

# Questions and Considerations for TERM Evaluations of a Child/Adolescent

See TERM Handbook sections on “Required Format and Elements of a CWS Psychological Evaluation” posted on Optum TERM Website [www.optumsandiego.com/](http://www.optumsandiego.com/)

## ALL EVALUATIONS OF A CHILD/ADOLESCENT

**Please include the following elements in your evaluation:**

- a. Review of educational and mental health records documenting child’s status prior to the abuse/neglect, if available, to obtain estimate of pre-morbid functioning.
- b. Review of CWS Jurisdiction/Disposition Report, other significant additional court reports i.e. those that document major changes in the child’s situation.
- c. Review of the History of Child Placements report, if child has not just become a dependent.
- d. Review of child’s most current Health and Education Passport.
- e. Collateral interviews with teacher(s), past mental health providers, extended family members or friends who knew the child prior to the abuse/neglect (if that is applicable).
- f. Clinical interview and behavioral observation of the child.
- g. General screen of the child’s cognitive/intellectual functioning using appropriate assessment instruments, paying special attention to assessment of impairment in attention and concentration.
- h. For evaluations of Emotional Damage (W&I Code 300c): Compare current cognitive functioning with pre-morbid level of functioning (if possible).
- i. Objective measures of personality and psychopathology, normed and validated with internal measures of validity/response bias, are required for all psychological evaluations, unless there is valid clinical justification for not doing so specified in the report (i.e., due to cognitive or psychiatric compromise, lack of age appropriate measures, literacy limitations, or significant defensiveness invalidating results). An appropriate alternative is to rely on other assessment components (behavioral observation, collateral reports, clinical interview) and acknowledge potential consequent limitations in the report. The lack of normative data and objective scoring limit the usefulness of projective or “performance-based” instruments in the forensic context. Reliance on instruments that lack requisite scientific validity and/or reliability will not meet TERM standards for quality review.
- j. Objective, standardized instruments that assess trauma-related symptomatology also should be utilized whenever indicated and feasible based on the child’s age and cultural/linguistic background. Consider administration of trauma-specific instrument, such as Trauma Symptom Checklist for Children (TSCC; Briere, 1996).
- k. DSM diagnosis (full 5-Axis DSM-IV-TR diagnosis) including code specifiers.
- l. If DMS-5 diagnosis and/or diagnostic criteria more adequately describe the child’s presentation, please include and explain

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## DIAGNOSTIC CLARIFICATION AND TREATMENT RECOMMENDATIONS - CHILD/ADOLESCENT

**Diagnostic Clarification and Treatment Recommendations are needed.**

**Specific questions to address and document in the evaluation narrative include:**

- a. Based on the documentation described in section above, what are the likely precipitants of the recent escalation symptoms (if relevant to the referral question checked above)?
- b. Based on the documentation described in section above, what might account for the youth’s failure to progress in treatment as expected (if relevant to the referral question checked above)?
- c. What is the child’s cognitive/intellectual functioning?
- b. What is the child’s emotional and psychological functioning?
  - i. What impact, if any, has this child’s history of abuse, neglect, and/or multiple placements had on the development of emotional and cognitive regulation?
  - ii. If there has been an increase in symptoms or inappropriate behavior reported by the SW, caregiver, or the therapist, what are the apparent or suspected precipitants?
  - iii. Do you suspect that the child has experienced any new abuse/trauma that has not been disclosed to CWS?
  - iv. For a child with this clinical presentation, what is the typical required length of treatment to see a significant reduction in symptoms and/or increase in psychosocial functioning?
  - v. Are there any current alcohol or other substance abuse issues? If so, how might these impact the child’s response to treatment?
- c. Is continuation of therapy appropriate at this time? If so, are there specific treatment recommendations? Are there specific cultural/linguistic considerations regarding intervention choice or approach? Is there a specific treatment modality that may be most appropriate?
- d. Should therapy be discontinued at this time? If so, please explain.