

Indiana Recommended Juvenile Competency Evaluation Report Contents

General Instructions

- Avoid using clinical jargon (i.e., loose associations), or if it is included, supply an explanation for the term and an example of how the child is showing a particular symptom (i.e., include a quotation from the child as an example).
- Show the reasoning behind your conclusions by including the child's statements or description of behaviors that are relevant to your conclusion.
- If psychological or other testing was administered or assessment instruments were used, the report should describe the purpose and results of the testing or use of instruments in a manner easily understood by non-clinicians.
- The report should include any limitations or qualifications of which the evaluator is aware that might affect the evaluator's opinion. For example, it should be noted in the report if there is uncertainty about the child's diagnosis, information such as prior psychiatric records were not available to the evaluator, or the child refused to take part in the evaluation.
- The report may not contain any statement from the child relating to the alleged delinquent act.

Identifying Information

This section should include the child's full name, date of birth, age at evaluation, gender, the referring court, case number, the charge[s], date[s] of alleged offense[s], place of evaluation, and date of evaluation.

Purpose of Evaluation

This section of the report describes the purpose[s] of the evaluation (i.e., to evaluate the child's competency to proceed with delinquency proceedings, description of the child's need for services, recommendation concerning the least restrictive setting and treatment that would assist in restoring the child's competency).

Information Considered

This section of the report should list all interviews conducted as part of the evaluation. It should include the dates, time, location, and length of all interviews of the child and other collateral sources (i.e., the defense counsel, member of the child's family) interviewed.

In addition, this section should include the list of all records reviewed such as preliminary investigatory records and delinquency allegations received from the probation department, records of prior competency evaluations, records of prior psychiatric treatment, current psychiatric assessment and treatment records, and educational records. If records were

requested but not received (i.e., past medical records), the records requested but not available should be specifically noted as well.

The report should also specify in this section whether any psychological or other testing was administered to the child or if another formal assessment tool was used and include the dates and location of administration.

Relevant History

This section reviews background information which is relevant to the evaluation and the evaluator's opinion. It should include a summary of the child's childhood, educational history, medical history if relevant (e.g., head trauma), and psychiatric history including past symptoms, diagnoses, and treatments (and if they were effective). It should specify the sources of the information (i.e., child, family, medical records, etc.). Information learned from the child should then be compared with information obtained from collateral sources.

This section should also summarize any unusual symptoms or behaviors noted during the pendency of the case. This can include symptoms or behaviors noted while the child has been incarcerated or while the child has been in the community. It should also include information related to the child's behavior in the courtroom if relevant.

Mental Status

This section of the report should include the results of the mental status examination completed by the evaluator. It should include the dates and locations of all interviews and note the child's level of cooperation during the interview[s]. It should include the diagnostic history and current diagnosis, and a description of the child's presentation and current functioning including quality of communication, behaviors, thought content/processes, potential mood or psychotic symptoms, and attention/concentration. In describing symptoms or behaviors, explain any clinical terms in a manner non-clinicians can understand and give examples. It is helpful to link observations in the evaluation to each area of competency being assessed. If the evaluator sees inconsistencies in symptoms or behaviors during the interview, those should be noted in the report as well. If any formal assessment tool was used or testing was completed which is relevant to the competency determination those should be noted, and the results included.

This section should also address if the child was assessed for malingering and if so the results of the assessment.

Clinical Opinion

This section of the report should reflect the evaluator's synthesis of the information, clinical interpretations, and ultimate opinion of the child's competence. It should refer to key data from the Competency Evaluation, Mental Status Examination, and Relevant History sections, and include a brief statement describing the basis as to why the evaluation was ordered (i.e. child appeared confused and made bizarre statements to his lawyer), the current diagnoses and treatment if any, and a brief description of the results of the

evaluation relating to child's understanding the nature and objectives of the proceedings against the child and assist in the child's defense. The reasoning underlying the evaluator's opinion should be included.

Competency Determination

The report should include a clear statement of the child's competency. The report shall include the evaluator's opinion as to the child's:

- 1) Ability to understand the nature and objectives of the proceeding against the child.
- 2) Ability to assist in the child's defense.
- 3) If the evaluator determines the child is not competent, a:
 - A. Description of the child's need for services; and
 - B. Recommendation concerning the least restrictive setting and treatment that would assist in restoring the child's competency.

Signature and Date

The report should be signed and dated. Do not use a computer-generated signature. The professional credentials of the evaluator should be indicated.