Competence to Stand Trial: Special Challenges for the Population Diagnosed With

Intellectual Disabilities and Borderline Intellectual Functioning

by

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Abstract

This study contributes to the psychometric validity of the psychological tests most frequently used to determine competency to stand trial for people with intellectual disabilities. First, the relationship between The MacArthur Competence Assessment Tool (MacCAT-CA) and the Competence Assessment to Stand Trial for Defendants with Intellectual Disabilities (CAST-MR) was analyzed, including their respective determination of competency for currently adjudicated adults with intellectual disabilities. Second, the relationship between performance on the Malingered Incompetence Legal Knowledge test (MILK), a new measure designed to evaluate malingering by people with intellectual disabilities in a legal context, and the Test of Memory Malingering (TOMM) was explored. Additionally, this study contributes to the development of norms for both the MacCAT-CA and the MILK in a population with intellectual disabilities. Results demonstrate that was not significant agreement between the MacCAT-CA and the CAST-MR in determining adjudicative competency in the study population. The lack of

convergent validity between these two commonly used measures raises questions about test

validity and whether individuals with intellectual disabilities are held to a lower standard for

adjudicative competence. Further, a significant correlation between the TOMM and the MILK

suggests that evidence of exaggerated cognitive impairments does suggest feigned ignorance of

legal knowledge. The evidence from this study suggests that CST evaluations with an ID

population results in different findings based on the measure that the examiner chooses.

Consequently, adherence to appropriate and standardized measures is needed in forensic

psychology to ensure the quality of the evaluation.

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Chapter 1

Introduction

The United States Constitution states under its Sixth Amendment that a defendant has the right to counsel; this includes the choice either of obtaining a lawyer or of self-representation (Charters of Freedom, n.d.). Historically, this clause was used to appoint an attorney for individuals who could not afford legal representation. After 1932, for the first time, the Supreme Court gave a divergent interpretation to this clause and established a waiver of the right to representation based on the suspicion that the defendant was unable to stand trial (*Powell v. Alabama*, 1932*).* Currently, best forensic practices reinforce the prohibition of criminal prosecution of a defendant who is not competent to stand trial (*Drope v. Missouri*, 1975). Because of this decision, it is the responsibility of court officers, including the defense attorney and the district attorney, to inquire about a defendant's competence to stand trial, even if this means a defendant requires a new trial or is not brought to trial at all.

A defendant's competence to stand trial was conceptualized in the landmark case of *Dusky v. United States* (1960) as the "sufficient present ability to consult with his lawyer with a reasonable degree of factual understanding and whether he has a rational as well as factual understanding of the proceedings against him" (p. 788). This implies that a defendant must comprehend the charges at rational and factual levels, understand court proceedings, and have the ability to assist in his or her own defense (Felthous, 2003; Perlin, 2003). Although *Dusky*

established the right to a competency evaluation, it defined only the court's inquiry issues when considering competency and left a great deal of ambiguity regarding what constitutes "sufficient present ability" and "rational as well as factual understanding." (MacArthur Adjudicative Competence Study [MACS], 2001).

Competence to stand trial (CST) is a function not only of knowledge of the criminal justice system, but also of the particulars of the crime itself. For example, two defendants with identical knowledge and abilities might differ in their competency to proceed depending upon the complexity of their particular crimes and the skill of their attorneys to work with a cognitively impaired defendant. The belief that a specific test will provide information to satisfy all of these variables is unrealistic. However, Grisso (2003) maintains that "one of the purposes of pretrial competence is to collect … [and] provide a legally relevant description of the defendant" (p. 145). Furthermore, he explains that "if the data collection and the description of these assessments were entirely unstandardized … two examiners of the same defendant … might collect different types of information, thereby confounding later attempts to compare their opinions" (p. 145). Ultimately, and regardless of the validity of the instruments being used to gather such data, the final decision is judicial, and it may not benefit from confounding information that is perhaps irrelevant to the legal system.

The American Bar Association's Criminal Justice Mental Health Standards stated in 1994 (MACS, 2001) that the issue of a defendant's competence to stand trial is the single most important issue in the criminal mental health field, noting that an estimated 24,000 to 60,000 forensic evaluations of criminal defendants' competency to stand trial are performed every year in the United States. Furthermore, federal law requires that any defendant must understand the

charges against him or her and have the ability to aid an attorney in his or her own defense

(Grisso, 1996). Consequently, establishing competence to stand trial is of great importance to the

legal system. It is therefore also an important responsibility of mental health practitioners who

work with criminal defendants. Although CST is the most common court referral question for

forensic psychologists, there is a wide range of variability in what is considered a standard

forensic evaluation. This lack of standardization is a concern because the results of competency

assessments are of singular importance to judges in competency hearings. If competency

assessment procedures have limited validity, then the integrity of the decision regarding the

defendants' fitness to proceed may be compromised.

　　　Standardization of competency evaluations is further complicated by the fact that

different jurisdictions have different standards for what evidence is admissible in court. An

example of the criteria in expert admissibility is the standard derived from *Frye v. United States*

(1923). This standard indicates that scientific evidence presented to the court ought to be

understood and interpreted by the court as a procedure that was "well known" by the majority of

that specific scientific community.

　　　The need for a clarification of the *Frye* standard arose when the line between scientific

and technical evidence became indistinguishable for the legal system. While *Frye* was a

landmark case for evidentiary standards, in most jurisdictions this precedent has been replaced

by the *Daubert* standard (*Daubert v. Merrell Dow Pharmaceuticals*, 1993). The purpose of a

Daubert motion is similar to the *Frye* standard; however, its goal is to filter out any unqualified

evidence in a trial. The *Daubert* case raised the standard required so that courts examine not only

the validity of an expert witness' testimony but also the integrity of the methods used by the

expert witness. The *Daubert* criteria explicitly requires that the evidence contain empirical

testing, is accepted by a large part of that scientific community, is published in peer-reviewed

articles, and has a known error rate. The *Daubert* standard was modified and extended in 1999 in

Kumho Tire Company v. Patrick Carmichael. The *Kumho* case opened the gate for courts to

conceptualize evidence outside of scientific validity and expanded it to include observation and

acquired knowledge obtained through skills. This standard is based on Federal Rule of Evidence

702 that includes "scientific, technical, or other specialized knowledge" (*Kumho*, p. 137). The

relevance of standardized methodology within the courtroom has become an issue of increasing

importance across all legal domains.

In the case of the intellectually disabled (ID) population, the doctrine of competence to

stand trial presents some unique and difficult issues at all stages of the adjudicative process; this

highlights the critical need for competency assessment with this population (Everrington &

Dunn, 1995). Intellectually disabled inmates are more vulnerable than others to being harassed,

extorted, robbed, assaulted, and/or raped. Moreover, these inmates also tend to present with

inadequate coping skills, inadequate social skills, lack of judgment, lack of insight, and

significant impulsivity. These traits, especially when taken in combination, make it very difficult

for these inmates to conform to the rules and regulations of prison life (Oregon Department of

Corrections [ODOC], 2008, p. 1).

The State of Oregon is constitutionally mandated to provide a fair trial to all citizens and

residents, including society's most disadvantaged individuals. Although intellectual disabilities

and mental illness in general are evaluated in a retrospective way, CST evaluations consider the

defendant's current abilities (Melton, Petrila, Poythress, & Slobgin, 1997). A comprehensive

assessment, including but not limited to language, current forensic psychological evaluation, and adaptive and intellectual functioning, is important for assessments related to a criminal trial. In other words, both current and prior assessments are helpful when assessing adjudicative competency in the ID population.

Current Psychological Assessment Tools

The Competence Assessment for Standing Trial for Defendants with Intellectual Disabilities (CAST-MR) was first established by a validation study in 1990 (Everington), followed by a second validation study in 1995 (Everington & Dunn). It was normed on an ID population without a contrasting normal population. While the CAST-MR has desirable psychometric properties it also has critics who challenge the test's validity. A criticism is that the CAST-MR tends to have weak ceiling rules, that is, the examinee is likely to be found competent regardless of actual competency, suggesting a high probability of false positives (Siegert & Weiss, 2007). It has also been suggested that this instrument measures crystallized (acquired) knowledge rather than fluid intelligence, and therefore only assesses a factual understanding of courtroom procedures, thereby neglecting the rational understanding required by *Dusky*. In this study, we will examine key psychometric properties of the CAST-MR, using a forensic population from the ODOC.

Another measure that is commonly used to assess competency to stand trial is the MacArthur Competence Assessment Tool - Criminal Adjudication (MacCAT-CA). The MacCAT-CA was developed to conform to the essential abilities defined in the *Dusky* standard (MACS, 2001). Its psychometric properties are reliable and valid. Although this instrument is

used with increasing frequency, the measure lacks a representative sample drawn from the ID population.

The present study investigated the validity of the CAST-MR and the MacCAT-CA for use with the intellectually disabled population. The primary purpose of this study was to explore the concurrent validity of the CAST-MR by comparing it to the MacCAT-CA. Additionally, the study sought to develop norms for the MacCAT-CA for a population with intellectual disabilities.

Malingering: Assessment of Response Style in Forensic Examinations

Malingering is another important issue in forensic evaluation. In 2007, Sharlanda and Gfeller surveyed 188 neuropsychologists about their beliefs and practices with respect to suboptimal effort. One of the questions was "How often do you include a measure to assess for level of effort in a neuropsychological evaluation?" Results revealed that 57% of the participants "often or always" used a measure of malingering while conducting a neuropsychological evaluation. This means that out of every two referrals, only one includes the assessment of malingering. In the case of CST evaluations, the nature of the referral question makes assessment of suboptimal effort essential for the integrity of the evaluation.

Although malingering is a well accepted term in the context of forensics, caution must be taken when describing its meaning. According to Rogers, "six primary response styles can be identified in persons undergoing forensic psychological evaluations" (2008, p. 366). These are "symptom feigning, guardedness/disavowal, false presentation or positive traits, irrelevant responding, random responding, honest/candid responding, and hybrid responding" (p. 366). The most relevant response style in CST evaluations is described as "symptom feigning" that is, "the

exaggeration or fabrication of symptoms or impairments, without an assumption about the examinee's intent" (p. 366). Furthermore, Rogers clarifies that there is no measure that can capture the examinee's motivation. Consequently, assessment is made for a type of response style rather than inferential information about his or her motivation. However, for the purposes of this paper we will use the term "malingering" as a response style.

The main theme of malingering is an underlying motivation to obtain a secondary gain. In the legal world, malingering is "often referred to as fabricated mental illness or feigned mental illness" (*United States v. Binion*, 2005, p. 22). Therefore, malingering implies that an individual might gain something in exchange for "fabricating the mental illness" (p. 7). In terms of operational constructs, the American Psychiatric Association (2000) in its Diagnostic and Statistical Manual of Mental Disorders, states that malingering might be present if any combination of the following symptoms are present: "medico-legal context of presentation, marked discrepancy between the person's claimed stress of disability and the objective findings, lack of cooperation during the diagnostic evaluation and in complying with prescribed treatment regimen, and the presence of Antisocial Personality Disorder" (p. 739). However, these criteria have been found to be insufficient when distinguishing individuals who are malingering (Rogers, 1997). Examples of secondary gains are a decrease in the length of jail sentence or residing in a hospital rather than a prison.

There are several instruments that assess malingering, including the Miller Forensic Assessment of Symptoms Test, the Structured Inventory of Reported Symptoms, and the Minnesota Multiphasic Personality Inventory-2. Most of the current malingering tools assess malingered psychotic symptoms, which is the most common presentation in forensic referrals

(Vitacco, Rogers, Gabel, & Munizza, 2007). However, cognitive malingering appears to be increasing in frequency and is commonly associated with a complex presentation, which thus calls for specialized tools that can be used to better assess it (Frederick, 2000). Among the tools of preference for practitioners, Sharlanda and Gfeller's 2007 study found that the Test of Memory Malingering (TOMM) was the most popular measure used to capture suboptimal motivation.

Slick, Tan, Strauss, and Hultsch (2004) based their results on experts' opinions in which an expert was defined as a clinician who had published two or more articles within the last five years about detection of suboptimal effort. Results were consistent with the Sharlanda and Gfeller (2007) study, stating that the TOMM ranked among the most commonly used test for a malingering assessment. These results suggest that the TOMM might be the "gold standard" among experts when it comes to assessing suboptimal effort. In fact, limited studies demonstrated evidence of the utility of the TOMM with individuals with intellectual disabilities (Simon, 2007). At the same time and despite its wide acceptance and popularity among users, there are concerns regarding its level of sensitivity towards "affective states and neurological impairments" (Colwell, Colwell, Perry, Wasieleski, & Billings, 2008, p. 27).

The consequence of a misdiagnosis of malingering can be devastating. Labeling a defendant who has a genuine mental illness as a malingerer may threaten that defendant's constitutional rights as defined by *Dusky* (Colwell et al., 2008). Forensic evaluators are often asked to discern between malingered and *bona fide* mental illness among individuals who are being examined for CST. Consequently, the need for valid, robust, and reliable instruments to assess malingering in competency evaluations is urgent.

An innovative alternative to malingering assessment is the Malingered Ignorance of Legal Knowledge (MILK); this test consists of 58 items that use forced multiple choice answers to assess feigned response style within the legal context in individuals with intellectual disabilities and borderline intellectual functioning. The test is written at a 4th grade reading level, suggesting it may be useful for a population with intellectual disabilities, but it has limited psychometric properties at this time. Some advantages of this measure are that (a) the instrument is easy to use, (b) it is short in administration time, (c) it is understandable for clinicians, (d) it is presented in a simple format, and (e) it includes scoring and information derivatives. Most relevant, it assesses an examinee's response style, providing concrete discrepancies between honest and dishonest response tendencies. Although this instrument has potential theoretical clinical utility, there is a need to develop its psychometric properties.

This study sought to validate the MILK's ability to determine a feigned response style, or malingering, in individuals with intellectual disabilities who face trial. Specifically, this study explored the relationship between the MILK and the TOMM, with an expectation that the results would be different as a function of the limited utility of the TOMM with a population who has neurological impairments. It was expected that inmates, whose score on the TOMM suggested exaggerated cognitive deficits, would not obtain elevated scores on the MILK due to the fact that a feigned response style in individuals with intellectual disabilities might be portrayed differently than a feigned response style in individuals with typical neurological profiles. Additionally, the study sought to establish initial norms for the MILK.

Hypotheses

This research study sought to explore the relationship between the MacCAT-CA and the CAST-MR, and between the TOMM and the MILK.

1. Given the conceptual differences between the MacCAT-CA and the CAST-MR tests, it was hypothesized that there would not be a significant relationship between the results of the tests or in their determination of competency for currently adjudicated adults with intellectual disabilities.

2. Based on the different constructs in feigned response style in individuals with intellectual disabilities, it was hypothesized that a significant, inverse correlation would exist between scores on the MILK and scores on the TOMM of participants with mild intellectual disabilities or borderline intellectual functioning.

Chapter 2

Methods

Participants

One hundred forty potential subjects were randomly selected to participate in this study among the population of post-adjudicated Oregon Department of Corrections (ODOC) inmates with a diagnosis of mental retardation or borderline intellectual functioning. Of these selected participants, 15 did not qualify after the initial contact with the researchers based on their unwillingness to sign the Informed Consent document. Another four participants were not tested further after evidence of a significant visual or auditory impairment and an extremely low score in the pre-screening test. Two participants suffered from narcolepsy and were unable to maintain their attention throughout the evaluation. Lastly, six participants were dismissed after it was learned that they possessed limited English knowledge and that they used an interpreter to translate the court procedures. Therefore, 113 participants completed the entire battery of tests and interviews.

When an individual enters the ODOC intake facility, he or she is assessed using a standardized test battery to determine reading level and to determine the presence and severity of mental health symptoms. The Comprehensive Adult Student Assessment System is administered to all inmates to determine reading and math levels. If reading standard scores are less than 220, which is 4th grade equivalent, the individual is screened for developmental disabilities using the Wechsler Abbreviated Scale of Intelligence and is interviewed regarding adaptive functioning.

Following diagnosis, "the inmates are assigned a code (DD-0, DD-1, DD-2, or DD-3) that

identifies them in the DOC [Department of Corrections] data bases. Inmates with a code of DD-3

have the most severe needs (typically IQ below 70 and significantly impaired functioning)"

(ODOC, 2008, p. 2), inmates with a DD-2 code have more significant needs but at a borderline

level (typically IQ 70-79 and impaired functioning), and those coded DD-1 have some minimal

needs (IQ of 80-84 and mildly impaired functioning) and could benefit from programs, if space

is available. Those with DD-0 codes have been assessed for developmental disorders and do not

qualify for Developmental Disabilities (DD) services (ODOC).

Another way to classify inmates at the ODOC is to evaluate the mental health needs.

Once a behavioral health service (BHS) provider has assessed an inmate, the mental health (MH)

code serves as a quick indicator of the mental health needs. There are five MH codes that

describe an inmate's level of needed mental health care. A mental health zero code (MH-0), is

assigned to an inmate who does not meet criteria for a diagnosis that requires mental health

services. An MH-1 code is assigned to an inmate who has a diagnosis with mild acuity and does

not meet criteria for mental health services. MH-R is assigned to an inmate who meets diagnostic

criteria for a code of MH-1 and is prescribed psychotropic medications by a BHS prescriber or

the inmate's acuity level is assessed as moderate to severe. The inmate will be restricted to

institutions where mental health services are available. MH-2 and MH-3, assigned to inmates

who, based on a severe diagnosis (i.e., Schizophrenia or Bipolar Disorder), meet criteria for

mental health services and who will be restricted to institutions where mental health services are

available.

The study participants were males and females who ranged in age from 18 to 80 years, for whom English was the primary language or who did not require an interpreter during trial, and who had sufficient oral and visual ability to engage in the assessment. This study followed the American Psychological Association's ethical guidelines to protect the confidentiality of participants' records, including de-identification of data. The form used confirmed that consent to participate was voluntary and that participants could discontinue participation in the study at any time without penalty. It also specified that inmates would not have access to their data and that the researcher would not retain identifying information. Only aggregate data would be reported. See Appendix A for a sample of the informed consent document.

Materials

The Institutional Review Board (IRB) of the ODOC and George Fox University approved this research project. The testing session consisted of the TOMM, the MILK, a short clinical interview, the CAST-MR, and the MacCAT-CA.

Instruments

The Competence Assessment to Stand Trial for Defendants with Mental Retardation CAST-MR was created in 1990 by Caroline Everington and Ruth Luckasson (Everington). The purpose of the test is to assess CST for individuals with mental retardation. It classifies the information into three subtests that cover basic legal concepts (BLC), skills to aid defense (SAD), and understanding case events (UCE). It is presented in a multiple-choice format with a total of 50 questions that can be read by the participant. The administration time is approximately 34-40 minutes. Psychometrically, the test demonstrates good reliability with strong internal

consistency, (coefficient alpha = .91, Section I = .91, Section II = .76, and Section III = .83

(Everington & Luckasson, 2009).

The MacCArthur Competence Assessment Tool-Criminal Adjudication

MacCAT-CA is a 30-minute, 22-item interview that assesses CST. Created in 1998, it was

normed on a forensic sample and has good psychometric properties. It is presented in a vignette

format and classifies the information into three "competence" subscales: (a) factual

understanding of the legal system/Understanding, (b) fluid reasoning or ability to assess relevant

facts of a new situation and to conceptualize two choices within the legal context/Reasoning, and

(c) understanding of his or her charges/Appreciation. Psychometrically, the test demonstrates

good reliability with strong internal consistency, (coefficient alpha = .85, Section I = .81, Section

II = .76, and Section III = .88. T-retest .90 (MACS, 2001).

The Test of Memory Malingering TOMM is a 50-item test that uses visual recognition to

help mental health professionals distinguish between malingered and true memory impairment.

Administration time is 15 minutes and scoring is fairly simple. The TOMM provides the patient

with two learning trials and a delay retention trial. The two learning trials are usually enough to

suggest malingering. However, the optional retention trial provides additional information

regarding memory functions in newly acquired knowledge. TOMM yields two scores: (a) below

chance, and (b) criteria based on head-injured and cognitively impaired patients (Tombaugh,

1996).

The Malingered Incompetence of Legal Knowledge MILK Test is an experimental

measure that consists of 58 items that use forced multiple-choice answers to assess feigned

response style within the legal context in individuals with mental retardation and borderline

intellectual functioning. The test is written at a 4th grade reading level, and has no recorded

psychometric properties. The MILK is a reversed-scored test, that means that the higher the score

the higher the chance for poor or feigned performance. The maximum score is 116 (2 points for

each answer).

Procedure

Participants were randomly selected by the correctional facility using the Research and

Evaluation Unit-Random OSCI inmate callouts program, were informed of the purposes of the

study, and were scheduled to meet for a period not longer than two hours with a break between

the two hours. Refreshments were provided to inmates regardless of whether or not they chose to

participate in the study. Participants met in a pre-selected room inside the prison designated by

the facility for data collection. If a participant had a significant visual or oral impairment he or

she was offered refreshments and was asked to be returned to his or her cell. If the inmate met

study criteria and gave consent, he or she participated in a short clinical interview and was

administered the study instruments.

Following completion, the participant was debriefed using a designated script (see

Appendix B). A correctional officer then returned the inmate to his or her cell and brought in the

next potential participant. The testing session took no more than 90 minutes. After completing

these four instruments and a short clinical interview, the participant had finished his or her

participation in the study.

Inter-Rater Reliability

A forensic psychologist trained the research team (the primary investigator, a doctoral

candidate forensic psychology student, and two pre-Master's clinical psychology students) in the

administration and scoring of the instruments. The same students conducted data collection in the same room, and 20% of the data collected by the two pre-Master's students was randomly audited by the post-Master's student in consultation with the forensic psychologist to ensure adequate collection reliability and consistency with a reliability co-efficient of 0.90. The reliability coefficient was established by auditing a 720 items from an 800-item pool.

Chapter 3

Results

Demographic and Descriptive Statistics

Tables 1 through 3 summarize descriptive statistics of variables. The sample consisted of 113 inmates, of which 97 (85.8%) were male and 16 (14.2%) were female. There were 20 participants of African descent (17.7%), 40 European Americans (35.4%), 12 Asian Americans (10.6%), 29 Hispanic Americans (25.7 %), and 12 Native Americans (10.6%); the average age for the sample was 36.7 (see Table 1).

Table 1

Sample Descriptive Statistics 1

Variable	Frequency	Percent
Female	16	14.2
Male	97	85.8
African American	20	17.7
European American	40	35.4
Asian American	12	10.6
Hispanic American	29	25.7
Native American	12	10.6

Of the 113 participants, 44 (38.9%) had a documented developmentally delayed (DD) diagnosis code of DD-3 with an average Full Scale IQ (FSIQ) of 64.3, and 69 (61.69%) had a documented diagnosis code of DD-2 with an average FSIQ of 73.82 (see Table 2).

Table 2

Diagnostic Intellectually Delayed Statistics 2

Variable	Frequency	Percent
Intellectually Disabled or DD3	44	38.9
Borderline or DD2	69	61.9
WASI-FSIQ	Mean	SD
Intellectually Disabled or DD3	64.3	5.20
Borderline or DD2	73.82	4.60

Of the participants, 26 (23%) had a mental health code of zero, 20 (17.7%) had a mental health code of one, 37 (32.7%) had a mental health code of two; and 30 (26.5%) had a mental health code of three (see Table 3).

Twenty-one (18.6%) participants had a charge related to robbery, 27 (23.9%) had assault charges, 13 (11.5%) had murder charges, 8 (7.1%) had pedophilia/sodomy charges, 12 (10.6%) had drug abuse or related charges, 10 (8.8%) had ID theft related charges, and 21 (18.6%) had drug conspiracy/selling or related charges.

Table 3

Mental Health Descriptive Statistics 3

Variable	*Frequency*	Percent
Code 0	26	23.0
Code 1	20	17.7
Code 2	37	32.7
Code 3	30	26.5

Descriptive Statistics: Comparing Individual Subtests of the MacCAT-CA to the Pre-Existing Norms

Tables 4 through 6 summarize descriptive statistics for each of the MacCAT-CA sections such as Understanding capacity for factual understanding of the legal system and the adjudication process (see Table 4), Reasoning ability to distinguish more relevant from less relevant factual information (see Table 5), and Appreciation capacity to understand his or her own legal situation and circumstances (see Table 6). Using a one-sample t-test, each subtest was compared to the pre-existing norms, results suggest that sample differs significantly from the non-ID population on understanding ($t(112) = -22.179$, $p < .01$), reasoning ($t(112) = -18.28$, $p < .1$), and appreciation ($t112) = -7.69$, $p < .01$).

Table 4

Cumulative Frequency Distributions, Percentile Ranks, and Linear z Scores for the MacCAT-CA

Understanding Measure for Presumed Competent (JU/JT) and Adjudicated MR Defendants

Raw Score	Presumed competent (JU/JT groups)			Adjudicated MR		
	Cumulative frequency	Percentile rank	Linear z	Cumulative frequency	Percentile rank	Linear z
Minimal or no impairment						
16	446	92.5	1.09	113	100	--
15	379	77.4	0.78	113	100	3.17
14	311	60.3	0.46	112	99.1	--
13	227	44.6	0.15	112	99.1	2.34
12	171	32.6	-0.17	108	95.6	1.92
11	120	23.7	-0.49	107	94.7	1.5
10	91	18.2	-0.80	102	90.3	1.08
Mild impairment						
9	71	14.3	-1.12	98	86.7	0.66
8	57	11.0	-1.43	80	70.8	0.24
Clinically significant impairment						
7	41	8.1	-1.75	59	52.2	-0.18
6	31	6.2	-2.06	37	32.7	-0.6
5	24	3.9	-2.38	22	19.5	-1.02

Table 4 (continued)

Raw Score	Presumed competent (JU/JT groups)			Adjudicated MR		
	Cumulative frequency	Percentile rank	Linear z	Cumulative frequency	Percentile rank	Linear z
	Clinically significant impairment (continued)					
4	11	1.9	-2.69	12	10.6	-1.44
3	6	1.0	-3.01	5	4.4	-1.85
2	3	0.6	-3.32	2	1.8	-2.07
1	2	0.2	-3.64	0	0	--
0	0	0.0	-3.96	0	0	--

Note. JU group = unscreened jail inmates (n = 197); JT group = jail inmates receiving mental health services (n = 249); Adjudicated MR (n = 113). For defendants presumed competent (JU/JT), *M* raw score = 12.54; *SD* = 3.17; *SEM* = 0.15. For Adjudicated MR defendants, *M* raw score = 7.42; *SD* = 2.386. Adapted from *MacArthur Competence Assessment Tool-Criminal Adjudication* by N. G. Porthress, R. Nicholson, R. K. Otto, J. F. Edens, R. J. Bonnie, M. Monahan, & S. K. Hoge, 1999, Psychological Assessment Resources Inc: FL.

Table 5

Cumulative Frequency Distributions, Percentile Ranks, and Linear z Scores for the MacCAT-CA

Reasoning Measure for Presumed Competent (JU/JT) and Adjudicated MR Defendants

Raw Score	Presumed competent (JU/JT groups)			Adjudicated MR		
	Cumulative frequency	Percentile rank	Linear z	Cumulative frequency	Percentile rank	Linear z
Minimal or no impairment						
16	446	90.4	1.05	113	100.0	2.84
15	360	71.3	0.69	111	98.2	2.46
14	276	52.7	0.33	109	96.5	2.07
13	194	38.8	-0.03	103	91.2	1.69
12	152	28.6	-0.38	99	87.6	1.31
11	103	20.5	-0.74	94	83.2	--
Mild impairment						
10	80	14.9	-1.10	94	83.2	0.54
9	53	10.1	-1.46	93	82.3	0.16
Clinically significant impairment						
8	37	6.8	-1.82	68	60.2	-0.22
7	24	4.0	-2.18	40	35.4	-0.6
6	12	2.2	-2.53	18	15.9	-0.98
5	8	1.3	-2.89	7	6.8	-1.37

Table 5 (continued)

Raw Score	Presumed competent (JU/JT groups)			Adjudicated MR		
	Cumulative frequency	Percentile rank	Linear z	Cumulative frequency	Percentile rank	Linear z
	Clinically significant impairment (continued)					
4	4	0.8	-3.25	2	1.8	-1.75
3	3	0.4	-3.61	1	.9	-2.13
2	1	0.2	-3.97	--	--	--
1	1	0.1	-4.33	--	--	--
0	0	0.0	-4.68	--	--	--

Note. JU group = unscreened jail inmates ($n = 197$); JT group = jail inmates receiving mental health services ($n = 249$); Adjudicated MR ($n = 113$). For defendants presumed competent (JU/JT), *M* raw score = 13.07; *SD* = 2.79; *SEM* = 0.13. For Adjudicated MR defendants, *M* raw score = 8.58; *SD* = 2.615. Adapted from *MacArthur Competence Assessment Tool-Criminal Adjudication* by N. G. Porthress, R. Nicholson, R. K. Otto, J. F. Edens, R. J. Bonnie, M. Monahan, & S. K. Hoge, 1999, Psychological Assessment Resources Inc: FL.

Table 6

Cumulative Frequency Distributions, Percentile Ranks, and Linear z Scores for the MacCAT-CA

Appreciation Measure for Presumed Competent (JU/JT) and Adjudicated MR Defendants

Raw Score	Presumed competent (JU/JT groups)			Adjudicated MR		
	Cumulative frequency	Percentile rank	Linear z	Cumulative frequency	Percentile rank	Linear z
Minimal or no impairment						
12	446	69.7	0.56	113	100.0	2.29
11	176	29.6	-0.15	102	90.3	--
Mild impairment						
10	88	14.1	-0.86	102	90.3	1.53
9	38	6.6	-1.58	97	85.8	1.15
Clinically significant impairment						
8	21	3.8	-2.29	95	84.1	0.76
7	13	2.1	-3.01	92	81.4	0.38
6	6	1.1	-3.72	83	73.5	0.00
5	4	0.7	-4.44	58	51.3	-0.38
4	2	0.4	-5.15	31	27.4	-0.76
3	2	0.4	-5.86	14	12.4	-1.15
2	2	0.3	-6.58	3	2.7	-1.53
1	1	0.2	-7.29	1	.9	-1.91
0	1	0.1	-8.01	0	0	--

Table 6 (continued

Note. JU group = unscreened jail inmates (*n* = 197); JT group = jail inmates receiving mental

health services (*n* = 249); Adjudicated MR (*n* = 113). For defendants presumed competent

(JU/JT), *M* raw score = 11.21; *SD* = 1.404; *SEM* = 0.13. For Adjudicated MR defendants, *M* raw

score = 6.00; *SD* = 2.615. Adapted from *MacArthur Competence Assessment Tool-Criminal*

Adjudication by N. G. Porthress, R. Nicholson, R. K. Otto, J. F. Edens, R. J. Bonnie, M.

Monahan, & S. K. Hoge, 1999, Psychological Assessment Resources Inc: FL.

Figures 1 through 3 compare raw scores between the pre-existing norms and the norms

created in this study for each of the MacCAT-CA sections such as, understanding capacity for

factual understanding of the legal system and the adjudication process (see Figure 1), reasoning

ability to distinguish more relevant from less relevant factual information (see Figure 2), and

appreciation capacity to understand his or her own legal situation and circumstances (see Figure

3). Results indicate that the MacCAT-CA has a different distribution within an ID sample when

compared to the non-ID sample.
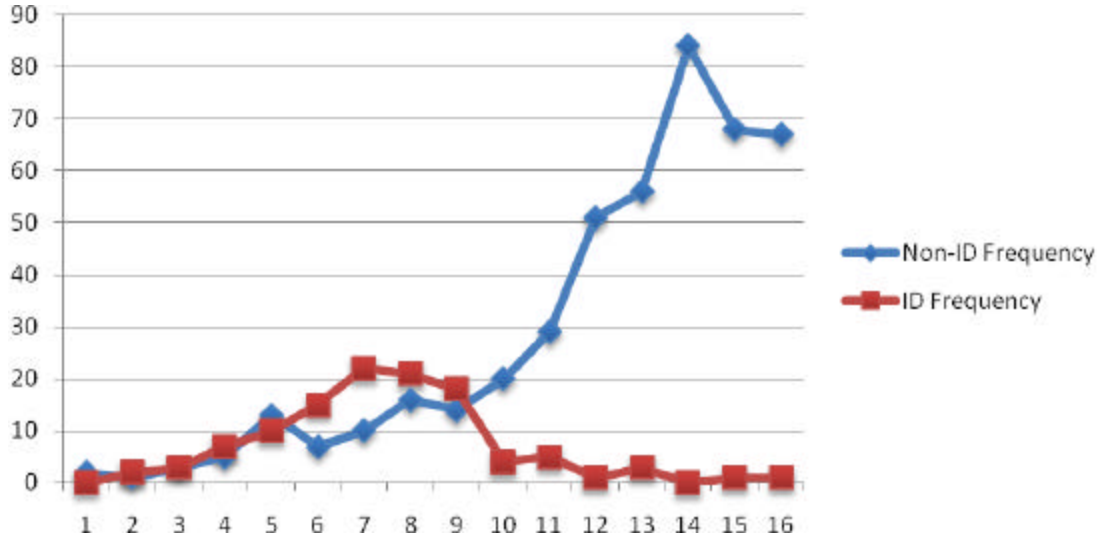
Figure 1: Comparison of raw scores between Non-ID and ID samples for subtest I MacCAT-CA).
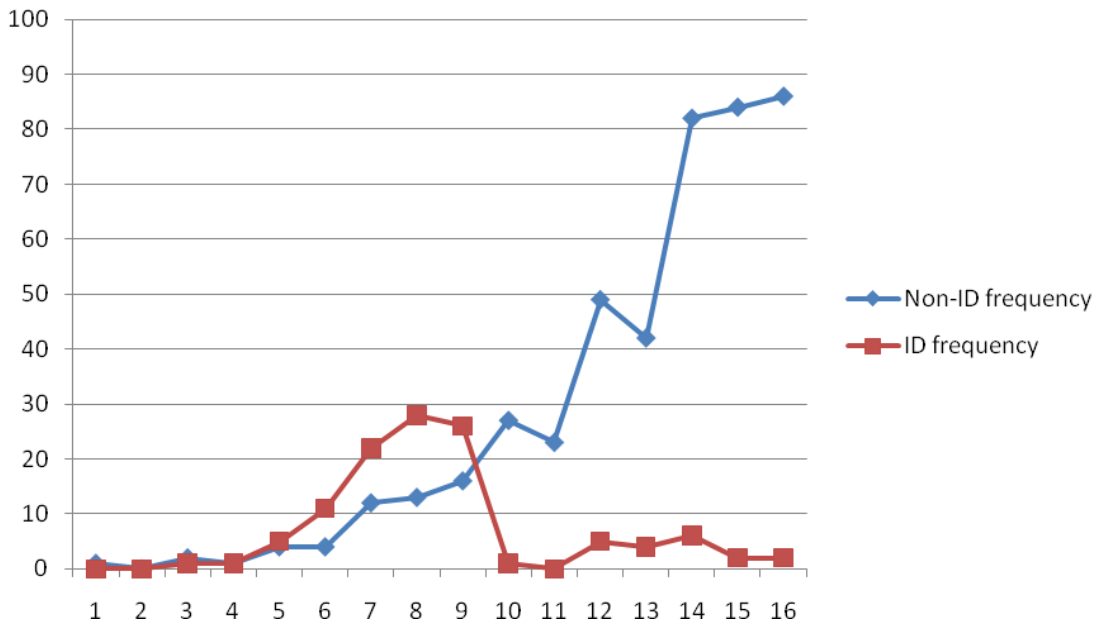
Figure 2: Comparison of raw scores between Non-ID and ID samples for subtest II MacCAT-CA).
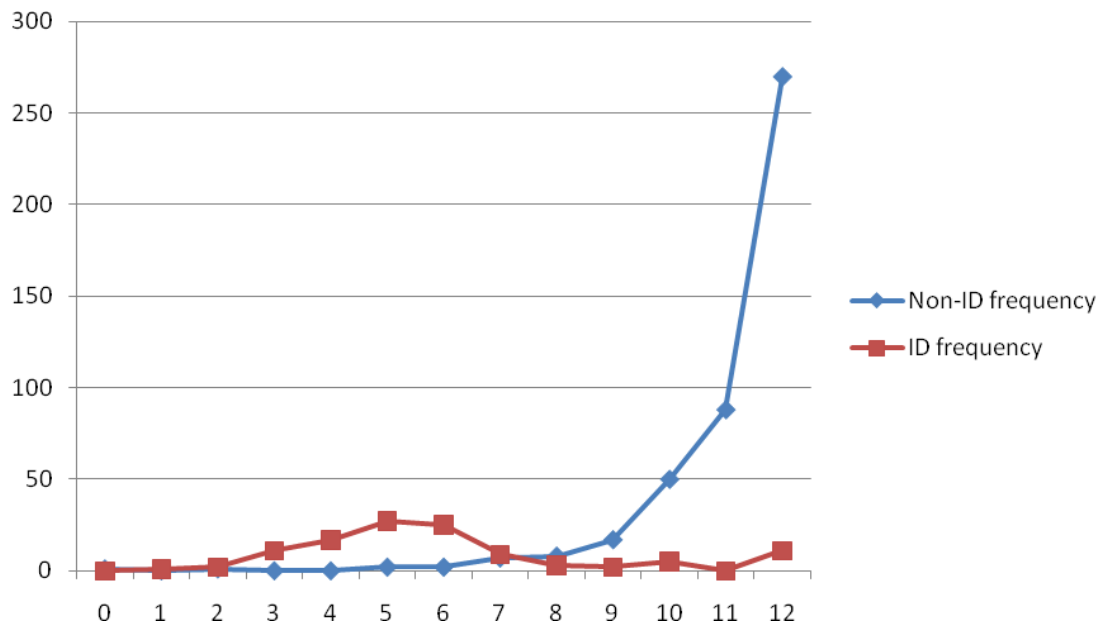
Figure 3: Comparison of raw scores between Non-ID and ID samples for subtest III MacCAT-CA).

Descriptive Statistics: Reporting Data Establishing Baseline Norms for ID Population on the CAST-MR

Tables 7 through 9 summarize descriptive statistics for each of the Cast-MR sections such as Basic Legal Concepts (see Table 7), Skills to Assist Defense (see Table 8), and Understanding Case Events (see Table 9).

Table 7

Cumulative Frequency Distributions, Percentile Ranks, and Linear z Scores for the CAST-MR,

Basic Legal Concepts Measure for Adjudicated MR Defendants

Raw Score	Cumulative frequency	Percentile rank	Linear z
25	113	100	0.95
24	99	87.6	0.56
23	81	71.7	0.18
22	38	33.6	-0.21
21	22	19.5	-0.59
20	8	7.1	-0.95
18	4	3.5	-1.75
16	3	2.7	-2.52
14	2	1.8	-3.29
2	1	0.9	-7.92

Note. Adjudicated MR ($n = 113$), M raw score = 22.54; $SD = 2.595$

Table 8

Cumulative Frequency Distributions, Percentile Ranks, and Linear z Scores for the CAST-MR,

Skills to Assist Defense for Adjudicated MR Defendants

Raw Score	Cumulative frequency	Percentile rank	Linear z
15	113	100	0.69
14	82	72.6	0.2
13	27	23.9	-0.28
12	15	13.3	-0.76
11	9	8.0	-1.24
8	5	4.4	-2.69
7	4	3.5	-3.17
6	3	2.7	-3.65
5	2	1.8	-4.14
1	1	0.9	-6.06

Note. For Adjudicated MR defendants ($n = 113$), *M* raw score = 13.58; $SD = 2.074$.

Table 9

Cumulative Frequency Distributions, Percentile Ranks, and Linear z Scores for the CAST-MR,

Understanding Case Events Measure for Adjudicated MR Defendants

Raw Score	Cumulative frequency	Percentile rank	Linear z
9	113	100	1.45
8	96	85.0	0.69
7	65	57.5	-0.07
6	37	32.7	-0.84
5	14	12.4	-1.6
4	3	2.7	-2.37

Note. Adjudicated MR ($n = 113$), *M* raw score $= 7.1$; $SD = 1.309$.

Based on the relative differences between the CAST-MR and the MAcCAT-CA, it was hypothesized that there would not be a relationship between scores on the CAST-MR and scores on the MacCAT-CA (see Table 10). None of the relatively small correlations were statistically significant.

Table 10

Pearson Correlations (MacCAT-CA and CAST-MR)

	Correlations	N
MacCAT-CA/CAST-MR Subtests I	.02*	113
MacCAT-CA/CAST-MR Subtests II	0.11*	113
MacCAT-CA/CAST-MR Subtests III	.09*	113

Note. *None of the correlations reached statistical significance.

It was hypothesized that there would be a significant inverse relationship between scores on the MILK and scores on the TOMM (see Tables 11 and 12). The descriptive statistics for each measure are shown below; additionally, the hypothesized results regarding the inverse relationship are also shown.

Table 11

Comparison of IQ, TOMM, and MILK Scores Descriptive Statistics

	Mean	Standard Deviation	N
FS IQ	70.36	5.150	112
TOMM	43.94	4.529	112
MILK Total	79.32	16.22	112

Table 12

Pearson Correlation

		FS IQ	TOMM	MILK Total
FS IQ	Pearson Correlation	1.000	-.040	.091
	Sig. (2-tailed)		.679	.342
	N	112	112	112
TOMM	Pearson Correlation	-.040	1.000	-.642[**]
	Sig. (2-tailed)	.679		.000
	N	112	112	112
MILK total	Pearson Correlation	.091	-.642[**]	1.000
	Sig. (2-tailed)	.342	.000	
	N	112	112	112

Note. **Correlation is significant at the 0.01 level (2-tailed). The negative correlation is due to

the reversed-score of the MILK versus the linear score system of the TOMM.

Chapter 4

Discussion

This study explored the convergent validity of the two most frequently used assessment measures in the determination of competency to stand trial. Although we would hope for consistency between the two most popular measures used to determine competence to stand trial, there was enough of a difference in the test construction to lead to the hypothesis that these measures would not correlate. Similarly, the differences in test construction and content between the MILK and the TOMM led to the predicted significant inverse relationship shown in the results.

Differences Between the MacCAT-CA and the CAST-MR

As Grisso (2003) stated, the primary purpose of CST evaluations is to aid the judicial decision regarding a specific defendant. Conversely, providing accurate information is vital to the pretrial audience. However, if the data provided by the evaluator is not reliable the purpose of the examination becomes invalid. Ideally, two evaluators using instruments with good construct validity for the same defendant should be able to communicate similar findings. Otherwise, the forensic opinion might be adding irrelevant and inaccurate information to the legal system. The present study provides additional evidence with respect to the psychometric deficits of two of the instruments most commonly used to assess competence in pretrial evaluations.

This study has found that generally, there was no significant correlation between the scores of participants on the two measures, which supports the primary hypothesis of this study. These findings raise a number of questions, all of them troubling. The MacCAT-CA and the CAST-MR both purport to measure competency to stand trial, and thus they should have convergent validity whether the target population has intellectual disabilities or not. The relevance of Siegert & Weiss (2007) is clearly supported by the current findings suggesting that the CAST-MR has a high number of false positive findings, in our sample a significant number of participants who appear competent on the CAST-MR appeared significantly impaired on the MacCAT-CA.

By definition, 100% of our sample was deemed competent to stand trial, despite this fact, even on the CAST-MR, a significant number of post-adjudication participants did not appear to possess the prerequisite factual and rational understanding that is required for a defendant to be competent. Sixty percent of our sample reported being sent to "competence restoration classes" where they stated learning specific test items that would make them competent and thus eligible for a trial. The results of this investigation show that independent of the legal system efforts to restore competence in ID inmates with a lack of fluid reasoning makes them appear incompetent in CST instruments.

It was also shown that specific items in the MacCAT-CA measure seemed to be extremely difficult for the ID population. For example, in subtest I (understanding), no participants responded correctly to questions 7 and 8. Similarly, in subtest III (appreciation) there were no scores on item 22. Whether these items are vital for a CST evaluation according to the Dusky criteria, is beyond the scope of this study.

Given that many clinicians base their psychological-legal opinions largely on the results of these tests, awareness must be raised regarding the use of CST measures that might establish a lower or higher threshold of competency for individuals with intellectual disabilities.

Differences Between the TOMM and the MILK

In every two neuropsychological evaluations, one includes an assessment of malingering (Sharlanda, & Gfeller (2007). Because of the potential secondary gains that CST evaluations can produce, malingering plays an important role when it comes to the legal system. For the ID population, cognitive malingering appears to be associated with a complex neurological presentation. According to Frederick (2000), there is a need for specialized tools to better assess cognitive deficits response patterns in individuals with ID.

Among inmates who were deemed competent to stand trial, it was hypothesized that those with exaggerated cognitive deficits scores on the TOMM would not obtain elevated scores on the MILK. Results show that inmates whose score on the TOMM suggested exaggerated cognitive deficits also had elevated scores on the MILK. Therefore, the hypothesis was not supported. The most obvious finding to emerge from this study is that there is a significant relationship between the two measures, suggesting that evidence of exaggerated cognitive impairment could indicate feigned ignorance of legal knowledge. Consequently, malingering in a legal context correlated with our general understanding of malingering as a response pattern could be intended to obtain a secondary gain. In the case of the ID population, a secondary gain may be to appear incompetent in order to gain a different legal outcome.

Even though limited studies demonstrated evidence of the utility of the TOMM with individuals with intellectual disabilities (Simon, 2007), this instrument seems to be the gold

standard and the preferred tool for malingering assessment (Sharlanda, & Gfeller (2007). On the contrary, research by Colwell et al. (2008) suggests that there are concerns regarding the TOMM's level of sensitivity towards "affective states and neurological impairments" (p. 27). Due to the important role of malingering assessment in ID defendants, there is an urgent need to explore the validity of the TOMM in an ID population.

An interesting finding was the difference in ceiling effect in both measures. It is common knowledge that the TOMM has a high ceiling requiring a minimum of 88% or a cut-off of 45 for assessment of malingering. However, in our sample the MILK reported a 60% mean, suggesting a broader variability in its ceiling. An alternative explanation to our findings indicates that the MILK has more discriminative clinical utility for assessing feigned response pattern in an ID population due to its lower ceiling effect. However, significant improvement is needed in order to utilize the MILK as a measure of malingering in an ID population. Despite the fact that the use of the TOMM with individuals with intellectual disabilities is somewhat supported in the literature, additional research should explore differences in malingering constructs between ID and non-ID populations. Nevertheless, due to the complex neurological implications that individuals with intellectual disabilities possess, the results of this study suggest that in forensic examinations of competency to stand trial the validity of ignorance of legal knowledge can be examined using a general malingering.

Limitation of this Study

A number of caveats need to be noted regarding the present study. Twenty different forensic evaluators conducted the 113 cognitive and mental health evaluations reviewed. Quality and quantity of information placed in the forensic charts varied from case to case, as well as

among the different evaluators. In some cases, more than two mental health codes were found in the same chart. Additionally, our population was post-adjudicated and thus very familiar with the legal system. It is possible that confounding variables such as competence restoration classes and the recidivism rate could have taught our sample some of the answers of the competence to stand trial evaluations.

Suggestions for Future Research

The creation of instruments that evaluate competency to stand trial in ID inmates that adhere to the criterion established by the law is crucial to the forensic field. As psychologists trained to evaluate the effectiveness of our interventions, we should strive to ensure that the instruments we use for competency evaluations are adherent to the legal prerequisites stated in the *Dusky* case. A place to start might be exploring the validity of the MacCAT-CA with the ID population. Additionally, future research should look at the CAST-MR and its potential false positives in adjudicated ID inmates.

Ultimately, policies with regard to competence restoration should be explored with attention given to the role of fluid reasoning skills in the performance of inmates in the measures used to restore competency. Based on the legal criterion, every defendant should be able to aid a lawyer in making decisions for his or her best interest. Therefore, further work needs to be done to establish whether restoration classes might invalidate the *Dusky* criterion.

This research has produced many questions in need of further investigation regarding malingering measures in forensic examinations of competency to stand trial. One of them is whether the validity of ignorance of legal knowledge should be examined directly using an instrument designed for that purpose. Perhaps, revision of the MILK is a place to start in the

direction of creating an instrument that evaluates response patterns in competence to stand trial.

More broadly, research is also needed to determine the importance of whether or not instruments

that assess feigned response styles for CST evaluation need to be revised.

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    with competency to stand trial patients: A known- group comparison. *Law and Human*

    Behavior, 31, 249-260.

Appendix A

Informed Consent Document

GEORGE FOX UNIVERSITY

GRADUATE DEPARTMENT OF CLINICAL PSYCHOLOGY

INFORMED CONSENT DOCUMENT

I, _____, agree to complete a series of

tests that will assess my knowledge of the legal system and my memory. I understand that this

testing will take approximately _____ hours.

I also agree to participate in completing a clinical interview that will focus on my medical

and social histories. I understand that my records may be requested only with my written

permission.

I understand that this information is being gathered and testing completed for research

purposes, and that the person(s) administering the tests and gathering the records will protect my

identity and my privacy in any and all situations in which this information is used. My

information will be de-identified.

I understand that there is no cost associated with this testing.

I realize that some of the questions may be difficult while others may be rather easy. I

also understand that I may stop my involvement at any point, with no explanation necessary.

I understand that I will have the opportunity to take part in a discussion with the person

administering the testafter the tests are done. I understand that I will receive only an oral

summary of the results.

If I have any questions that the person administering this test cannot answer or if I have concerns about the testing process, I can contact Dr. Paul Bellatty at (503) 945-9262 using the Kyte system to the Dome Building.

I have received a copy of this consent and by signing below indicate that I am at least 18-years of age and understand and accept the conditions outlined above.

Printed Name   Signature

Date   Test Administrator

Appendix B

Exit Interview Debriefing Script

EXIT INTERVIEW DEBRIEFING SCRIPT

Before we talk about your testing experience, could I ask you a couple of questions?

Do you have any thoughts or questions about anything so far?

Does anything strike you as unusual or interesting?

On a scale of 1 to 10, how much did you enjoy today's experience?

Do you know what the purpose is for this research? If yes, do you want to share your thoughts with me?

We are trying to understand how individuals that are different than typical folks respond to tests that measure competency to stand trial. We want to find a relationship between cognitive abilities and level of understanding legal material. If we find a relationship, it will help the forensic community improve evaluation protocols. Would you like to keep a copy of this document for future contacts?

If you have any additional questions or comments about this research, please feel free to contact, Dr. Paul Bellatty at (503) 945-9262 using the Kyte system to the Dome Building.

Thank you for helping us with this research.

Appendix C

Curriculum Vita

CURRICULUM VITAE

Diomaris E. Jurecska

May 2010

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EDUCATION

Present
PsyD   **2012**   **George Fox University, Newberg, OR (APA Accredited)**
                               Graduate Department of Clinical Psychology

                               Dissertation: Competent to Stand Trial: Special Challenges for the
                               Population Diagnosed with Mental Retardation and Borderline Intellectual
                               Functioning.

                               Dissertation Chair: Mary A. Peterson, PhD (Defended: April, 2010)

MA   **2009**   **George Fox University**
                               Clinical Psychology

BS   **2005**   **Marylhurst University, West Linn, OR**

             2004   **Georgia College & State University, Milledgeville, GA**
                               Visiting International Fellow: Economics Department

MS   **2002**   **Universidad Santa Maria, Venezuela**
                               Economics Studies

Languages: Native Spanish Speaker, Fluent in: Arabic,
                 Currently Studying: Hungarian

ACADEMIC APPOINTMENTS

2010-Present   **Adjunct Professor of Behavioral Sciences, School of Professional Studies**
                   George Fox University

2010-Present   Adjunct Professor of Psychology, Concordia University

2009-Present   Adjunct Professor of Psychology, Undergraduate Department
George Fox University

GRANTS & AWARDS

Current: Jurecska, Diomaris E. (November 2010). Child Diagnostic Clinic $50,000 George Fox
University. Primary investigator.

Jurecska, Diomaris E. (January 2010). Student Research Grant Award in the Category of Multicultural
Assessment, $5,000 received from George Fox University. Primary investigator.

Jurecska, Diomaris E. (August 2009). Student Research Award in the category of Early Career
Researcher, $ 750 received from the National Institute on Alcohol Abuse and Alcoholism and the
American Psychologic al Association.

Jurecska, Diomaris E. (January 2009). Student Research Grant Award in the Category of Forensic
Psychology & Assessment, $5,000 received from George Fox University. Primary investigator.

Jurecska, Diomaris E. (June 2008). Student Research Grant Award *in the Category of Health
Psychology & Psychopharmacology*, $1,500 received from George Fox University. Primary
investigator.

SCHOLARSHIPS & FELLOWSHIPS

Diversity Scholarship (2007 - 2010)
George Fox University, Newberg, OR
Awarded departmental scholarship from the Graduate School of Clinical Psychology for facilitating
cultural/ethnic diversity in the student community and encouraging the provision of psychological
services to underserved groups.

International Fellowship (2003 - 2004)
Georgia College & State University, Milledgeville, GA
Awarded international scholarship from the undergraduate department of social sciences for academic
achievement in an international competition held in Venezuela to come to study in the United States.

PEER REVIEWED PUBLICATIONS

Judd, Tedd., **Jurecska, Diomaris**., & Holmes, Juanita. (In Preparation). Competence to Stand Trial in
Non- English Speaker Immigrants: Distinctive Issues.

Jurecska, Diomaris E., Peterson, M.A., & Hamilton, E. B. (In preparation). Preventative interventions as Predictors of School success in Middle School: A program evaluation.

Jurecska, Diomaris E., & Hamilton, E. (In preparation). IQ and Poverty as predictors of School Success: A Comparison between a Nicaraguan and a U.S sample .

Jurecska, D. E; Peterson, M., Gathercoal, K. A., Milkey, A., & **Adams, W**. (In preparation). The Malingered Ignorance of Legal Knowledge (MILK): Initial Development, Validation, and Psychometric Testing of the MILK.

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BOOK CHAPTERS

Jurecska, Diomaris E. (in press, expected publication date: 2010). Faces of cultures in mental health. In D. M. Cimbora (Ed.) Multicultural Workbook (pp. 42-45).

PROFESSIONAL CONFERENCES: PEER-REVIEWED PAPER PRESENTATIONS

Jurecska, D. E; Becker, T; Peterson, M.A; & Millkey, A. (2010) A Convergent Validity Study of Forensic Adjudicative Competence Tests: MacCAT-CA v. CAST-MR; Are We Lowering the Bar When Measuring Competence in Individuals with Intellectual Disabilities? Paper presented at the annual meeting of the American Psychological Association, San Diego, CA.

Judd, Tedd., **Jurecska, Diomaris**., Peterson, M., & Holmes, Juanita. (March 2010). Competence to Stand Trial in Non- English Speaker Immigrants: Distinctive Issues. A paper presented to the American Psychological & Law Society, Vancouver, CA

Judd, Tedd., **Jurecska, Diomaris**., Peterson, M., & Holmes, Juanita. (February 2010). Competence to Stand Trial in Spanish-Speaking Immigrants: Distinctive Issues. A paper presented to the International Neuropsychological Society, Acapulco, Mexico

Gathercoal, K. A., **Jurecska, D. E.**, Milkey, A., Peterson, M., Gregg, K., & Adams, W. (July, 2009). Competence to Stand Trial: Challenges in assessing competence of defendants with intellectual disabilities. A paper presented to the Douglas K. Detterman Research Symposium, Cleveland, Ohio.

PROFESSIONAL CONFERENCES: PEER-REVIEWED SYMPOSIUM PRESENTATIONS

Jurecska, Diomaris E., Peterson, M. A., & Anderson, M.S. (August, 2010). The Effectiveness of the Incredible Years Parenting Program in a Low-Income Latino sample. Symposium to be presented at the annual meeting of the American Psychological Association, San Diego, CA.

Jurecska, D. E., Milkey, A., Peterson, M., Gathercoal, K. A., & Adams, W. (April, 2010). The Malingered Ignorance of Legal Knowledge (MILK): Initial Development, Validation, and Psychometric Testing of the MILK. Symposium presented at the 26th national meeting of the American College of Forensic Psychology, San Francisco, California.

Peterson, M.A; **Jurecska, Diomaris E;** & Anderson, M. (August, 2010). Starting Well-Using evidenced based practice in practicum training. A symposium presented at the American Psychological Association Convention, San Diego.

PROFESSIONAL CONFERENCES: PEER-REVIEWED POSTER PRESENTATIONS.

Millkey, A; deBros, G. B; **Jurecska, D. E**; & Peterson, M. A. (2010). The Malingered Ignorance of Legal Knowledge Test (MILK): A measure of forensic symptom validity in a Developmentally Delayed Population. Poster session presented at the annual meeting of the American Psychological Association, San Diego, CA

McConnell, Courtney., Hamilton, Elizabeth; & **Jurecska, Diomaris**. (May 2010). Educational Implications Following Idiopathic Encephalopathy and Prolonged Coma: A Case Study. Poster presented at the annual meeting of the Oregon Psychological Association. Portland, Oregon.

Jurecska, Diomaris E., Peterson, M. A., & Anderson, M.S. (August, 2010). Application of the Incredible Years Parenting Program in a Low-Income Latino sample. Poster to be presented at the annual meeting of the American Psychological Association, San Diego, CA.

Jurecska, Diomaris E., Peterson, M. A., & Turgersen, J. N. (August, 2010). The Influence of a Narcotic Administration Policy on ED Gender Recidivism. Poster to be presented at the annual meeting of the American Psychological Association (APA) Division 28 (Psychopharmacology, San Diego, CA.

Chang, B. T. K; **Jurecska, D. E**., Lee, L. J., & Kampfe, E. (2010, May). Measuring Resiliency in poverty: a Nicaraguan Sample. Poster session presented at the Annual Conference of the Association for Psychological Science. Boston, MA

Chang, B. T. K; **Jurecska, D. E**., Lee, L. J., & Kampfe, E. (2010, April). Spiritual Well-being of girls living in poverty. Poster session presented at the   Annual Conference of the Christian Association of Psychology Studies. Kansas, KS.

deBros, G. B., **Jurecska, D. E**., Millkey, A. M., & Peterson, M. (2010, May). The Malingered Ignorance of Legal Knowledge Test (MILK): A brief measure of forensic symptom validity. Poster session presented at the 10th Annual Conference of the International Association of Forensic Mental Health Services, Vancouver, BC, Canada.

Jurecska, Diomaris E., Adams, W., Recht, M., & Nguyen, M. (April 2010). Diagnostic and Preventive Methods Commonly Used with Children with Hemophilia. Poster Presentation accepted at the annual meeting of the Society of Behavioral Medicine. Seattle, WA

Jurecska, Diomaris E., Milkey, A., Peterson, M., Gathercoal, K., Gregg, K., & Adams, W. (February, 2010). The Malingered Ignorance of Legal Knowledge (MILK): Initial Development, Validation, and Psychometric Testing of the MILK. Poster presented at the annual meeting of the International Neuropsychological Society (INS). Acapulco, Mexico.

Judd, Tedd., **Jurecska, Diomaris**., & Holmes, Juanita. (November 2009). Competence to Stand Trial in Spanish-Speaking Immigrants: Distinctive Issues. Poster Presented at the annual meeting of the National Academy of Neuropsychology (NAN). New Orleans, LA.

Jurecska, Diomaris E. (August 2009). Early Career Poster Session: The Relationship between Narcotic Administrations and Emergency Department Utilization in a Rural Medical Center. Poster Presented at the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the American Psychological Association (APA) Division 50 (Addictions), Toronto, Canada.

Jurecska, Diomaris E., & Peterson, M. (August, 2009). The Relationship between Narcotic Administrations and Emergency Department Utilization. in a Rural Medical Center. Poster Presented at the annual meeting of the American Psychological Association (APA) Division 28 (Psychopharmacology, Toronto Canada.

Kerewsky, Shoshana., Arnaut, Genviene., Cordova, Allan, **Jurecska, Diomaris**, Kritz, Claudia, Martindale, Elsbath, Pack-Patton, Deborah, Parker, Colleen, Quackenbush, Beth, & Veith, Dale. (May 2009). The Oregon Psychological Association Ethics: An Overview of the Ethics Consultation Process. Poster Presented at the annual meeting of the Oregon Psychological Association. Eugene, Oregon.

Jurecska, Diomaris E., & Peterson, M. (April 2009). An intermittent reinforcer: Narcotics in the Emergency Department. A poster presented at the annual meeting of the Western Psychological Association, Portland Oregon.

Jurecska, Diomaris E., & Peterson, M. (April 2008). Award designee to present poster at the conference for a written essay addressing multicultural diversity and the attendant competency issues related to

parity, inclusion and identity. Poster presentation at the annual meeting of the National Council of Schools and Programs in Professional Psychology. Austin, Texas.

WORKSHOPS PRESENTATIONS

Kerewsky, Shoshana., Cordova, Allan, **Jurecska, Diomaris**, Kritz, Claudia, Martindale, Elsbath, Pack-Patton, Deborah, Parker, Colleen, Quackenbush, Beth, & Veith, Dale. (May 2010). The Oregon Psychological Association Ethics: An Overview of the Ethics Consultation Process. Workshop Presented at the annual meeting of the Oregon Psychological Association Portland, Oregon.

Kerewsky, Shoshana., Arnaut, Genviene., Cordova, Allan, **Jurecska, Diomaris**, Kritz, Claudia, Martindale, Elsbath, Parker, Colleen, Quackenbush, Beth, & Veith, Dale (May 2009). Ethics: Educational Workshop to be presented at the Oregon Psychological Association, Eugene, Oregon.

Jurecska, Diomaris E. (May 2009). Developing an Injury Scale: The Hemophilia Severity Scale (HISS). Presented Proposal and collected preliminary data at the Tri- regional Meeting of the Federal Hemophilia Treatment Centers VIII, IX, & X. Scottsdale, AZ.

Jurecska, Diomaris E. (April 2009). Diagnosing Abuse and Violence in a Medical Center: Educational Workshop presented at the Providence Newberg Medical Center Newberg, Oregon.

SUPERVISED CLINICAL EXPERIENCE

2010-Present   *Virginia Garcia Memorial Health Center*
Primary Care
Title: Behavioral Health Consultant Model: fully integrated services for variety of mental and behavioral health problems
Duration: 10 months rotation
Population: Patients ages 2-90 years
Duties:
- Focused assessment for population with health focus
- Use of Cognitive Behavioral techniques and stages of change model

2010- Present   *Pacific Harbor Psychiatric & Psychology Services, Bellingham, WA*
Forensic Neuropsychology Services
Title: Practicum Student
Duration: Ongoing
Population: Adult and Geriatric
 Supervisor: Tedd Judd, PhD, ABPP-CN (Adjunct Professor – Neuropsychologist-Certified Hispanic Mental Health Specialist)
Duties:
- Perform neuropsychological examinations ordered by the courts to provide a variety of forensic assessments including determining competency to stand trial and criminal responsibility.
- Conduct comprehensive neuropsychological evaluations for differential diagnoses, rehabilitation, and cognitive problems resulting from brain injury and illnesses.

- Perform cross-cultural neuropsychological evaluations for Spanish speaking and bilingual patients providing ethnic and linguistic consultation.

2009-2010   *Oregon Health & Science University, Portland OR*
Doernbecher Children's Hospital (CDRC)
Title: Practicum Student
Duration: 10 months rotation
Population: Patients ages 0-21 years
Supervisor: Darren M. Janzen, PsyD (Associate Professor - Pediatrics)
Duties:
- Conduct comprehensive interdisciplinary diagnostic evaluations through the CDRC Child Development clinics in the following clinical rotations: the Impatient, Attention-Deficit/Hyperactivity Disorder, Learning Disability, Feeding Disorder specialty, and metabolics and genetics.
- Provide individual and group therapy to children, adolescents, and families, specifically in areas of cognitive restructuring, behavior management, and emotional regulation.
- Assessment of parent-child feeding interactions.
- Outpatient, inpatient, and behavioral treatment.

2009-2010   *Providence Newberg Medical Center, Newberg OR*
Title: Behavioral Health Consultation Intern
Duration: 12 months rotation
Population: Adults, and Geriatric
Supervisor: Mary Peterson, PhD; Clark Campbell, PhD, ABPP/CL.
Duties: **Emergency Rotation**
- A weekly 24-hour on call emergency department rotation which entails brief neuropsychological screening, in-depth suicidality/homocidality assessment, and psychiatric hospitalization referrals.
- Short term focused psychotherapy in a primary care setting.
- Referral to multidisciplinary settings including psychotherapy, medicine, social work, physical therapy, and occupational therapy.

2009   *Oregon Department Of Corrections (ODOC), Salem, OR*
Title: Behavioral Intern/ Primary Investigator
Duration: 6 months rotation
Population: Post-adjudicated adults and geriatric inmates
Supervisor & Chair: Mary Peterson, PhD
Committee members: Wayne Adams, PhD, ABPP, Kathleen Gathercoal, PhD; Alexander Millkey, PsyD
Completion Date: *Final Defense 04-12-2010*
Dissertation Title: Competence to Stand Trial: Special Challenges for the Population Diagnosed with Mental Retardation and Borderline Intellectual Functioning.
Content:

This dissertation reports the development of the Malingered Incompetence Legal Knowledge test (MILK) designed to be appropriate to evaluate malingering in a legal context with a developmentally delayed population. Additionally, this project will analyze the initial psychometric norms for The MacArthur Competence Assessment Tool (MacCat-Ca) in a developmentally delayed population. Two convergent validity studies will be reviewed and

analyzed, (a) the relationship between performance on the Competence Assessment to Stand Trial for Defendants with Mental Retardation (CAST-MR) and the MacCat-Ca, and (b) the relationship between performance on the MILK and the Test of Memory Malingering (TOMM).

Duties:
- 123 Competency to Stand Trial Evaluations
- The battery included TOMM, Cast-MR, Mat-Cat-Ca, and a brief neuropsychological screening.

2008-Present   *St. Paul School District, St. Paul, OR*
> *Title:* Bilingual Consultant: Therapy, & Assessment
> *Population:* Children and Adolescents
> *Supervisor:* Elizabeth Hamilton, PhD (Adjunct Professor-Child and Adolescent
> Psychologist)

Duties:
- Conduct extensive psychological assessment of students in Spanish.
- Medical Interpretation
- Facilitate home-school cooperation with Hispanic families to enhance referred student's academic achievement.
- Impart consultative services to school staff and parents.
- Act as a liaison between school and family in student assessment and interpretation of test results.

2008-2009   *Yamhill Carlton School District*
> *Title:* Practicum Student
> *Duration: 10 months rotation*
> *Population:* Children and Adolescents
> *Supervisor:* Elizabeth Hamilton, PhD (Adjunct Professor-Child and Adolescent
> Psychologist)

Duties:
- Conduct extensive psychological assessment of students.
- Facilitate home-school cooperation to enhance referred student's academic achievement.
- Impart consultative services to school staff and parents.
- Act as a liaison between school and family in student assessment and interpretation of test results.
- Provide individual and in-group therapy format with special education for qualified students.
- Advocate and address needs of at-risk students.

2007-2008   *George Fox University, Newberg, OR*
> ***Graduate Department of Clinical Psychology***
> *Title:* Pre-Practicum Student
> *Duration: 6 months rotation*
> *Population:* Adolescents and Adults
> *Supervisors:* Mary Peterson, PhD; Lisa Jones, MA

Duties:
- Provide individual psychotherapy.
- Complete comprehensive psychological intake reports and treatment plans.
- Present cases to clinical team.

SUPERVISORY EXPERIENCE

2009-Present   *St. Paul & Yamhill County School Districts, OR*
Title: Clinical Supervisor
Population: Practicum Students
Supervisor: Elizabeth Hamilton, PhD (Adjunct Professor- Child and Adolescent
                Psychologist)

Duties:
- Conduct clinical supervision of pre-Master graduate students.
- Outreach/Research program and service development.
- Facilitate home-school cooperation to enhance referred student's academic achievement.
- Impart consultative services to school staff and parents.

SUPERVISED RESEARCH EXPERIENCE

2010   *Villa la Esperanza, Managua Nicaragua*
Cross-cultural studies (Psychology Treatment center)
Title: Primary Investigator
Duration: 4 months
Population: Nicaraguan children and adolescents
Supervisors: Elizabeth Hamilton, PhD; & Kelly Chang, PhD (Licensed Psychologists, &
                GFU Professors)

2009   *Oregon Health & Science University, Portland OR*
Doernbecher Children's Hospital (Hemophilia Treatment center)
Title: Research Assistant – Pediatrics
Duration: 10 months
Population: ages 0-21 years
Supervisors: Michael Recht, MD, P.hD; Mina Nguyen-Driver, PsyD (Associate
                Professors - Pediatrics)

Duties:
- Conduct extensive psychological assessment of hemophilic patients admitted to the Hemophilia Treatment Center at OHSU.
- Attend and collaborate with other researchers and clinicians in such fields as physiology, biology, nutrition, neurology, and pediatrics.
- Conduct experimental research studies involving neurological and cognitive factors in the hemophilic population.
- Responsible to research grant programs, write funding applications, and coordinate and lead activities of a grant program.
- Manage clinical trials for investigator initiated studies.
- Study initiation and modification of ethics committee proposals and screening and monitoring patients involved in study protocols.
- Data entry and analysis measurement of vital signs, administration of neuroimagining procedures.

2008   *Oregon Health & Science University, Portland OR*
Doernbecher Children's Hospital (CDRC)

Title: Co-Investigator
Population: ages 5-7 years
Duration: 6 months
Supervisor: Trevor Hall, PsyD; Meaghan Peters, MA

Duties:
- Collaboration on an investigation examining the possible role of cholesterol metabolism in the etiology of Autism and correlate with Neurocognitive/ Neurobehavioral phenotype.
- Duties include obtaining data, data entry, and data analysis.

TEACHING EXPERIENCE

Undergraduate Teaching

Psychology 150D: Introduction to Psychology
(Fall 2009) & (Spring 2010)
George Fox University, Newberg, OR
(3 credit course)

Graduate Teaching

Research & Design Teaching Assistant

(Spring 2010)& (Summer 2010)
George Fox University, Newberg, OR
(3 credit course)

Cognitive Assessment (Graduate School Psychology Program) Teaching Assistant
(Spring 2010)
George Fox University, Newberg, OR
(3 credit course)

Invited Lecturer:

Multicultural considerations in therapy for culturally diverse populations (May 2008) & (May 2009)
George Fox University, Newberg, OR

Psychology of Culture (May 2010)
George Fox University, Newberg, OR

AD HOC REVIEWER

2010   Conference of American Psychology-Law Society

SELECTED TRAINING ATTENDED

February 2010   National Council of Schools and Programs in Professional Psychology, Orlando, FL

April 2009   Annual Northwest Assessment Conference: MMPI-2-RF, a revision and important supplement to the current MMPI-2. George Fox University, Newberg, OR.

March 2009   Pacific Northwest Neuropsychological Society 22nd annual conference. Executive functions: New advances in theory and practice. Seattle, WA.

MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS

Oregon Psychological Association; American Psychological Association for Graduate Students, Division 41 - Forensic, Division 40 - Neuropsychology, Division 45 - Society for the Psychological Study of Ethnic Minority Issues; International Association of Neuropsychology; Hispanic Neuropsychological Society; and National Academy of Neuropsychology.

PROFESSIONAL / LEADERSHIP ACTIVITIES

Student Delegate (February 2010) Conference of Training Councils in Psychology (CCTC) Orlando, Florida

Student Delegate (February 2010) National Council of Schools and Programs in Professional Psychology (NCSPP) Orlando, FL

APAGS-ACT Campus Representative (2008 - 2009)
Serving as the liaison between the George Fox PsyD students and American Psychological Association. Campus representative for the American Psychological Association of Graduate Students Advocacy Coordination Team.

Multicultural Team George Fox University (2009-Present)
Member of a team committed to continually improve the cultural effectiveness of GFU psychology program.

Oregon Psychological Association (OPA)
Ethics board member (2008 - 2011)

Cultural Action Team- LifeworksNW (2006 - 2008)
Member of a team committed to continually improve the cultural effectiveness of LifeworksNW staff and programs in providing services to the diverse cultural groups that live within the communities we serve.

REFERENCES AVAILABLE ON REQUEST