism in large sample studies. Prominent among these risk scales were factors such as prior criminal history, prior supervision failure, gender, age and substance abuse history. Use of scales that have reasonably good criterion validity (predictive accuracy) marked an improvement in risk estimates over clinical intuition.

The third generation of evaluations featured the assessment of both risk and need factors, drawing together historical (unchanging) and dynamic (changeable) factors in an individual's life. These tools arrive at a risk ratings based on multiple sources of information, drawn together and weighted to achieve optimal predictive accuracy. In addition to actuarial information these instruments also measure factors such as criminal attitudes, employment, and social relationships, all of which are sensitive to changes in the individual's life. The evolution of the field continues in the direction of joining historical factors with current life stressors, strengths, and mitigating factors in arriving at a conclusion.

Violence and Recidivism Measures

Table 1 summarizes some of the more prominent assessment measures that address the risk of general criminal recidivism or violence:

Sex Offender Measures

As we have recently witnessed in the *Hulett* case, no group is more reviled in the media or public discourse than are sex offenders. In addition to demands for re-sentencing of the perpetrator and firing of the judge in this case, we are also seeing a concerted political effort in Vermont to mobilize support for civil commitment legislation. This is intended to incapacitate through administrative proceedings a select group of "high-risk" sex offenders upon completion of their criminal sentences. Comprehensive psychosexual evaluations will be central to the appropriate implementation of any legislation that authorizes these commitments.

Contrary to the general assumption

that all sex offenders are equally dangerous, sex offenders are a remarkably diverse group with highly variable risk potential. Studies by both Hanson and Bussiere and Harris et al. estimated a sexual recidivism rate in the 10 to 15 percent range over a five-year follow-up period.¹⁰ There are subgroups at higher risk: those with entrenched pedophilic or assaultive sexual preferences and those with antisocial lifestyles/personalities. When convicted sex offenders do recidivate, they are over twice as likely to commit a non-sexual offense as a sexual offense.¹¹ Assessment of these individuals should examine the likelihood of both sexual and non-sexual recidivism and recommend specific treatment targets accordingly. The instruments described in Table 2 are useful in this respect.

Personality Measures

Personality refers to the constellation of cognitive, behavioral, and emotional factors that define an individual's unique character traits. Most psychological evaluations rely heavily on information derived from personality measures. These are the workhorses of traditional psychometrics (the measurement of psychological functioning) and they are featured prominently in most reports. They fall into several categories, including self-report inventories and projective tests. For the most part they provide interesting and somewhat useful information. However, few were designed for forensic purposes, and they may be less helpful than initially meets the eye. Over-reliance on broad, generalized profiles may lead to invalid or incomplete conclusions.

Table 3 describes only a small sample of some of the most prominent personality measures and their relationship to forensic work.

Specific Issue Assessment and Measurement

There are countless tests, assessments, and measurement schemes for every conceivable mental or psychological condition. Even the Internet has become a repository of online, instant response questionnaires for everything from implicit racial bias to ideal mate. Table 4 lists five well-recognized measures designed to assess specific areas of clinical and forensic interest.

What Should You Expect in a Forensic Evaluation?

We conclude with a few comments that may assist your understanding of a forensic psychological evaluation. These are points that often arise in our discussions with attorneys.

1. There is often a disconnect between the expectations of the requestor and the understanding of the evaluator. This may lead

to an assortment of problems, not the least of which is the attorney's unhappiness with the finished product. In such cases this problem may sometimes be traced back to an incomplete set of referral questions, which leave the psychologist guessing and speculating as to the direction and focus of the evaluation. We attempt to avoid frustration by spending sufficient time at the beginning of

Table 1:

Measure	Target Population	Description
HCR-20	Adult males and females in correctional and forensic settings	The HCR-20 is a structured clinical guide that assesses historical, clinical and risk management factors. It is widely used in forensic settings as part of a comprehensive treatment strategy to assess the risk of violence post-release from institutional settings.
Hare Psychopathy Checklist - Revised	Adult males and females in correctional and forensic settings	The PCL-R (2nd edition) is a twenty item rating scale scored on the basis of a structured interview, file review and collateral information. Research indicates it is a good predictor of recidivism, treatment retention and future violence.
Level of Service Inventory - Revised	Adult males and females in correctional settings	The LSI-R is a fifty-four item inventory of static risk and current need factors. It is divided into ten subscales covering such areas as criminal history, employment, substance abuse, attitudes, family connections and mental health. It is widely used in probation and correctional settings as a classification and release eligibility tool. High scores are associated with general recidivism and non-compliance with conditions of probation/parole.
Violence Risk Appraisal Guide	Mentally ill offenders and sex offenders	The VRAG was initially developed to predict violent recidivism among mentally disturbed patients in a high security hospital, but has also been found helpful in the prediction of the violent recidivism among sex offenders. It scores personality disorders, age, marital status, criminal record, major mental illness, and psychopathy score as predictor variables and assigns the patient to a risk level with increasing likelihood of violent recidivism.
PCL-R: YV	Adolescents males and females in the justice system	The youth version of PCL-R assesses the presence of psychopathic features in males and females between the ages of 12 and 17.
LSI-R: YV	Adolescents males and females in the corrections system	The youth version of the LSI-R classifies males and females between the ages of 14 and 18 as low, medium, or high risk for recidivism or treatment failure.

- the process, discussing the specific issues and evaluation strategies with the attorney/client.
2. Determine what kind of evaluation is being requested. What are the credentials, training and experience of the evaluator? Do they have expertise in addressing the specific question(s) at hand? How will they approach the evaluation? Will they devote the time needed to do a thorough job? There is a range of qualifications among clinicians who practice psychiatry and psychology, and your choice should be informed by the relative strengths of each discipline.
 3. Evaluators should review as much existing documentation on point as is available, such as prior mental health records, school reports, and hospitalization files. This limits over-reliance on psychological testing or clinical interviewing as the only sources for findings and conclusions.
 4. Identify with your client any corroborative and/or collateral information sources with whom the evaluator may be in touch. These sources (parents, teachers, employers, neighbors, social workers) often are very useful. We find that collateral interviews often yield critical insights and observations that change our perspective on a case. The attorney may be helpful identifying these sources.
 5. The evaluator should use tests and measures appropriate to the referral question and standardized on similar populations. There are a number of instruments specific to the field of forensic psychology with study samples similar to those found in court. In contrast, the use of non-forensic tests may lead to inaccurate or incomplete inferences and generalizations. We occasionally review evaluations featuring outdated or inappropriate tools leading to unsupported and invalid conclusions.
 6. You are likely to be the client's primary educator when it comes to the purpose of the evaluation and explanations of confidentiality and privilege. Additionally, we ask the attorney to review the completed report with the client. It is helpful to the evaluator if you prepare your client by explaining as carefully as

possible his/her legal interests in the evaluation and advising him/her of the processes followed. This is an area where clear communication

prevents misunderstanding.
7. An evaluation should be comprehensive, linear, and logical. It should not induce confusion.

Table 2:

Measure	Target Population	Description
Static-99	Convicted adult sex offenders	This ten-item scale is based entirely on historical information and factors predictive of sexual recidivism (e.g., victim characteristics, number of prior sex offenses.) It is a good screening tool, although it provides no information about dynamic (changeable) factors, such as access to potential victims and current relationships.
Rapid Risk Assessment for Sex Offense Risk	Convicted adult sex offenders	The RRASOR is an abbreviated form of the Static-99 that scores number of prior sex offenses, age at release, victim gender, and relationship to victim. Scores are associated with sex offending recidivism rates over five- and ten-year follow-up periods.
Sex Offender Need Assessment Rating	Convicted adult sex offenders	In contrast to the RRASOR and Static-99, the SONAR examines dynamic (changeable) factors in the individual's life that are also associated with increases or decreases in risk. These include intimacy deficits, social influences, attitudes, self-regulation, substance abuse, mood, and opportunities for victim access. These factors improve predictive accuracy and should be identified, weighed, and incorporated into report recommendations.
Multiphasic Sex Inventory-II	Charged and convicted adult sex offenders	The MSI-II is a standardized self-report questionnaire that assesses a wide range of social characteristics, attitudes, and motivations. It is detailed, extensive, and provides a comprehensive examination of an individual's psycho-sexual development and risk profile.
Vermont Assessment of Sex Offender Risk	Convicted adult sex offenders	The VASOR assesses likelihood of sexual aggression. It is unique in its integration of violence history and violence risk as a function of sexual aggression. It allows scoring along sexual re-offense and violence dimensions.
Penile Plethysmography	Charged and convicted adult sex offenders	This is a specialized physiological assessment technique that measures arousal to a variety of stimuli, both normal and deviant. The arousal level is recorded and compared with known behavioral data and admissions/denials by the offender.
Estimate of Risk of Adolescent Sexual Recidivism	Adolescent (ages 12-18) sex offenders	The ERASOR is an empirically-guided checklist that assists in the estimation of short-term risk of reoffending. There are nine static and sixteen dynamic factors that are useful in management and case planning. Preliminary standardization data indicate it is both reliable and valid.

Table 3:

Measure	Target Population	Description
Personality Assessment Inventory	Adults in any setting	The PAI is a 344-item self-report inventory with four validity scales and eleven clinical scales. It is widely used in forensic practice and contains normative data for correctional inmates. Profiles and individual scales provide analysis of psychological states, conditions, and defenses. Research indicates it is a good general predictor of aggression, violence, suicide, and substance abuse.
Minnesota Multiphasic Personality Inventory	Adults and adolescents in any setting	The MMPI is one of the most commonly administered psychological tests. It has three validity scales and ten clinical scales based on 567 items with true/false answers. A number of automated programs are available for purchase that provide "canned" analysis of the client. The MMPI features a number of profiles, one of which (the "4-9") is thought to describe individuals with strong antisocial tendencies. The validity scales are particularly helpful in detecting "fake-good" or "fake-bad" responders. There are adult and adolescent versions.
Rorschach Inkblot Test	Adults in any setting	This is the famed projective inkblot test (brandished by the quack psychologist in <i>Miracle on 42nd Street</i>) that purports to tap into a person's perceptions, unconscious defenses, motivations, and inferences about the world. It provides insight into the person's emotional and cognitive world, perception of others, and self-perception. While it enjoyed wide popularity in years past, difficulties and complexities of interpretation have affected its reliability, especially in forensic arenas.

Our format follows a sequence that leads to a summary/formulation section and a set of specific recommendations. These should be sensible and achievable. It is frustrating to review reports with recommendations that everyone realizes are unattainable.

8. Expect follow-up from the evaluator. What was the case outcome and what now? To the extent circumstances change after the evaluation, recommendations in the report may be revisited. Evaluations are a process, not an event. After investing substantial time and effort in understanding an individual, the evaluator may remain a resource for you and your client.

Four Cases Revisited

Leo, Patti, Katey, and Hubert would be good candidates for evaluations, each for a different reason. There

would be strong diagnostic interest in determining whether Leo's drinking is chronic and whether it is joined by some type of serious mental illness contributing to his odd behavior. The alleged sexual harassment of Patti by her boss may have led to post-traumatic stress disorder. Determining the degree of impairment requires an understanding of her overall psychological health prior to the harassment and whether her current symptoms are proximately related to her boss' conduct. Katey appears to be in ongoing crises of one sort or other. An immediate assessment of her risk of recidivism and/or self-injury might be a worthwhile evaluation focus, followed by assessment of her treatment needs. Lastly, the allegations Hubert is facing may require evaluations of both him and other family members to assess the veracity of his wife's claims. Family evaluations can be complicated, but that may be the unavoidable direction in which this divorce case is moving. Defending Hubert's interests is likely to

require time and effort to evaluate his wife's claim.

These cases illustrate both the range and depth of forensic psychology practice. There are specialized approaches requiring an understanding of both psychological issues of an individual and the legal context in which they occur. There are opportunities to unravel complicated questions and illuminate aspects of clients that may assist the handling of a case and its resolution. Our clients present with an array of life problems and difficulties which we strive to unfold, understand and interpret in a way that explains their human nature and behavior, challenged though it may be.

Thomas A. Powell, Ph.D., and John C. Holt, Ph.D., provide a wide range of evaluation services throughout Vermont to attorneys, courts and the adult and juvenile justice systems. They earned their doctorates in clinical psychology from the University of Vermont, and they maintain active research interests in addition to their clinical work at Vermont Forensic Assessment, PLLC. Dr. Powell is on the faculty of the graduate forensic psychology program at Castleton State College. They may be reached at 802-985-2412.

¹ Vermont permits master's level psychologists to practice independently, including conducting psychological evaluations. Most states require a Ph.D. or other doctoral degree for forensic evaluations.

² David Shapiro, *Ethical Issues in Forensic Psychological Evaluation*, in FORENSIC PSYCHOLOGY: FROM CLASSROOM TO COURTROOM 35 (Brent Van Dorsten ed., 2002).

³ Frye v. United States, 54 App. DC 46, 293 F. 1013 (1923).

⁴ Daubert v. Merrell Dow Pharmaceuticals, Inc., 509 U.S. 579 (1993).

⁵ Kumho Tire v. Carmichael, 526 U.S. 137 (1999).

⁶ Kurt Heilbrun, *The Role of Psychological Testing in Forensic Assessment*, 16 L. & HUMAN BEHAV. 257 (1992).

⁷ James Austin, *Findings in Prison Classification and Risk Assessment*, National Institute of Corrections: Issues in Brief (U.S. Dept. of Justice 2003).

⁸ James Bonta, *Risk-Needs Assessment and Treatment*, in CHOOSING CORRECTIONAL OPTIONS THAT WORK: DEFINING THE DEMAND AND EVALUATING THE SUPPLY (A.T. Harland ed., 1996).

⁹ John Monahan, *The Clinical Prediction of Violence*. DHHS Publication 81-921 (U.S. Dept. of Health & Human Services 1981).

¹⁰ R. Karl Hanson & Monique T. Bussiere, *Predicting Relapse: A Meta-Analysis of Sexual Offender Recidivism Studies*, 66 J. CONSULTING & CLINICAL PSYCHOL. 348 (1998); Grant T. Harris et al., *A Multi-Site Comparison of Actuarial Risk Instruments for Sex Offenders*, 15 PSYCHOL. ASSESSMENT 413 (2003).

Table 4:

Measure	Target Population	Description
Structured Interview of Reported Symptoms	Defendants in criminal proceedings	The SIRS is a structured interview that assesses a defendant's deliberate distortions in self-presentation, with an emphasis on feigning and malingering. It is the most widely cited and used forensic instrument for penetrating efforts at falsification of symptoms.
Rogers's Criminal Responsibility Assessment Scales	Defendants in criminal proceedings	The R-CRAS is a unique instrument used to quantify a criminal defendant's psychological impairment at the time of an offense with reference to specific legal standards defining insanity and criminal responsibility. It provides an algorithm for determining whether a defendant meets ALI and other criteria for insanity.
Spousal Assault Risk Assessment Guide	Spousal abusers	The SARA is one of several recently released measures for the assessment of risk among confirmed spousal abusers. It is unique in its reliance on both perpetrator and victim input. While it was not designed as a quantitative risk assessment tool, SARA ratings have been shown to discriminate between offenders with and without a history of spousal violence and between recidivists and non-recidivists.
Trauma Symptom Inventory	Anyone who may suffer from trauma-related psychological problems	The TSI is a 100-item test of post-traumatic stress and related problems. It measures the effects of rape, physical assault, combat, major accidents, and other known precipitators of PTSD and related stress disorders. Measured symptoms include interpersonal difficulties, psychological problems, and behavioral consequences of the trauma. It is a useful measure of levels of trauma-related psychological distress and their impact on a person's life.
Employee Risk Assessment-20	Problem Employees	The ERA-20 incorporates twenty factors related to unacceptable or problematic behavior in the workplace, school, or other settings. It has not been widely standardized, but provides a theoretically-driven examination of factors that characterize difficult employees. While it may be useful in a forensic context, it should not be used without corroborative testing and assessment.

¹¹ R. Karl Hanson & Kelly E. Morton-Bourgon, *The Characteristics of Persistent Sexual Offenders: A Meta-Analysis of Recidivism Studies*, 73 J. CONSULTING & CLINICAL PSYCHOL. 1154 (2005).

¹² Vermont law requires that a psychiatrist evaluate competency and sanity of criminal defendants. VT. STAT. ANN. tit. 13, § 4814. This is the exception nationally; only eight other states preclude psychologists from performing these evaluations.

