

# Common Psychological Tests Used in the Evaluation of Criminal Defendants

## **MMPI-2-RF: Minnesota Multiphasic Personality Inventory, Second Edition, Restructured Form**

A revised 338-item version of the MMPI-2 designed to provide an exhaustive and efficient assessment of a broad range of clinically significant psychiatric symptoms, including personality characteristics, behavioral tendencies, interpersonal functioning, and interests. It is comprised of 8 validity scales and 42 substantive scales. The test is appropriate for individuals 18 years and older who have a reading level between the fourth and fifth grade.

## **PAI: Personality Assessment Inventory**

A 344-item personality assessment that evaluates psychopathological syndromes for the purposes of providing information relative to clinical diagnosis, treatment planning and screening for psychopathology. There are 4 validity scales, 11 clinical scales, 5 treatment scales and 2 interpersonal scales. This test is appropriate for individuals 18 years and older and requires a fourth grade reading level.

## **HCR-20: Historical-Clinical-Risk 20**

A 20-item checklist to assess the risk for future violent behavior in criminal psychiatric populations, ages 18 to 65. The items are divided into 3 sections: Historical (10 items that assess previous violence, age at first violent offense, family and vocational background, etc); Clinical (5 items that looks at current symptomatology and psychosocial adjustment); and Risk Management (5 items regarding release and treatment plan, necessary services and support, etc).

## **VRAG: Violence Risk Appraisal Guide**

A 12-factor actuarial risk assessment instrument used to estimate the probability of violent reoffending by mentally ill offenders. Requires a PCL-R score. Men only.

## **M-FAST: Miller Forensic Assessment of Symptoms Test**

A 25-item screening interview for adults that helps assess the likelihood that an individual is feigning psychiatric illness. Seven scales operationalize response styles and interview strategies that have been shown to identify individuals who are feigning psychopathology.

## **MCMI-III: Millon Clinical Multiaxial Inventory, Third Edition**

A 175-item personality assessment that evaluates clinical syndromes and personality disorders. The purpose is to assist in diagnostic screening and/or clinical assessment. There are 5 scales that assess the response style of the test-taker and 24 scales that assess clinical personality patterns and clinical syndromes. The test is appropriate for individuals 18 years and older who have at least-eighth grade reading skills.

## **PCL-R: Hare Psychopathy Checklist-Revised, Second Edition**

A 20-item scale designed to assess psychopathy. It uses a semi-structured interview format, file, and collateral information to assess the inferred personality traits and behaviors related to the construct of psychopathy. A total score, two factor scores, and four facet scores are rendered.

## **STATIC-2002**

A 14-item actuarial measure based on file information that was developed to predict sex offence recidivism risk. The items are organized into 5 subscales and offenders can be placed into 1 of 5 risk categories based on their total score (low to high risk). Research indicates that it is more accurate than the STATIC-99 (its predecessor) and evidences moderate ability to rank order the risk for sexual, violent, and general recidivism. For CONTACT offenders only.

## **SORAG: Sexual Offender Risk Appraisal Guide**

A 14-factor actuarial risk assessment instrument used to estimate the probability of violent sexual reoffending by mentally ill offenders. Requires a PCL-R score. Men only.

## **SIRS-2: Structured Interview of Reported Symptoms, Second Edition**

A 172-item structured interview to assess deliberate distortion in the self-report of psychopathological symptoms. Each scale produces information on how a client may distort or fabricate symptoms. The primary focus is on the evaluation of feigning and the manner in which it is likely to occur—for example, exaggeration of symptom severity versus fabrication of symptomatology.

**WAIS-IV: Wechsler Adult Intelligence Scale, Fourth Edition**

An individually administered comprehensive clinical instrument for assessing the general intelligence of examinees between the ages of 16 and 90. Two measures of general intellectual functioning are provided in addition to four index scores measuring verbal comprehension, perceptual reasoning, working memory, and processing speed. These scores use a mean of 100 and a standard deviation of 15 making the available score range 40 to 160 (four standard deviations below and above the mean).

**WRAT-IV: Wide Range Achievement Test, Fourth Edition**

An individually administered norm-referenced test that measures the basic academic skills of word reading, sentence comprehension, spelling and math computation. Scores are based on a mean of 100 and standard deviation of 15. Appropriate for ages 5 to 94.

**WMS-IV: Wechsler Memory Scale, Fourth Edition**

An individually administered comprehensive clinical instrument designed to assess an examinee's episodic memory which is the memory system in charge of the encoding, storage, and retrieval of personally experienced events. The following specific areas are measured: auditory memory, visual memory, visual working memory, immediate memory, and delayed memory. Appropriate for ages 16-90 years of age.

**VIP: Validity Indicator Profile**

A measure of response style which contains verbal and non-verbal tests, each of which can be administered independently. The tests assessed the relationship between intention and effort in completing the test. Based on results, the individual is placed in 1 of 4 categories: Compliant, Inconsistent, Irrelevant or Suppressed. Appropriate for ages 18 to 69 years old.

**SB5: Stanford-Binet Intelligence Scales, Fifth Edition**

An individually administered assessment of intelligence and cognitive abilities appropriate for examinees ages 2 to 85+ years. Five factors are assessed: Fluid Reasoning, Knowledge, Quantitative Proficiency, Visual-Spatial Processing, and Working Memory. Scores include a Full-scale IQ, a Non-Verbal IQ and a Verbal IQ in addition to factor and subtest scores. These scores use a mean of 100 and a standard deviation of 15 making the available score range 40 to 160 (four standard deviations below and above the mean).

**WJ IV: Woodcock Johnson, Fourth Edition**

A battery of three tests to assess strengths and weaknesses in cognitive abilities (attention, processing, visual spatial skills, memory, phonological process), oral language (listening comprehension, vocabulary, lexical access speed, phonetic coding), and achievement (reading, mathematics, written language skills). Appropriate for ages 2 to 90+.

**TOMM: Test Of Memory Malingering**

A visual recognition test designed to assess malingered versus true memory impairments in individuals 16 to 84 years of age. It consists of two learning trials and an optional retention trial. Results are based on two cut off scores: 1) below chance and 2) criteria based on head injured and cognitively impaired clients.

Christy A. Blanchard, PhD  
Blanchard Psychological Services, Inc  
1441 Wakarusa Drive, Suite 200  
Lawrence, KS 66049  
785.838.8998  
Christy.blanchard@blanchardpsych.com

## **Mental Health Expert Tips**

- What question do you want the expert to answer?
- How soon do you need this question answered?
- Provide expert with any federal statute(s) related to the question you are asking (i.e. provides a definition of mitigating circumstances, diminished capacity, significant reduced mental capacity, etc).
- Get records as soon as possible
- Experts need to interview the defendant—best after records review
- Experts may need to interview collateral sources—they should always get your permission first
- Testing may or may not be appropriate and/or necessary
- Make sure that your expert consults with you about his/her findings before writing a report
- Report should contain all information necessary to support the expert's opinion

**Christy A. Blanchard, PhD**  
**Blanchard Psychological Services, Inc**

1441 Wakarusa Drive, Suite 200, Lawrence, Kansas, 66049-3832 | (785) 838-8998 | [christy.blanchard@blanchardpsych.com](mailto:christy.blanchard@blanchardpsych.com)

# What Records?

## Mental Health

- Inpatient (Psychiatric Hospitalization)
- Intensive outpatient or partial hospitalization
- Outpatient
- Psychotherapy-individual, group, couples
- Case Management
- Psychotropic Medication
- In or out of Corrections
- In or out of Military

## We want ALL of the records:

- Intake
- Progress notes
- Psychotherapy notes
- Evaluations
- Treatment Plans
- Diagnosis
- Prognosis
- Discharge summary
- Medication records
- Psychological testing

## Substance Abuse Treatment

- Inpatient (Psychiatric Hospitalization)
- Intensive outpatient or partial hospitalization
- Outpatient
- Group/Individual
- In or out of Corrections
- In or out of Military

## Education

- Transcripts/GPA
- National Test Scores
- Honors
- IEPs or Other Special Ed. Assistance
- Disciplinary Actions-detention, suspensions, expulsions
- Attendance/Tardiness Records

## Military Records

- Dates of Service
- Position/Rank
- Promotions/Honors
- Demotions
- Disciplinary Actions
- Discharge Documentation

## Employment

- Dates of employment
- Job Description
- Disciplinary Actions
- Attendance/Tardiness Records
- Disability records

## Medical Records

- Childhood & Adult
- ER Visits
- Hospitalizations/Surgeries
- Major Medical Procedures
- Medication Records

## Social Service Agency Records

- Dates of Investigation and Intervention
- Types of Investigation and Intervention
- Parties involved in investigations and/or interventions

## Legal Records

- Criminal History:
  - arrests
  - charges
  - convictions
  - dispositions

## Legal Records

- Records related to Current Case:
  - police reports
  - witness statements
  - narratives
  - audio or video recordings of interviews with the defendant