

WHITING FORENSIC HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION III:	STRUCTURES WITH FUNCTIONS
CHAPTER 12.b:	Psychology
PROCEDURE 12.b.5	Psychological Evaluation, Referral and Administration
Governing Body Approval:	April 28, 2018
REVISED:	

PURPOSE: To describe the process for obtaining a psychological evaluation

SCOPE: All clinical staff.

PROCEDURE:

Description of Services:

Psychological Evaluation involves an extensive assessment of a patient's psychological functioning detailing adaptive, intellectual/cognitive and/or personality functioning. In the following pages, the term Psychological Evaluation is used generically, and is meant to include more specialized evaluations such as behavioral analyses and neuropsychological assessments. Psychological evaluations of patients whose primary or preferred language is not English may require a referral to an outside consultant. In such cases, the psychologist facilitates this process, with consultation with their supervisor if needed.

Referral Process:

1. A request for a Psychological Evaluation is initiated either:
 - a. by the Unit Psychologist at any point in the course of treatment, or
 - b. by the treating psychiatrist or unit director in consultation with the Psychology Discipline Chair in the case that a psychologist is not currently assigned to the unit or is on an extended leave of absence. The Psychological Evaluation Referral form or Neuropsychological Evaluation Referral form should be used in these circumstances.
2. The Psychological Evaluation must be prescribed in the treatment plan.
3. The Psychological Evaluation Referral form or Neuropsychological Evaluation Referral form should be used if a Psychologist other than the Unit Psychologist is performing the evaluation.

Assignment of Evaluation:

1. The Unit Psychologist is responsible for the completion of the evaluation. No referral form is needed for an evaluation assigned to the Unit Psychologist or psychology student directly supervised by the Unit Psychologist.

2. A Psychologist, in consultation with their supervisor or the Discipline Chair, may refer a psychological evaluation to another Psychologist when one or more of the following criteria is met:
 - a. the assigned Psychologist has multiple active referrals simultaneously which, in his/her judgment, cannot be completed within the required time period [i.e., within the general time limits prescribed by hospital policy and/or within the time limits imposed by the circumstances of the case, such as a court date for example];
 - b. the assigned Psychologist does not have the specific skills necessary to complete the evaluation [e.g., advanced neuropsychological skills];
 - c. the assigned Psychologist has an involvement with the client which does not predispose to a successful evaluation outcome or which would, in the judgment of that psychologist, compromise the performance of a psychological evaluation [e.g., when the Psychologist is the focus of a paranoid delusion or has an ongoing psychotherapeutic relationship];
 - d. any Psychologist may seek consultation and assistance from another Psychologist when he/she feels this reflects prudent judgment [e.g., when there is a question of objectivity or a question of expertise].
 - e. the Psychologist may pass on the referral to a Psychology doctoral level trainee (i.e., post-doctoral fellow, intern, or practicum student); in that case the student's assigned primary supervisor remains responsible for the contents and prompt completion of the evaluation, including signatures.

Evaluation Timeframes:

1. Receipt of Psychological Evaluations referrals, if not being internally managed by the Unit Psychologist, are acknowledged in writing to the referring source within 7 days.
2. Psychology has the general goal of having general psychological evaluation and the associated report completed within 28 days of initiation of administration and 45 days for neuropsychological evaluations.
3. Resources, clinical factors, or hospital priorities may impact this timeline. Psychologists are to record in the medical record reasons for departure from these guidelines, should they occur (e.g., an uncooperative patient).
4. Evaluation referrals for non-English language patients may take considerably longer as the hospital may need to contract with an outside vendor for these services, and reason for delays should likewise be documented in the medical record.

Required report format:

1. Name of Client;
2. Date of Birth;
3. Dates of Evaluation;
4. Date of Report;
5. Reason for Referral;
6. Confidentiality Limitations Statement (especially necessary in forensic cases where it is clear that the results of the report may have a bearing on the outcome of a court proceeding, but any limitations should be explained to a client prior to evaluation and this

explanation and the client's willingness to complete the evaluation should be documented);

7. Testing Procedures Utilized;
8. Degree of Confidence in the Results Obtained (based on apparent degree of cooperation; alertness; etc);
9. Clinical Observations (appearance, attitude, general behavior, etc);
10. Pertinent History (history of present illness, social history, familial history, medical history, etc);
11. Results of Evaluation (format based on the content of the evaluation);
12. Summary of Findings (to include a summary of relevant client assets);
13. Conclusions;
14. Recommendations; and
15. *Signatures*: Name, degree. If prepared by a trainee, the supervisor's signature follows the trainees and the clause "Reviewed and approved by". Psychologists and trainees have the responsibility to insure the completion of their reports, including all signatures within 10 business days.

Retention of records:

1. All materials related to specific patient testing (such as notes and used testing forms) are stored in accordance with WFH medical record policies.

Additional Assessments

Additional assessments are needed beyond the initial assessment under a variety of circumstances. These include significant changes in clinical presentation, in particular changes over long periods of time that may reflect the influence of factors such as maturation, the benefits of treatment, or the effects of a worsening CNS disease. The same process is used to trigger a "re-evaluation" as described above. Comparisons with performance on earlier assessment(s) are particularly important in additional assessments.