Competence Assessment for Standing Trial for Defendants with Mental Retardation (CAST-MR)

The Basics: The CAST-MR was designed specifically to test the competency of individuals already diagnosed as mentally retarded to assist in their legal defense. The CAST-MR consists of 50 questions in three sections. The first section contains 25 written multiple choice questions that test defendants’ understanding of basic legal terms. The second section contains 15 written multiple choice questions designed to test defendants’ ability to assist in their own defense. Both the first and second sections require roughly a 4th grade reading level. The last section consists of 10 open ended questions regarding the defendant’s specific case asked orally by the examiner. The test manual provides the test administrator with scoring guidelines for each question asked (0, 1/2 point, or 1 point). Typically, the test takes between 30-45 minutes to administer.

Strengths and Weaknesses: While there is limited peer reviewed research on the CAST-MR, the research that does exist suggests that it has high validity. In addition, because the test is specifically designed for those who have already been diagnosed as mentally retarded, the test is able to provide an analysis into the minds of defendants that most other tests are not designed to reach.

Critical Issues: While the CAST-MR is designed to test a population that has already been diagnosed as mentally retarded, it still requires a 4th grade reading level which could present a problem if the defendant taking it falls below that level.

Sample Questions: What does a judge do? (a) defends you, (b) decides on the case, or (c) works for your attorney. What if the police ask you to sign something and you don’t understand. What should you do? (a) refuse to talk to them, (b) sign it anyway, or (c) ask to see your lawyer.


Competency Screening Test (CST)

The Basics: The CST is a 22 question written exam that is designed to screen out those defendants who are clearly competent to stand trial. The 22 questions ask the defendant to complete various sentences with scores for each answer ranging from 0-2. Defendants who score below a 20 are supposed to be given a comprehensive evaluation in order to determine the extent of the competency issues present.

Strengths and Weaknesses: While the CST has some problems with “false positives” (labeling defendants incompetent who are actually competent), the rate for “false negatives” (labeling an incompetent defendant as a competent one) is relatively low.

Critical Issues: Be aware that the CST’s false positive rates leave room to discredit a diagnosis of incompetent as an error in the test. It’s also important to remember that the CST doesn’t provide descriptions of the examinee’s performance. The test only provides a score which is supposed to indicate if a follow up test is needed.

Sample Questions: When I go to court my lawyer will _____ . If the jury finds me guilty, I _____.


Competency Assessment Instrument (CAI)

The Basics: The CAI’s primary goal is to provide a comprehensive evaluation of competency to stand trial. The CAI is a semi-structured oral interview designed to test 13 different legal skills such as “quality of relating to attorney” and “understanding of court procedure.” The test typically takes between 30-45 minutes. Although the CAI manual does not provide formal scoring criteria, it does provides a suggested 1-5 scoring scale (1=total incapacity, 5=no incapacity) as well as sample questions.

Strengths and Weaknesses: In light of the fact that the CAI provides no formal scoring procedure, using the CAI scales to reach formal conclusions isn’t really a possibility.
**Critical Issues**: Because the CAI doesn’t have a formal scoring procedure, it’s not technically a formal psychological assessment. However, the CAI can be used to alert attorneys to potential competency issues in their cases.

**Sample Questions**: Do you have confidence in your lawyer? What do you think would happen if you spoke out or moved around in the court room without permission? Suppose a witness against you lied in the court room, what would you do?

**Resources**: Defining and Assessing Competency To Stand Trial Issues and Considerations Regarding the Use of Assessment Instruments in the Evaluation of Competency to Stand Trial.


**Computer-Assisted Determination of Competency Procedure (CADCOMP)**

*The Basics*: The CADCOMP is designed to collect data from a defendant and organize it into a computer generated written report that may help an examiner narrow her focus her clinical interview. The actual test is a computer assisted self-reporting questionnaire consisting of 272 questions (mostly yes/no, true/false, multiple choice) designed to investigate a defendants social history, legal knowledge, and psychological background.

**Strengths and Weaknesses**: While the results of the CADCOMP may help paint a clearer overall picture of the defendant’s competency, the lengthy administration time and the need for a follow up interview can make the test time rather extensive.

**Critical Issues**: The CADCOMP presumes a relatively high reading ability. It also requires a defendant to have a basic ability to follow computer commands. This could present serious issues for under-educated defendants, or even defendants who simply lack basic computer knowledge. Also, because the CADCOMP is self-administered, if an examiner relies too heavily on the information provided by the defendant, it is entirely possible they can miss another mental defect the defendant did not mention.

**Resources**: Issues and Considerations Regarding the Use of Assessment Instruments


**Evaluation of Competency to Stand Trial – Revised (ECST-R at PAR)**

The ECST-R is an objective measure of competency. It includes systematic screenings for feigned incompetency—psychotic and nonpsychotic domains) with two detection strategies (i.e., atypical presentation and symptom severity) to screen for feigned incompetency. The ECST-R is appropriate for use with individuals ages 18 years and older who are involved in adult proceedings. It was also validated on defendants with a range of cognitive abilities. Most defendants with functional intelligence in the borderline and upper level of mild mental retardation (i.e., IQs = 60-69) can be tested with the ECST-R.

**Georgia Court Competency Test-Mississippi State Hospital Version (GCCT-MSH)**

*The Basics*: The GCCT-MSH was originally designed to screen out defendants who are clearly competent from those who may need further evaluation. The GCCT-MSH consists of 21 questions and takes about 10-15 minutes. The first 7 questions ask a defendant to visual identify the location of certain actors in the court room. These questions are followed by questions about the functions of actors in the court room, what the defendant’s charges are, and the consequences the defendant is facing.

**Strengths and Weaknesses**: The GCCT-MSH is a very easy to administer and is one of the only tests that asks defendants to visually identify items. However, around a third of these questions deal with relatively superficial issues (“who sits where”) and may not actually demonstrate concrete understanding of the legal process.
**Critical Issues:** Because the test allows defendants to answer questions through visual identification, this test may be better for clients with limited education or poor verbal skills. However, the GCCT does not address a client’s ability to consult or assist his attorney, an important part of competency.

**Sample Questions:** If the jury finds you guilty, what might they do? What are you charged with?


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**Halstead-Reitan Neuropsychological Battery**

The **Battery** includes: Trails A and B (which see how quickly a patient can connect a sequence of numbers (trail A) or numbers and letters (trail B). Controlled Oral Word Association Test (COWAT, or Verbal Fluency) - a measure of a person's ability to make verbal associations to specified letters. Halstead Category Test (including seven subtests which form three factors: a Counting factor (subtests I and II), a Spatial Positional Reasoning factor (subtests III, IV, and VII), and a Proportional Reasoning factor (subtests V, VI, and VII)).) Tactual Performance Test, Rhythm Test, Speech Sounds Perception Test and Finger Oscillation Test.

**Interdisciplinary Fitness Interview (IFI)**

*The Basics:* The IFI is a 45 minute semi structured interview designed to be administered jointly by a mental health professional and an attorney in order to provide a general overall rating of “fit” or “unfit.” The IFI examines different areas of legal functioning and the presence of psychological defects including hallucinations, amnesia, and mental retardation. A defendant’s responses are scored from 0-2, 0 suggesting no incapacity and 2 suggesting severe incapacity.

*Strengths and Weaknesses:* The IFI is one of the few tests that directly incorporates an attorney into the exam. This allows attorneys to collect data from the defendant on factors directly relevant to her case. However, there has been little empirical research done on the IFI. However, the few studies that do exist suggest it is a highly reliable test.

*Critical Issues:* Because the IFI lacks significant research supporting the IFI’s validity, the results might be easier to challenge.


**Inventory of Legal Knowledge (@ parinc.com)**

The ILK is designed to assist the forensic examiner in assessing response styles of defendants undergoing evaluations of adjudicative competence. The ILK is *not* a test of adjudicative competence. It is solely a measure of response style; more specifically, it is a measure of a defendant's approach to inquiries about his or her legal knowledge. Written in simple language, the ILK contains 61 true-or-false items about the legal process. Orally administered by an examiner in about 15 minutes (making the instrument suitable for illiterate defendants), the ILK can be used anywhere—including jails and other secure facilities—and scored quickly.

To detect feigned deficits in legal knowledge, the ILK utilizes two strategies. The first identifies defendants as feigning based on scores that are significantly lower than scores expected by chance. The second identifies defendants as feigning based on scores that are significantly lower than those attained by relevant normative groups. The ILK's detection strategies are to be utilized sequentially. That is, the examiner first determines whether the examinee's score on the ILK is significantly below chance. If it is, then the second strategy need not be utilized because a significantly below chance score results in an essentially unequivocal interpretation. If, however, the examinee's score is not significantly below chance, then the examiner compares the obtained score to scores that have been derived from relevant comparison groups.

**Juvenile Adjudicative Competence Interview (JACI) (@ prepress.com)**

This is included in Thomas Grisso’s book; *Evaluating Juveniles’ Adjudicative Competence*. This is the first comprehensive guide offering clinicians the special concepts, procedures, and methods necessary to perform
juvenile evaluations using a developmental perspective. The book's approach to evaluating youths' competence to stand trial is consistent with nearly a decade of research by the John D. and Catherine T. MacArthur Research Network on Adolescent Development and Juvenile Justice.

Written in 17 brief units, this guide for forensic clinicians begins with essential concepts that provide a sound legal and developmental psychological foundation for these evaluations. The guide then proceeds to describe in detail special considerations for designing the evaluation, collecting data in ways that are sensitive to deficits in youths’ abilities due to clinical disorders and potential developmental immaturity, and interpreting the results to address the special challenges associated with identifying juveniles’ capacities and deficits as trial defendants. The guide’s Appendices and CD-ROM (included with the book) provide a number of original forms and checklists for use in this evaluation process, including a structured interview - the Juvenile Adjudicative Competence Interview (JACI) - that assists clinicians in obtaining essential data related to youths’ strengths and deficits with legal and developmental relevance for their competence to stand trial.

**Luria-Nebraska Neuropsychological Battery (LNNB) (@wpspublish.com)**

Provides a comprehensive yet flexible measure of neuropsychological functioning for 15 years and up. This widely used battery takes the clinical procedures of neuropsychologist A.R. Luria and adds standardized administration and scoring to produce a comprehensive but convenient measure of neuropsychological functioning. The LNNB is used to diagnose cognitive deficits, including laterization and localization of focal brain impairments. It also detects very specific problems, as well as mild impairment that might otherwise go unnoticed.

Designed for individuals ages 15 and older, the LNNB has also been used successfully with 13- and 14-year-olds. The LNNB can be administered in 1.5 to 2.5 hours. Depending on the patient's condition, it can be given in a single session or in a series of brief sessions. Completely portable, it can even be given at bedside if necessary.

**MacArthur Competence Assessment Tool (MacCAT-CA)**

**The Basics:** The MacCat-CA was designed specifically to test a defendant's psychological abilities relevant to competence to proceed. The test is a broader inquiry into competency issues including insight into rational thinking, understanding and recognition of relevant information. The test consists of 22 questions and takes about 30 minutes to complete. The first 16 questions are based on a defendant’s understanding of a short story of two men who get into a fight. The last 6 questions are specifically geared to test a defendant’s understanding of his own circumstances.

**Strengths and Weaknesses:** Unlike other competency tests, the MacCAT-CA includes a distinction between the defendant’s current legal knowledge and his capacity to obtain such knowledge.

**Critical Issues:** Because the reasoning scale is based on a hypothetical story, the defendant may be more or less reasonable when the outcome affects him directly. It’s important to determine whether or not a defendant’s competency extends to hypothetical situations, as well as his own.

**Resources:** Practical Applications of the MacArthur Competence Assessment Tool


**Malingering Probability Scale (MPS) (@wpspublish.com)**

A brief self-report inventory a quick way to determine the likelihood that an individual is exaggerating claims of mental illness. Research with both criminal and noncriminal samples shows that the MPS is effective in identifying malingers.

**Meyers Neuropsychological System**

The Meyers Neuropsychological System is not dependent upon any specific neuropsychological battery of tests, but does have an extensive database used for comparing your patient's data with various patient groups. The current database is 8000 subjects with 70+ comparison groups identified.

**Miller Forensic Assessment of Symptoms Test**

The M-FAST is a brief 25-item screening interview for individuals ages 18 years and older that provides preliminary information regarding the probability that an individual is feigning psychiatric illness. Most malingering and
symptom validity instruments assess malingered cognitive and/or neuropsychological deficits. The M-FAST focuses exclusively on malingered psychiatric illness.

The brief interview format saves valuable clinical time and provides considerable flexibility for the clinician to determine when, where, and to whom the M-FAST should be administered. The M-FAST may be integrated into a larger evaluation with minimal difficulty. The M-FAST also facilitates rapid identification of individuals who require additional assessment. When the M-FAST results indicate a probability of feigning, a more comprehensive assessment instrument (e.g., the Structured Interview of Reported Symptoms) can be administered to obtain more detailed and definitive information.

**Million Clinical Multiaxial Inventory (MCMI-3)**

*The Basics:* The MCMI-3 is a test designed to help detect personality disorders that correlate to the information found in the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, 4th edition). The test contains 175 true/false questions that are normally presented in writing, but in some cases may be presented by a computer. The questions are designed to test for personality disorders as well as underlying clinical issues like drug and alcohol dependence.

*Strengths and Weaknesses:* The MCMI-3 was standardized with a group of 600 clinical patients and 8.5% came from inmate populations. This helps provide support for the usage of the MCMI-3 in court. However, the MCMI-3 doesn’t give data on the standard error rate of the exam, meaning there is little data to gauge the potential error rate of the exam.

*Critical Issues:* The test requires an 8th grade reading level. If the exam is given to someone who falls below that level, the results of the exam become easier to challenge. Like the MMPI-2, the MCMI-3 is often sent out to be scored by someone else than the test administer and it is important that you obtain the score report from the person who actually graded the test.

*Resources:* Sample Score Report Pearson Product Review-MCMI-3


**Minnesota Multiphasic Personality Inventory - 2 (MMPI-2)**

*The Basics:* The MMPI-2 is designed to evaluate thoughts, emotions and behavioral traits. Ultimately, the results of the test are supposed to reflect the strengths and weaknesses of an individual’s personality and in the process, help identify various mental disorders and defects. The MMPI-2 is a written test containing 567 true/false statements. The test is typically administered in writing and takes between 60-90 minutes to complete. However, the test may also be given by a computer. The test is given to adults 18 years or older, though a version of the MMPI-2, the MMPI-A has been designed for adolescents age 14-18.

*Strengths and Weaknesses* The MMPI-2 continues to be one of the most commonly used tests by psychologists and other mental health providers. Despite its popularity, the MMPI-2 has not been able to demonstrate consistent patterns that help predict legally relevant issues like recidivism rates and violence.

*Critical Issues:* Attorneys should note that most test administrators have the test sent out to be scored. It is important that you obtain the original score report from the person or company that actually graded the test. It’s also important to realize that because of the tests length and breadth (567 questions!), it requires anywhere between a 5th grade to an 8th grade reading level to complete. This could present serious problems when dealing with poorly educated test takers, test takers who are suffering from a neurological injury, test takers who are under the influence of drugs and alcohol, etc.

*Sample Questions:* I am easily awakened by noise (True/False), At times I feel like smashing things (True/False), I think I would like the work of a librarian (True/False)


**Mini-Mental Status Exam-2**

The original MMSE is one of the most frequently used brief assessments of cognitive impairment. It can be used to track patients' progress over time, to screen large populations for cognitive impairment, and to select patients for
clinical trials research in dementia treatment. With a new standard version that is equivalent to the original MMSE and new brief and expanded forms, the MMSE-2 retains the original's clinical utility and efficiency while expanding its usefulness in populations with milder forms of cognitive impairment, including subcortical dementia.

An even briefer version, the new MMSE-2: Brief Version (MMSE-2:BV), is designed for rapid assessment in a variety of settings. The MMSE-2: Expanded Version (MMSE-2:EV), a slightly longer version, is more sensitive to subcortical dementia and to changes associated with aging; it is sufficiently difficult that it does not have a ceiling effect. Equivalent, alternate forms (Blue and Red) of each MMSE-2 version have been developed to decrease the possibility of practice effects that can occur over serial examinations.

**Psychological Assessment Inventory (PAI)**

*The Basics:* The PAI is a personality test designed to provide information relevant for a clinical diagnosis and to measure both the severity and breadth of any psychological defects discovered. The test is composed of 344 questions whose responses are rated on a 4 point scale ranging from false, not at all true, to very true. The test takes about an hour with someone with a 4th grade reading level or above to complete. The exam is designed to be given in writing with the test taker sitting in a desk or a table by himself.

*Strengths and Weaknesses:* The results of the PAI have been shown as useful in predicting future violence and recidivism rates. However, this test is relatively new and its validity isn’t as established as some other personality tests, like the MMPI-2.

*Critical Issues:* The test requires a 4th grade reading level and may not be appropriate for people who fall below that level. In addition, because the PAI is a newer exam, its results are easier to challenge in court.

*Resources:* Psychological Assessment Inventory Product Summary


**Rey’s 15-Item-Visual Memory Test**

Rey (1964) devised a simple 15-item visual memory test to detect faking or exaggeration of memory complaints.

**Structured Interview of Reported Symptoms – Version 2 (SIRS-2 @ parinc.com)**

The *Structured Interview of Reported Symptoms-Version 2* (SIRS-2) is a controlled interview designed to detect malingering and other forms of feigning of psychiatric symptoms. The content covers a wide range of psychopathology, as well as symptoms that are unlikely to be true. The SIRS-2 is designed to detect eight response styles commonly associated with feigning. Each of these response styles are described by one of four classifications: 1) honest, 2) indeterminate, 3) probable feigning, or 4) definite feigning

The SIRS consists of eight primary and five supplementary scales for the assessment of feigning, including a scale to assess defensiveness; the content of each scale varies so that endorsement of items on a particular scale does not reflect any specific mental disorder. It is appropriate for individuals ages 18 – 100 years old. It takes approximately 1 hour to administer.

**Structured Inventory of Malingered Symptomatology (SIMS)**

The SIMS is a 75-item, true/false screening instrument that assesses for both malingered psychopathology and neuropsychological symptoms. The instrument reduces clinician burden and increases assessment efficiency by serving as a screen for malingering and by reducing hands-on administration time. In addition to serving as a screening measure, the SIMS can be used as part of a battery of tests providing convergent evidence of malingering, rather than relying on a single instrument for diagnosis. The SIMS also is recommended as part of a comprehensive approach to evaluation alternative hypotheses for response patterns are to be considered. The SIMS is written at a 5th-grade reading level and is appropriate for ages 18 years and older.

**Stanford–Binet Intelligence Scales**

This test initiated the modern field of intelligence testing and was one of the first examples of an adaptive test. The test originated in France, then was revised in the United States.

**Test of Memory Malingering (TOMM @ parinc.com)**

The TOMM instrument is designed to provide a reliable, economical first step as part of a full psychological battery to help assess whether an individual is falsifying symptoms of memory impairment. It is given to defendants 16 and older. It takes approximately 15 to 25 minutes to administer.
Validity Indicator Profile (VIP @ pearsonassessments.com)

The Validity Indicator Profile (VIP) is a general assessment of response style designed to identify valid and invalid responding. The VIP can be used as a validity indicator for concurrently administered tests. It is given to subjects 18-69 years of age. It takes approximately 1 hour to administer.

When the VIP indicates that the test-taker's approach to the assessment was valid, the clinician can generally have confidence that the individual intended to perform well on the test and made a concerted effort to do so. In some cases, a finding of invalidity on the VIP indicates insufficient effort to respond correctly or suboptimal attention and concentration during testing. In other instances, invalidity indicates a lack of cooperation, reflecting a deliberate attempt to perform poorly.

Wechsler Adult Intelligence Scale – version IV (WAIS-IV @ www.pearsonassessments.com)

In recognition of emerging demographic and clinical trends, the WAIS IV was developed to provide you with the most advanced measure of cognitive ability and results you can trust when addressing the changing clinical landscape

Victoria Symptom Validity Test (VSVT™) (@ parinc.com)

Suitable for use in both outpatient and inpatient settings, the VSVT is a computerized test that uses a forced-choice (two-alternative) model to assess possible exaggeration or feigning of cognitive impairments. Test interpretation compares the respondent's performance to what is expected to occur on the basis of chance alone; this binomial-based approach to respondent classification minimizes the risk of false positives.

Wechsler Adult Intelligence Scale - IV(WAIS-IV)

Designed to measure intelligence in adults and older adolescents. The fourth edition of the test (WAIS-IV) was released in 2008 by Pearson.

Wechsler Memory Scales – IV (WMS-IV)

The Wechsler Memory Scale (WMS) is a neuropsychological test designed to measure different memory functions in a person. It can be used with people from age 16 through 90. The current version is the fourth edition (WMS-IV) which was published in 2009 and which was designed to be used with the WAIS-IV. WMS-IV is made up of seven subtests: Spatial Addition, Symbol Span, Design Memory, General Cognitive Screener, Logical Memory, Verbal Paired Associates, and Visual Reproduction. A person's performance is reported as five Index Scores: Auditory Memory, Visual Memory, Visual Working Memory, Immediate Memory, and Delayed Memory.