



September 19, 2012

Chairman Kurtz and Members of the Families, Children and Seniors Committee:

My name is Jeanette Scheid, MD, PhD, I am a board certified child and adolescent psychiatrist and Associate Professor of psychiatry at MSU with 15 years experience working with children and families in community mental health and juvenile justice.

The Michigan Psychiatric Society has been working on advancements in **juvenile competency evaluations** since 2006. We support most of the provisions of these bills. We appreciate the large amount of time and effort invested by Senator Schuitmaker, Representative Lipton and the many organizations and advocates who have worked to refine this legislation.

The issue of who can be designated as a **qualified examiner** remains a source of concern. The assessment of competence is both a clinical and a legal assessment. A third facet is presented when examining children and adolescents. The developmental maturity of the individual must be determined, making the evaluation of juveniles in many ways, more complex than adults.

Many of our members, physicians specialized and board certified in child and adolescent psychiatry would not hold themselves up to be qualified examiners unless they have also had forensic training. Likewise, psychiatrists not specialized in child and adolescent psychiatry would rarely undertake these evaluations.

Concerns have been expressed about the available workforce. While these bills are unlikely to create significant new demand for evaluators, we have explored a **responsible pathway for mental health professionals to become qualified examiners**. We support the development of Michigan-based training and certification of examiners, but the substitute bills expand the professionals eligible for the training too far—to include those who lack the necessary pre-requisite professional capabilities.

The importance of solid knowledge of child development and clinical expertise specific to the child and adolescent population cannot be overstated. Arriving at a diagnosis is generally a process that develops over time, especially with kids. **A forensic evaluation is a one-time occurrence. Mistakes have grave consequences for a child.**

During the five years spent developing this package, we found **very few states that allow professionals other than psychiatrists and fully licensed psychologists to become qualified**, and those states operate Centers or oversee the professionals within a forensic division of the department.

These bills take a different approach, which we can conditionally support. The Department of Community Health is charged with the responsibility of **endorsing a training program for qualified examiners**. MDCH has experts within the Center for Forensic Psychiatry to assist in developing standards for a training program.

We propose that MDCH also develop the criteria for the certified training program to use to **select professionals who have sufficient training in child development and clinical skills and experience with child and adolescents to be eligible to take the training**. Experts in the field endorse this approach to expanding the pool of qualified examiners. The skills for child and adolescent diagnosis and evaluation cannot be taught in a brief training program...but the forensic knowledge and skills could be condensed into a program. I have attached an excerpt of a pertinent report for legislators.

Please consider this refinement to ensure that Michigan's children who are in the juvenile justice system receive the best possible disposition.



**MPS and MPA Suggested amendments to SB 247 (S-1) and SB 246**

SB 247: Section 1060B, p.12 (Also SB 246, p.3, line 11)

(3) "QUALIFIED **JUVENILE** FORENSIC MENTAL HEALTH EXAMINER" MEANS 1 OF THE FOLLOWING WHO PERFORMS FORENSIC MENTAL HEALTH EXAMINATIONS FOR THE PURPOSES OF SECTIONS 1062 TO 1074:

(A) A PSYCHIATRIST OR PSYCHOLOGIST WHO POSSESSES EXPERIENCE OR TRAINING IN THE FOLLOWING:

- i. FORENSIC EVALUATION PROCEDURES FOR JUVENILES.
- ii. EVALUATION, ~~OR~~ **DIAGNOSIS** AND TREATMENT OF CHILDREN AND ADOLESCENTS WITH EMOTIONAL DISTURBANCE, MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITIES.
- iii. CLINICAL UNDERSTANDING OF CHILD AND ADOLESCENT DEVELOPMENT.
- iv. FAMILIARITY WITH COMPETENCY STANDARDS IN THIS STATE.

(B) BEGINNING 18 MONTHS AFTER THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT ADDED THIS SECTION, ~~A MENTAL HEALTH PROFESSIONAL LICENSED MASTER'S SOCIAL WORKER OR LICENSED PROFESSIONAL COUNSELOR OR LIMITED LICENSE PSYCHOLOGIST~~ **WHO POSSESSES EXPERIENCE AND TRAINING IN THE FOLLOWING IS ELIGIBLE TO APPLY FOR** ~~MEETS THE~~ CERTIFICATION UNDER THE REQUIREMENTS OF THE PROGRAM ESTABLISHED BY THE DEPARTMENT UNDER SECTION 1072.

- i. EVALUATION, DIAGNOSIS AND TREATMENT OF CHILDREN AND ADOLESCENTS WITH EMOTIONAL DISTURBANCE, MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITIES.
- ii. CLINICAL UNDERSTANDING OF CHILD AND ADOLESCENT DEVELOPMENT.

SB 247 p. 20

SEC. 1072. NOT LATER THAN 18 MONTHS AFTER THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT ADDED THIS SECTION, THE DEPARTMENT SHALL DEVELOP AND IMPLEMENT THE FOLLOWING:

- 1) REVIEW AND ENDORSE A TRAINING PROGRAM FOR QUALIFIED **JUVENILE** FORENSIC MENTAL HEALTH EXAMINERS WHO PROVIDE JUVENILE COMPETENCY EXAMS. A PSYCHIATRIST OR PSYCHOLOGIST MAY, BUT IS NOT REQUIRED TO, SEEK CERTIFICATION UNDER THE PROGRAM ESTABLISHED UNDER THIS SECTION.
- 2) DEVELOP CRITERIA AND A PROCESS TO QUALIFY INDIVIDUALS ON THE BASIS OF THEIR TRAINING AND EXPERIENCE IN CHILD DEVELOPMENT AND CLINICAL TREATMENT OF CHILDREN AND ADOLESCENTS TO BE ELIGIBLE TO ENROLL IN AN ENDORSED TRAINING PROGRAM FOR QUALIFIED JUVENILE FORENSIC MENTAL HEALTH EXAMINERS.
- 3) THE DEPARTMENT MAY MAKE ADAPTATIONS OR ADJUSTMENTS TO THE ENDORSED TRAINING PROGRAM DESCRIBED UNDER SECTIONS (1) **AND (2)** BASED ON RESEARCH AND BEST PRACTICES

The amendments would make clear that qualified examiners would be grounded in sufficient knowledge of child development and the clinical treatment of children and adolescents to be prepared to take the course, which would add forensic training to a solid clinical base (which cannot be taught in a short-term course) thus opening the path for more qualified forensic mental health professionals, and ensuring the quality of the examinations and reports.

The department could develop criteria for mental health professionals to qualify for the training and implement by designing a form to be filled out and attested to, much like applicants for licensing do. The training program could be required to verify that eligibility criteria had been met.

This approach is backed up by the national experts who have served as guides and consultants throughout this process.

***Developing Statutes for Competence to Stand Trial in Juvenile Delinquency Proceedings: A Guide for Lawmakers*** <http://www.ncsl.org/documents/cj/larsonhandout.pdf>

Kimberly Larson, Ph.D., J.D.  
Thomas Grisso, Ph.D.

**p. 51**

**Recommendation:** *Qualifications of the Examiner*

**We recommend that states should require at least a minimum level of training and/or experience in the area of child clinical psychology or psychiatry and in forensic practice.** Psychologists or psychiatrists should practice only in areas in which they have had sufficient training.

We recognize that in some states, such criteria could result in a lack of qualified examiners. As a remedy, we suggest that many communities will have child developmental professionals who can be provided continuing education opportunities that will allow them to understand the legal concept of competence to stand trial. A large number of states and communities have required continuing education programs for professionals who provide the courts with forensic evaluations. Some of these states also require an examination that demonstrates a minimum level of competency or ongoing review of sample reports to ensure adequacy of reports.

It is our opinion, however, that **it would be much more difficult to train forensic clinicians without child clinical experience** to perform juvenile competence to stand trial evaluations. By definition, such evaluations require expertise in **diagnosing** childhood mental disorders, which are quite different from adult mental disorders. The degree of training that would be required typically is not possible through continuing education mechanisms.