



## ***Probation Service Definition***

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

<b>SERVICE NAME</b>	<b>Psychological Evaluation</b> <span style="float: right;"><input type="checkbox"/> Adult <input checked="" type="checkbox"/> Juvenile</span>
<b>Category</b>	Evaluation
<b>Setting</b>	Professional office environment, clinic, mental health substance use treatment center, private practice, teleservice or other setting appropriate to the provision of evaluation/assessment services.
<b>Facility License</b>	N/A
<b>Service Description</b>	A Psychological Evaluation consists of a biopsychosocial evaluation and psychological testing. Standardized testing is utilized to assess an individual’s psychological or cognitive functioning. In most cases, a mental health, substance use or co-occurring evaluation is sufficient to diagnose, recommend services and provide sufficient information to begin treatment; when initial evaluations identify the need for additional, in-depth evaluation, a Psychological Evaluation may be appropriate. The need for, and extent of, the psychological testing must be identified in the initial evaluation and indicate specific testing needs/requirements.
<b>Service Expectations</b>	<ul style="list-style-type: none"> <li>• A basic biopsychosocial evaluation and written report should be completed and the evaluation report must follow the Probation Reporting Format. The evaluation report will identify the specific psychological tests that were completed and provide the rationale for completing this testing</li> <li>• The primary focus of psychological evaluation is the psychological testing. Requested tests must be standardized, valid and reliable in order to answer the specific clinical question for the specific population under consideration. The most recent version of the test must be used, except as outlined in Standards for Educational and Psychological Testing™</li> <li>• The service is inclusive of the administration, scoring, interpretation and report writing.</li> <li>• Psychological testing may be completed to answer cognitive functioning questions, to assist with necessary differential diagnosis issues and/or to help resliced specific treatment planning concerns. It also may occur again later in treatment if the individual’s condition has not progressed since the initial treatment plan and there is no clear expectation for the lack of improvement</li> <li>• Psychological testing may address one or more of the following:             <ul style="list-style-type: none"> <li>• Intelligence/achievement; cognitive abilities</li> <li>• Personality</li> <li>• Aptitudes and Attitudes</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Other</li> <li>• Based on the referral question(s), the testing must be reasonably anticipated to provide results and information that will effectively guide the course of treatment.</li> <li>• Results of psychological testing are scored and interpreted and a formal report explains the testing, results, clinical interpretation and treatment recommendations in writing. The report is sent to the referring clinician/agency for use in treatment planning. Every client is entitled to a clear explanation of the results of testing and recommendations for treatment</li> </ul> <p>A Psychological Evaluation will include these areas during the clinical interview and in the narrative report:</p> <ul style="list-style-type: none"> <li>• Presenting problem and goals described by client and collateral contacts</li> <li>• Social history and environmental influences</li> <li>• Family dynamics, including demographic information, historical information and treatment history</li> <li>• Mental health history, including symptoms, diagnoses, treatment interventions/outcomes, including psychotherapeutic medication</li> <li>• Academic, intellectual and vocational history, including IQ, learning disabilities/behavioral disorders, interventions and outcomes</li> <li>• Medical history, including development, prenatal/birth/developmental milestones, history of illnesses/injuries/conditions, chronic conditions, medications taken, sexual development, menstrual history, pregnancies and births or fathered children</li> <li>• Legal history, including offenses against the client, history and current legal status</li> <li>• Legal issues, including incarceration, probation, violence to person or property</li> <li>• Victim issues, including neglect and emotional, verbal, physical or sexual assault or abuse</li> <li>• Substance use history including personal use, family history and treatment history</li> <li>• Personal assets and liabilities, including strengths and current barriers to success</li> <li>• Collateral information from at least two (2) sources (parents/guardian/caregiver will complete a release of information); preferred collateral contacts from recent past should include provider(s), family, school personnel, and friends. One of the collateral contacts must be the probation/problem-solving court officer. The youth's attorney is not included as collateral. The provider should include unsuccessful attempts to obtain collateral information</li> <li>• Psychological testing, including rationale for instruments utilized and results/findings</li> <li>• Summary and analysis of the findings from the interview and testing</li> </ul>
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	<ul style="list-style-type: none"> <li>▪ Diagnostic impression and findings, including amenability to treatment, internal motivation and justification for diagnosis/diagnoses to evaluate the client’s progress during treatment and measure outcomes at discharge, recommended linkages with community resources and any areas for further evaluation</li> <li>▪ Recommendations, including identifying the primary/ideal level of care, clinical rationale for the recommended service(s), barriers to completing recommended interventions/available level of care, client/family response to the recommendations, identification of who needs to be involved in the client’s treatment, treatment plan that includes transitioning to lower levels of care/discharge planning, a means to evaluate the client’s progress during treatment and measure outcomes at discharge, recommended linkages with community resources and any areas for further evaluation</li> <li>▪ Prior to submitting the report, the provider will have an Integrated Recommendation Discussion with the officer to review the recommendations and ensure the level of services recommended are both available and appropriate for the youth. This discussion will also be documented within the report</li> <li>▪ Services must be trauma-informed, culturally and linguistically appropriate, age and developmentally appropriate an incorporate-evidenced based practices when appropriate</li> </ul> <p><b>Approved Reporting Format:</b> The Psychological Evaluation written report must be provided in the Probation-approved reporting format as detailed on the appropriate evaluation worksheet.</p> <p>Program plan required    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<b>Service Frequency</b>	The biopsychosocial evaluation and psychological testing will be completed as soon as possible after referral. The psychological testing should not need to be completed more than once unless there is a significant change in the individual’s symptoms and behaviors.

<b>Length of Service</b>	<p>The interview and psychological testing (administration, scoring, interpretation and report writing) is variable depending on the presentation of the youth.</p> <p>When completing evaluations for youth, the evaluation must be completed and sent to the probation/problem solving court officer within the timeframe set by the court. The provider responsible for completing the evaluation shall have up to ten days to complete the post adjudication/pre-disposition evaluation after receiving the referral authorizing the evaluation. Timeframes are per Nebraska Revised Statute 43-281. Adjudication of jurisdiction; temporary placement for evaluation; restrictions on placement; copy of report or evaluation. For a juvenile in detention, the court shall order that such evaluation be completed and the juvenile returned to the court within twenty-one days after the evaluation. For a juvenile who is not in detention, the evaluation shall be completed and returned to the court within thirty days.</p>
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• Licensed Psychologist</li> <li>• Provisionally Licensed Psychologist</li> <li>• All providers must hold a current, valid Nebraska license through the Nebraska Department of Health and Human Services (DHHS) – Division of Public Health and must act within their scope of practice.</li> <li>• All providers must be trained in trauma-informed care, recovery principles and crisis management</li> </ul> <p>This service requires Criminogenic Continuing Education Hours <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<b>Staff to Client Ratio</b>	1 clinician to 1 youth
<b>Hours of Operation</b>	Typical office hours with available evening and weekend hours by appointment.
<b>Service Desired Outcomes</b>	<ul style="list-style-type: none"> <li>• Psychological evaluation uses psychological testing to inform behavioral health diagnostic impressions, recommended behavioral health services and treatment plan needs</li> <li>• Psychological testing results provide additional data and information to assist with the development of the treatment plan</li> <li>• Youth completes all tests administered</li> <li>• Youth is informed of the test results and how they will help develop an appropriate treatment plan; testing results provide guidance for treatment plan strategies and are incorporated into the initial biopsychosocial evaluation</li> </ul>
<b>Unit and Rate</b>	See rate sheet