Forensic Psychology Evaluation by:

<Name>, Ph.D. Clinical and Forensic Psychologist
Diplomat American Board of Assessment Psychology
<County Name> Superior Court Psychiatric Psychological Panels
(Criminal, Delinquency, Dependency & Competency)
Clinical Profeessor (Vol.) of Psychiatry & Behavioral Sciences
<Name> School of Medicine at <University>
<Name> Institute for Neuroscience and Human Behavior

[redacted] Ph.D. Clinical and Forensic Psychologist
Diplomate American Board of Assessment Psychology
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(Criminal, Delinquency, Dependency & Competency)
Clinical Professor (Vol.) of Psychiatry & Biobehavioral Sciences
[redacted] School of Medicine at [redacted]
Institute for Neuroscience and Human Behavior

Red Redacted: Sentences by the evaluator.

Blue Redacted: Direct Quotes

Dr. Childress Comment: This is a forensic psychology evaluation I reviewed as a consultant to an attorney and client.

Note the excessive use of quotes. It appears the Evaluator recorded the session, had it transcribed, and used quotes from the transcript as "history and symptoms."

Absence of Applied Knowledge: A Checklist of Applied knowledge (appended) was used to document the professional analysis used by the forensic psychologist. There were no indications of any discernable professional knowledge used in the analysis.

Note also the "credentials" listed for the forensic psychologist. This type of report is considered standard of practice in forensic psychology. These reports are sealed by the court without review.

Checklist of Applied Knowledge (Appended)

1. Constructs Used:		Rating
Family Systems Pathology:	No family systems constructs used	deficit
Attachment Pathology:	No attachment pathology constructs used	deficit
Trauma Pathology:	No trauma constructs used	deficit
Personality Pathology:	No personality pathology constructs used	deficit
Neuro-developmental	No neuro-developmental constructs used	deficit

[redacted]

[redacted]

[redacted]

[redacted]

EVALUATION PROCEDURES

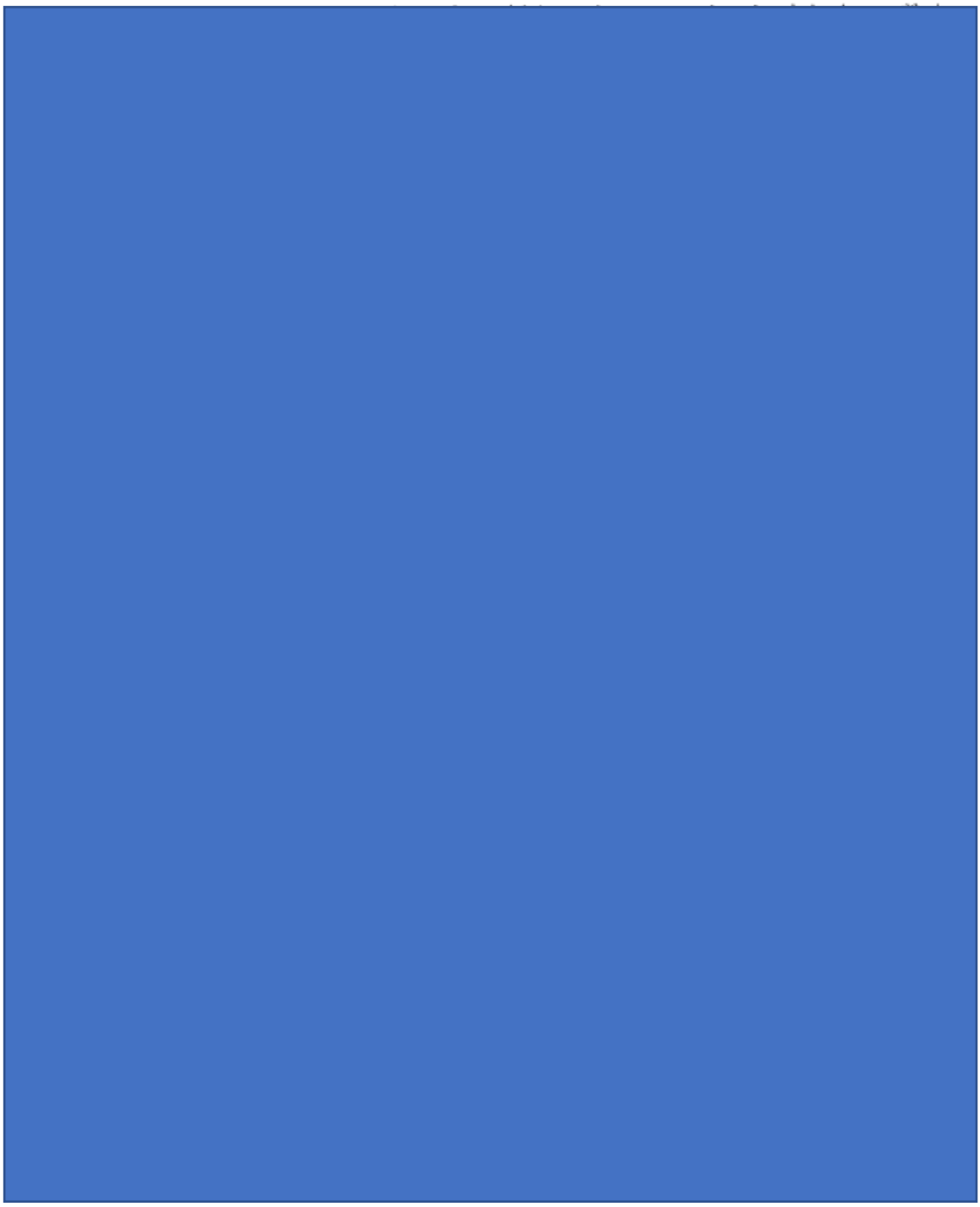
[redacted]

EVALUATION DATA

[redacted]

[redacted]

[redacted]



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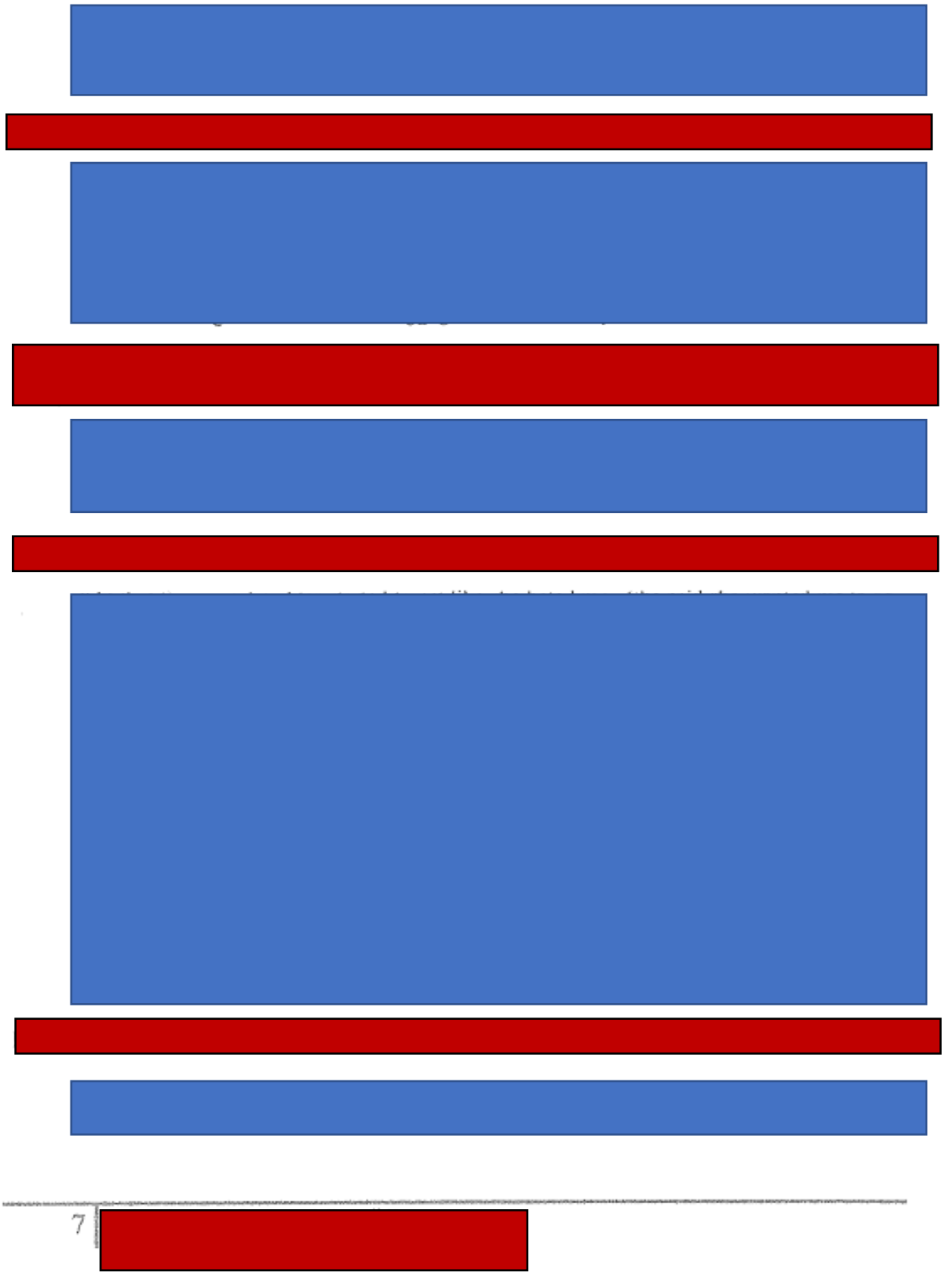

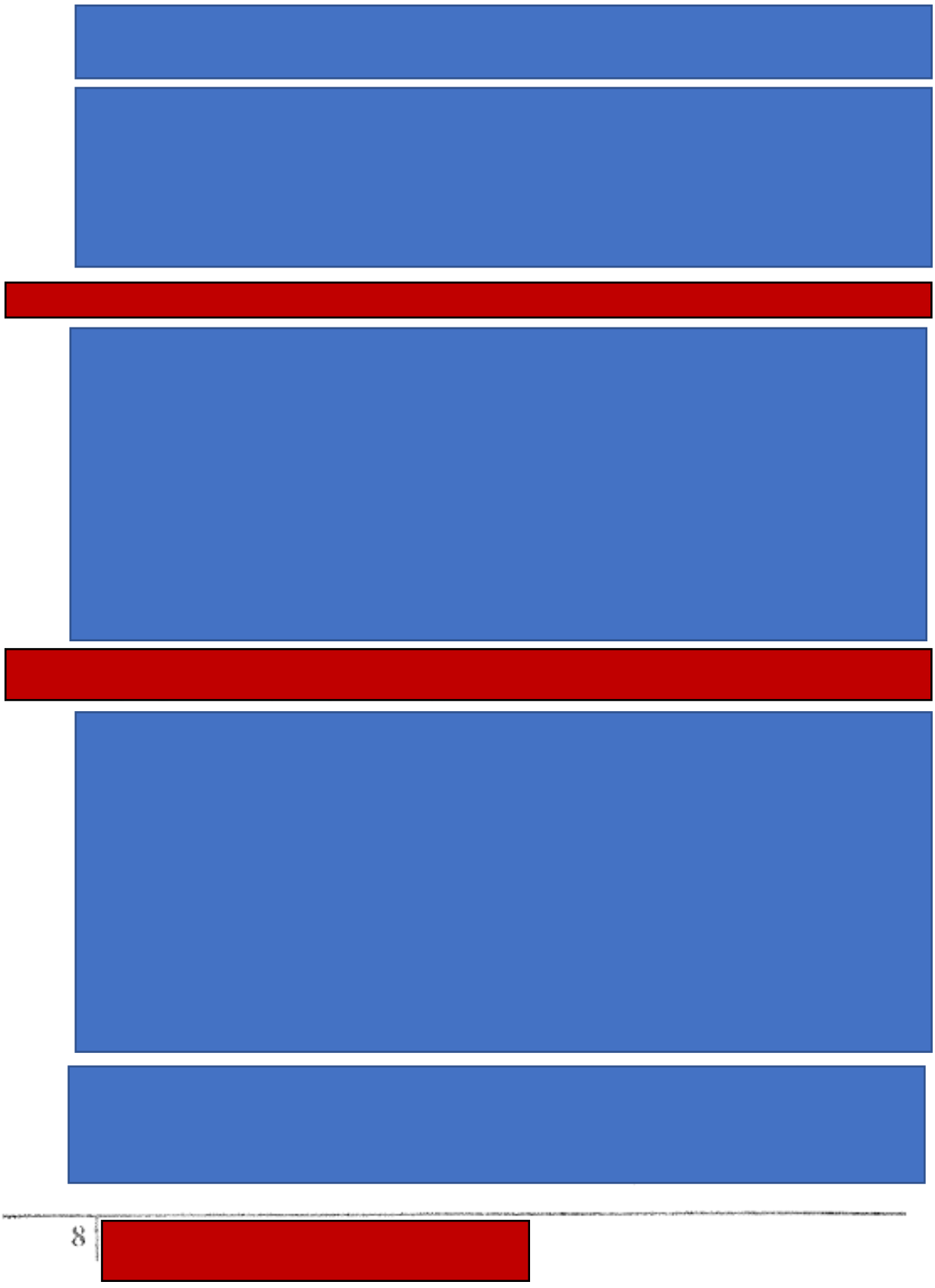

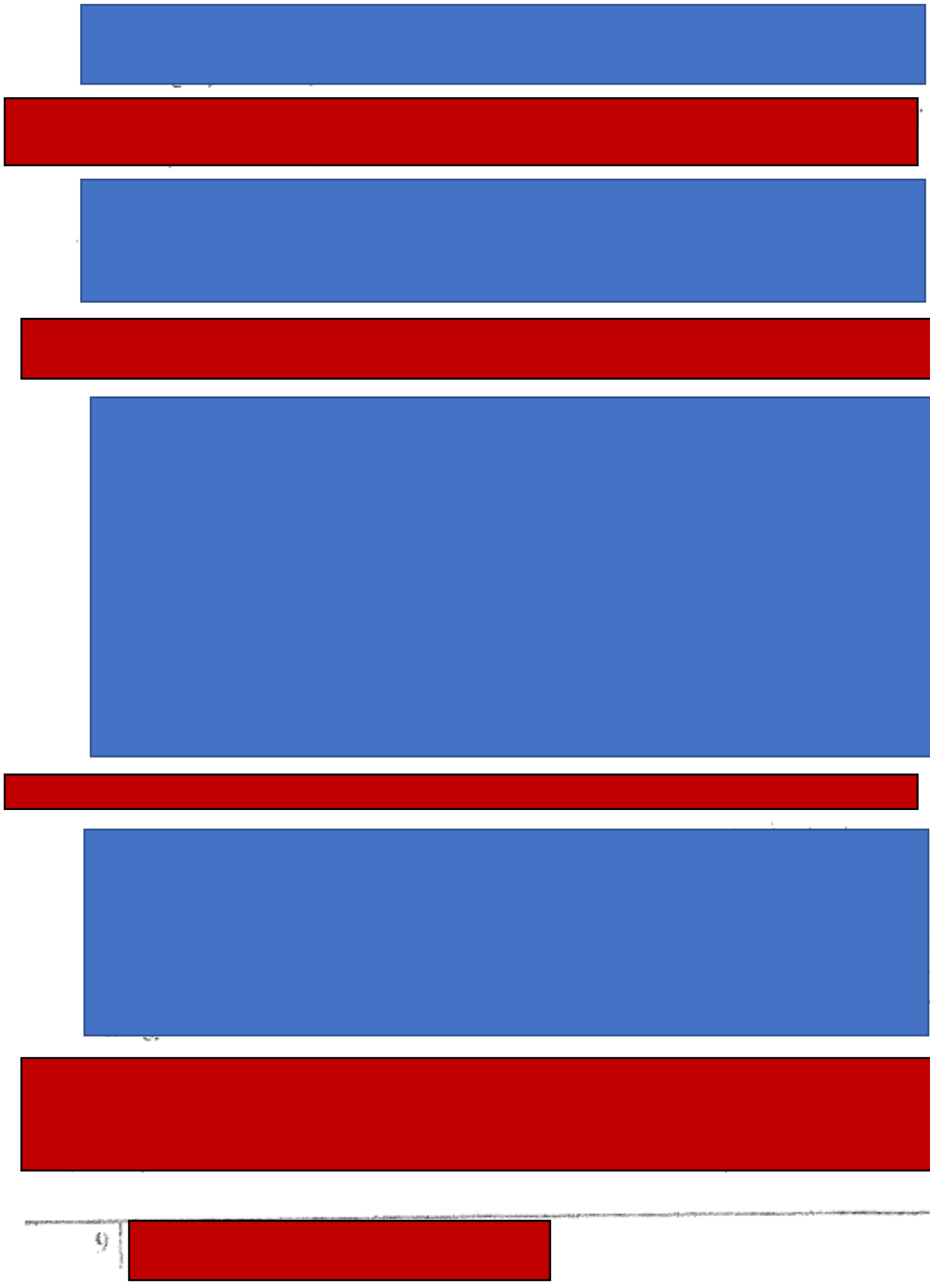

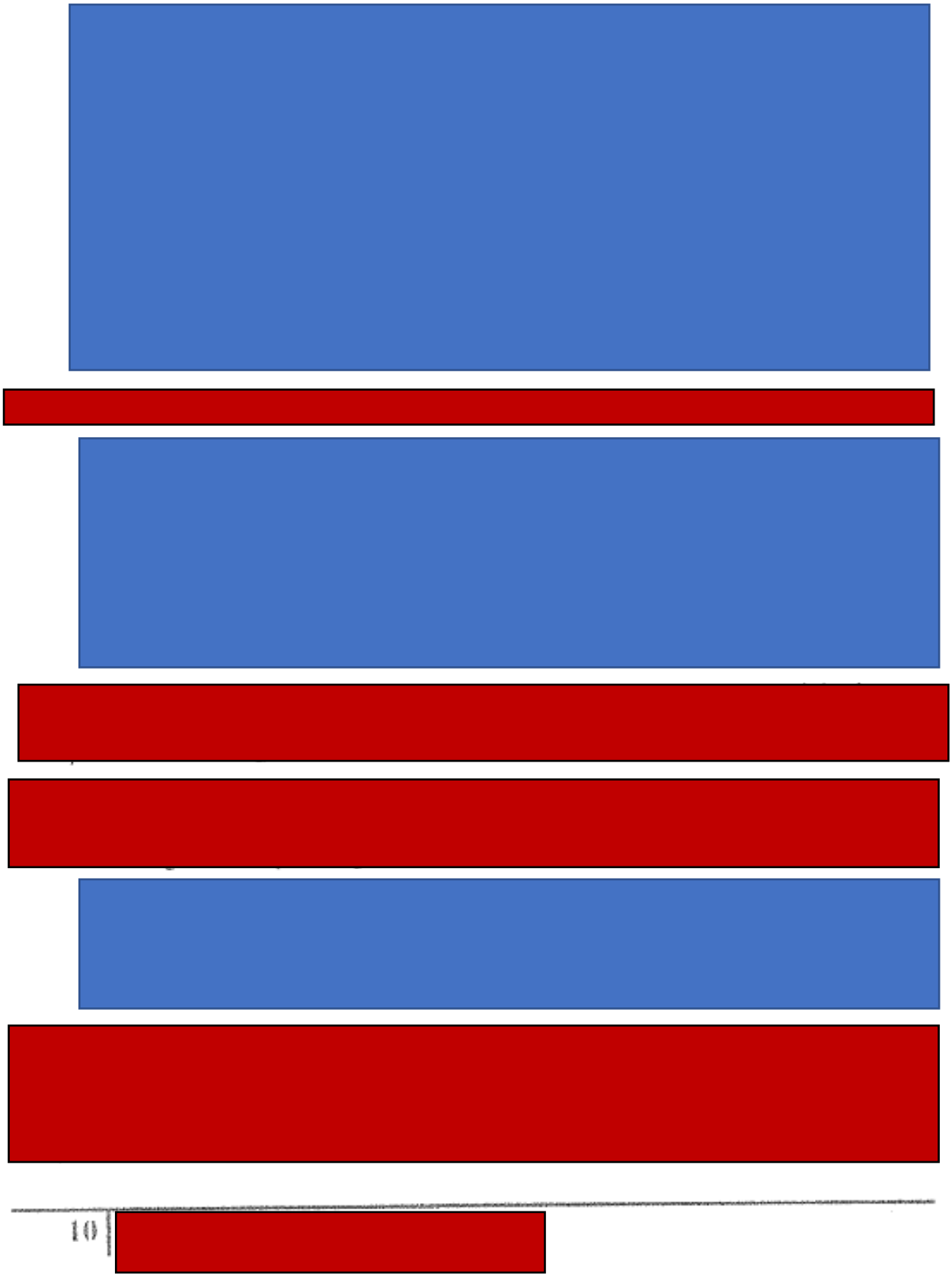

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Psychological Test Results

[redacted]

[redacted]

[redacted]

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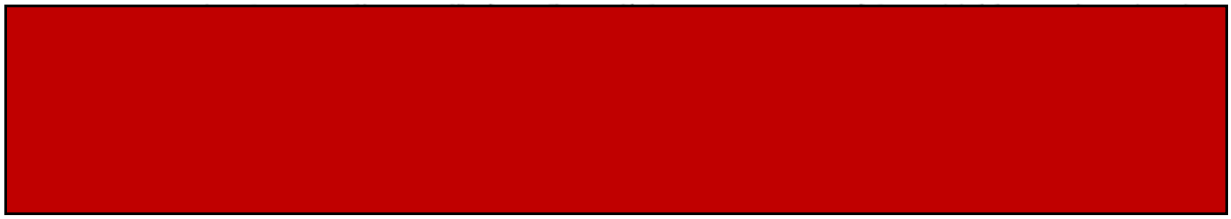

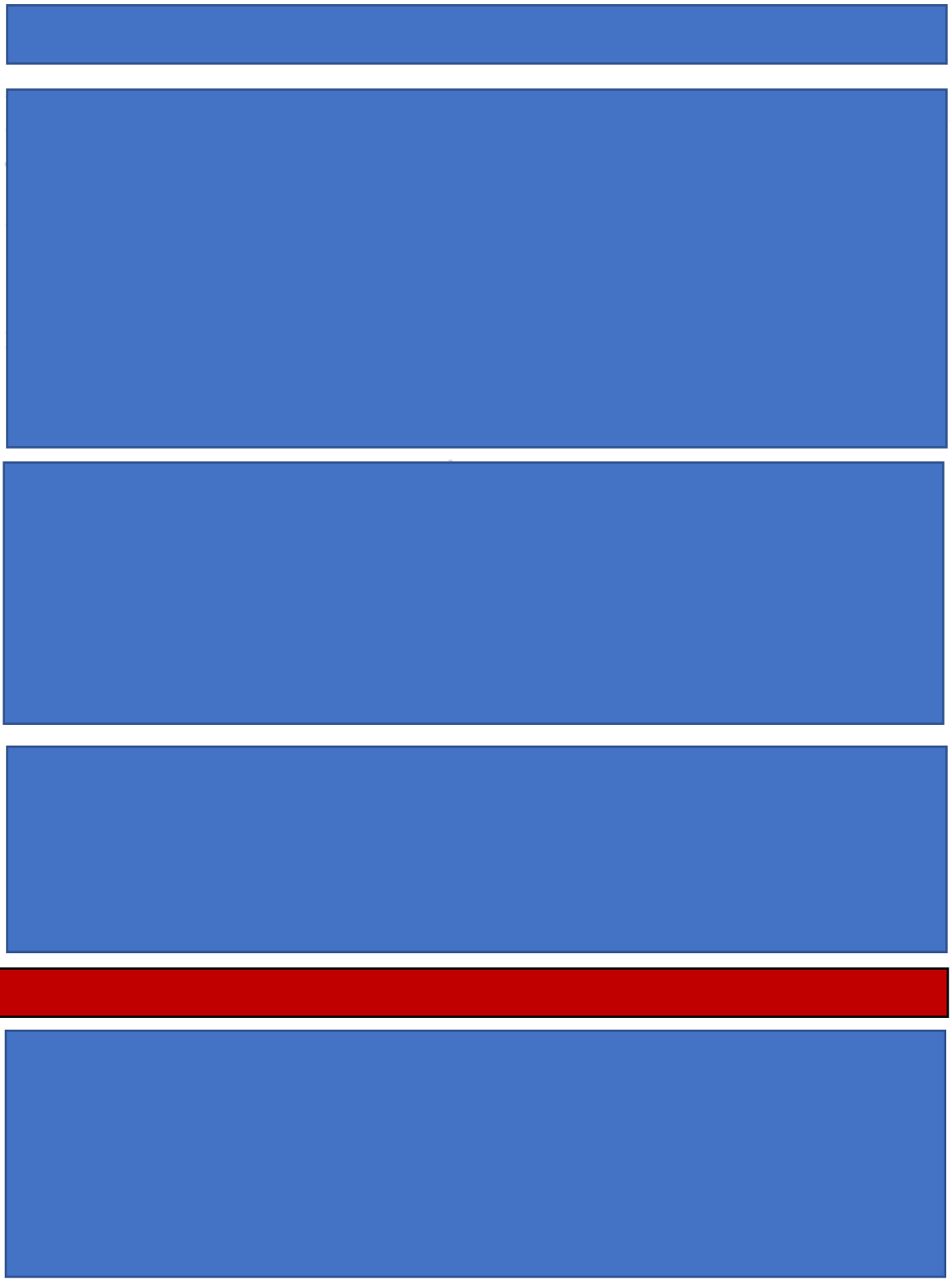

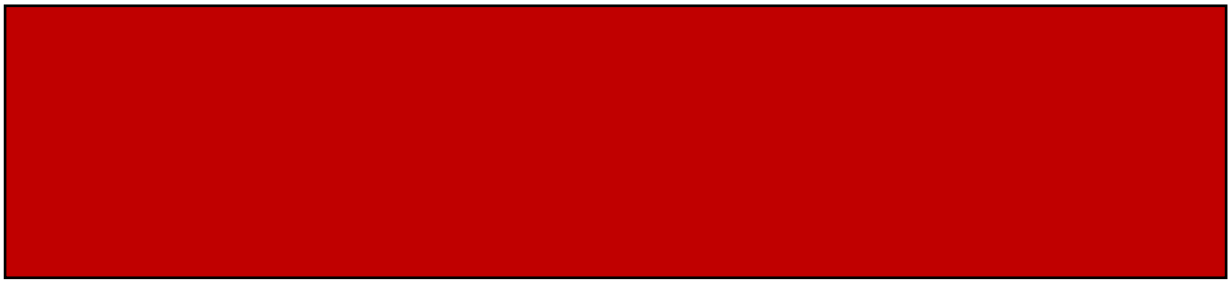

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Psychological Test Results

[redacted]

The Minor, [redacted]

[redacted]

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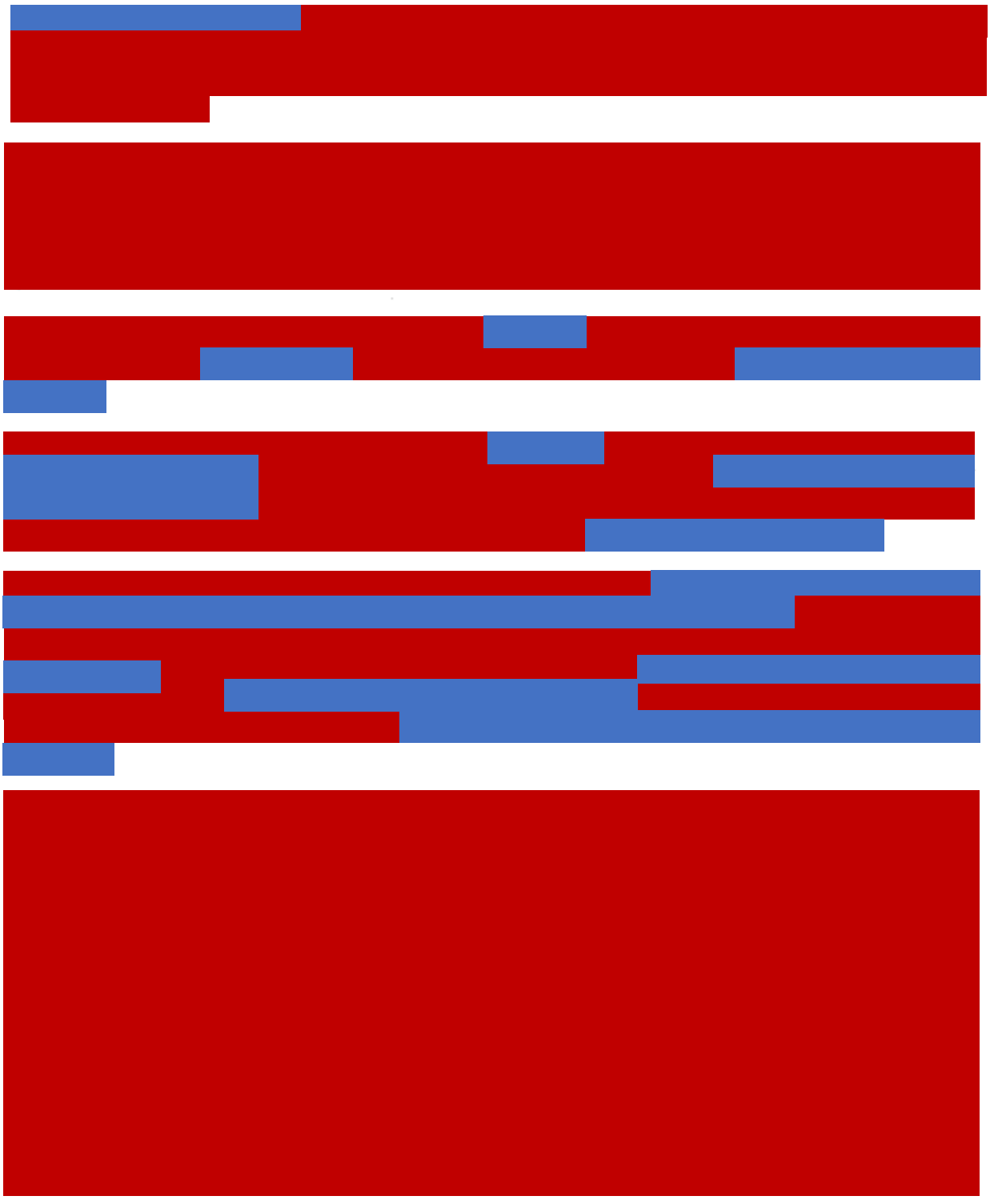

[redacted]

The Minor, [redacted]

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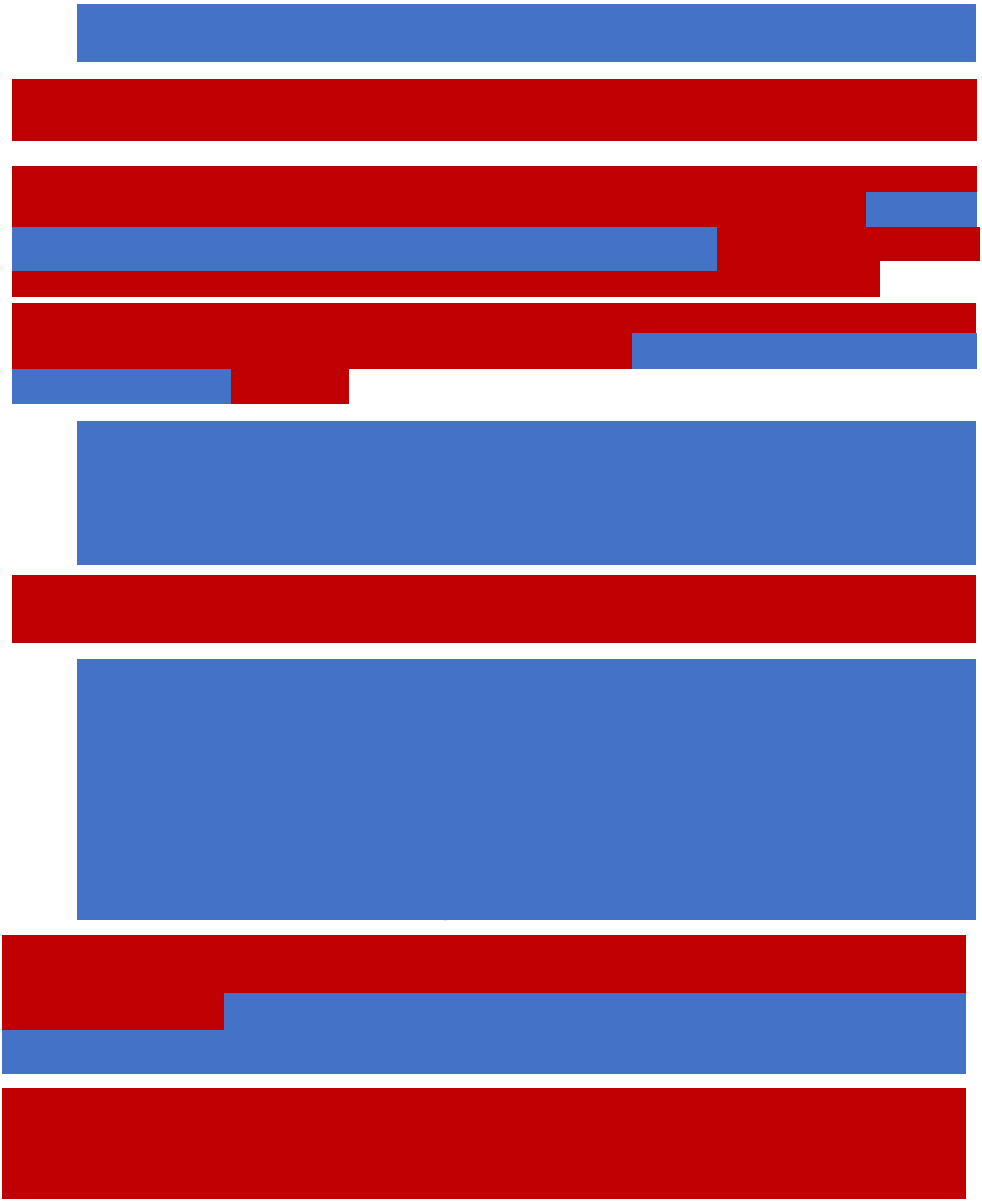

OPINIONS

[redacted]

[redacted]

[redacted]

Respectfully submitted,

[redacted]

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[redacted] Institute for Neuroscience and Human Behavior

Checklist of Applied Knowledge

<Name>, Ph.D. <date of report>

Checklist of Applied Knowledge in Clinical Psychology

Standards of Practice: Summary Page

Report Reviewed: [redacted] Ph.D.

2. Constructs Used:		Rating
Family Systems Pathology:	No family systems constructs used	deficit
Attachment Pathology:	No attachment pathology constructs used	deficit
Trauma Pathology:	No trauma constructs used	deficit
Personality Pathology:	No personality pathology constructs used	deficit
Neuro-developmental	No neuro-developmental constructs used	deficit
3. Diagnostic Foundations:		
DSM-5 Diagnosis:	No DSM-5 diagnosis	deficit
Case Formulation Diagnosis:	No case formulation diagnosis	deficit
4. Treatment Plan:		
Articulated Treatment Plan:	No organized treatment plan described	deficit
Linked to DSM-5 Diagnosis:	No link of treatment plan to diagnosis	deficit
Linked to Case Formulation	No link of treatment plan to case formulation	deficit
Long-Term Goals	Partial long-term goals (custody)	deficit
Short-Term Goals:	No short-term goals	deficit
Interventions	No interventions to reach goals	deficit
Time-Frames	No time-frames for goal achievement	deficit

Checklist of Applied Knowledge in Professional Psychology

1. Family Systems Constructs in Analysis

1	2	3	4
No use	**Inadequate**	**Adequate**	**Full**
No family systems constructs used in analysis	Some but inadequate or inaccurate use of family systems constructs	Some but not complete use of family systems constructs	A full analysis using family systems constructs is provided

Constructs Used	Yes	No
Triangulation	☐	☑
Cross-Generational Coalition	☐	☑
Emotional Cutoff	☐	☑
Differentiation of Self	☐	☑
Multigenerational Transmission ...	☐	☑
Inverted Hierarchy	☐	☑

2. Attachment Constructs in Analysis

1	2	3	4
No use	**Inadequate**	**Adequate**	**Full**
No attachment related constructs used in analysis	Some but inadequate or inaccurate use of attachment constructs	Some but not complete use of attachment constructs	A full analysis using attachment constructs is provided

Constructs Used	Yes	No
Description of Attachment	☐	☑
Insecure Attachment Patterns	☐	☑
Emotional Dysregulation	☐	☑
Breach-and-Repair Sequence	☐	☑
Role-Reversal	☐	☑

3. Personality Pathology Constructs in Analysis

1	2	3	4
No use	**Inadequate**	**Adequate**	**Full**
No personality pathology constructs used in analysis	Some but inadequate or inaccurate use of personality constructs	Some but not complete use of personality pathology constructs	A full analysis using personality pathology constructs is provided

Constructs Used	Yes	No
Splitting	☐	☑
Absence of Empathy	☐	☑
Emotional Dysregulation	☐	☑
False “Abuse” Allegations	☐	☑
Power, Control, & Domination	☐	☑

4. Personality Pathology Constructs in Analysis

1	2	3	4
No use	**Inadequate**	**Adequate**	**Full**
No personality pathology constructs used in analysis	Some but inadequate or inaccurate use of personality constructs	Some but not complete use of personality pathology constructs	A full analysis using personality pathology constructs is provided

Constructs Used	Yes	No
Splitting	☐	☑
Absence of Empathy	☐	☑
Emotional Dysregulation	☐	☑
False "Abuse" Allegations	☐	☑
Power, Control, & Domination	☐	☑

5. Trauma Constructs in Analysis

1	2	3	4
No use	**Inadequate**	**Adequate**	**Full**
No trauma constructs used in analysis	Some but inadequate or inaccurate use of trauma constructs	Some but not complete use of trauma constructs	A full analysis using trauma constructs is provided

Constructs Used	Yes	No
Persecutory Delusion	☐	☑
Trauma Reenactment Pattern	☐	☑
PTSD Identified or Implied	☐	☑
PTSD Criterion 1 Identified	☐	☑
Phobic Anxiety Identified	☐	☑

6. Neuro-Developmental

1	2	3	4
No use	**Inadequate**	**Adequate**	**Full**
No neuro-developmental constructs used in analysis	Some but inadequate or inaccurate use of neuro-developmental constructs	Moderate use of neuro-developmental constructs	A full analysis using neuro-developmental constructs is provided

Constructs Used	Yes	No
Intersubjectivity	☐	☑
Co-Construction	☐	☑
Use-Dependent Development	☐	☑
Breach-and-Repair Sequence	☐	☑
Age-Gender Neuro-Maturation	☐	☑

Checklist of Applied Knowledge in Professional Psychology

Standards of Professional Practice: Diagnosis

1. DSM-5 Diagnosis Provided: ☐ Yes ☑ No

   Category of DSM-5 Diagnosis

   - ☐ Trauma pathology
   - ☐ Disruptive/conduct pathology
   - ☐ Anxiety pathology
   - ☐ Depressive/bipolar pathology
   - ☐ Eating disorder pathology
   - ☐ Personality disorder pathology
   - ☐ Neurodevelopmental
   - ☐ Child abuse pathology
   - ☐ Spousal-partner abuse pathology
   - ☐ Other DSM-5 category

2. DSM-5 Symptoms Reported:
   - ☑ Trauma pathology
   - ☑ Disruptive/conduct pathology
   - ☑ Anxiety pathology
   - ☐ Depressive/bipolar pathology
   - ☐ Eating disorder pathology
   - ☑ Personality disorder pathology
   - ☐ Neurodevelopmental
   - ☐ Child abuse pathology
   - ☑ Spousal-partner abuse pathology
   - ☐ Other DSM-5 category
3. Case Formulation Diagnosis
   - ☐ Fully Articulated: A case formulation is clearly presented with a clearly identifiable theoretical orientation articulated.
   - ☐ Partially Articulated: A fractured case formulation is presented or clear theoretical foundations are not evident.
   - ☑ No Formulation: No organized case formulation is presented beyond symptom identification.
4. Case Formulation Orientation
   - ☐ Cognitive-behavioral
   - ☐ Family systems
   - ☐ Humanistic-existential
   - ☐ Psychoanalytic (attachment-neurodevelopment)
   - ☐ Social Constructionism (cultural, gender, narrative, solution-focused)
   - ☐ Religious-spiritual
   - ☐ Motivational (recovery)
   - ☐ Other organized framework

☑ No coherent orientation evident

Standards of Professional Practice: Treatment Plan

1. Articulated Treatment Plan

☐ **Fully Elaborated:** A fully elaborated treatment plan is described that includes short-term, medium-term, and long-range goals that are responsive to the presenting problem and case formulation. The treatment plan identifies the specific steps and interventions used to achieve the treatment goals, with specified time-frame benchmarks for achievement of the treatment goal and its reevaluation. Anchored data procedures are identified for collection of treatment progress measures and treatment outcome assessments.

☐ **Partially Described:** A treatment plan is partially described with many features of a full treatment plan (goals-interventions-outcome) or that is only partially linked to the presenting problem, DSM-5 diagnosis, and case formulation.

☑ **Marginal Description:** The treatment plan is vague and lacks major components of a standard treatment plan, such as missing short and long-term goals, specific interventions to be used, time-frame benchmarks, and measurable outcomes.

☐ **No Treatment Plan:** No coherent or organized treatment plan is described.

2. Treatment Plan Components

		Yes	Partial	No
Links:	Linkage to presenting problems	☐	☐	☑
	Linkage to DSM-5 diagnosis	☐	☐	☑
	Linkage to case conceptualization	☐	☐	☑
Goals:	Long-term goals identified	☐	☐	☑
	Consistent short-term goals identified	☐	☐	☑
Specific:	Specific interventions described for each goal	☐	☐	☑
Measures:	Measurable outcomes described	☐	☐	☑
Time:	Time-frame for achieving long-term goal	☐	☐	☑
	Time-frame for achieving short-term goal	☐	☐	☑

3. Treatment Plan Orientation

☐ Cognitive-behavioral
☐ Family systems
☐ Humanistic-existential
☐ Psychoanalytic (attachment-neurodevelopment)
☐ Social Constructionism (cultural, gender, narrative, solution-focused)
☐ Religious-spiritual
☐ Motivational (recovery)
☐ Other organized framework
☑ No coherent orientation evident