

Conducting forensic psychological evaluations



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Presenter for today:

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ZERO TO THREE Fellow

Training Agenda

- **Getting Started** – The asylum process and supporting applicants seeking immigration relief.
- **The Forensic Interview** – Preparing trauma-experienced applicants for the evaluation, interview components and engagement strategies.
- **Preparing Your Affidavit** – Structuring/organizing your findings and diagnostic discussion
- **Self-care & Vicarious Trauma** – Strategies/supports for the evaluator
- **Final remarks** with Q & A session

The images...



Each immigration story is different



Asylum seekers:
1. Affirmative
2. Defensive



*Unaccompanied
children*



Refugees



*Undocumented &
Mixed Status*

*Who seeks immigration relief through the
asylum process?*

Migration Experiences Matter

The **EMERGENT/CURRENT MENTAL HEALTH** problems are directly influenced by the three elements of their migration journey:

- **Pre-migration experiences**
- **Experiences in transit**
- **Post migration experiences**

=> The forensic evaluation process seeks to document migration experiences that are traumatic and impair psychological functioning.

What Makes an Experience Traumatic?

- **Threat** to physical and/or emotional well-being
- Perceived as **overwhelming**
- Results in **intense feelings** of fear and **lack of control** over the event
- Feelings of **helplessness**
- **Changes** perceptions of the individual, others, and the world

(American Psychiatric Association, 2000; Herman, 1992)

The common denominators of immigration trauma

Refugees and immigrants arrive with their unique and collective trauma narrative

1. History of fear and uncertainty
2. Need for safety with worry about the future
3. Loss of homeland, loved ones and cultural underpinnings exacerbates feelings of loneliness, homesickness & isolation
4. Feelings of guilt for families left behind or for personal safety
5. Cumulative impact of migration experiences on mental health.



Getting Started: The Forensic Interview

I. Reviewing your case with legal affiliates

- Request I-589 and Declarations
- What is the legal question that needs to be answered?

II. Coordinating logistics for your interview

- Location of the interview and length of interview
- Interpretation
- Standardized Assessments
- Other participants/observers for the interview
- Audio/video recording

III. Preparing yourself

Forensic Interview vs. Clinical Interview

- Relational privilege
- Investigative/evaluative stance
- Area of competence
- Nature of the hypothesis
- Adversarial engagement
- Judgment as an evaluator

BUT... The interview can be experienced as therapeutic.

- Normalize reactions
- Acknowledge the difficulty of telling one's story and allow space to regulate
- Validate strengths and provide encouragement throughout the interview
- Provide resources at the end of the interview

GOAL: Document psychological impairments due to past trauma AND ensure the client feels safe/supported to continue after the interview.

INTERVIEW COMPONENTS

- I. Pre-Trauma experiences
- II. Specific descriptions of torture/abuse
- III. Post-trauma experience (may include migration journey)
- IV. Diagnostics: Mental status exam and other standardized assessments (if applicable)
- V. Closing

Strategies for engagement

1. Begin with **non-threatening questions**
2. Interview **techniques**:
 - *Summary approach: "Could you describe...?"*
 - *Narrative approach: "What was it like to..."*
 - *Open-ended questions for trauma related content: "Tell me what happened when you were detained."*
3. Observe/Ask for **reactions** during trauma discussions and include in your report.
4. **Explain why** you are asking the questions when there is hesitation.
5. **Make agreements** on taking breaks and signaling when the interview is too intense.

I. Pre-trauma Experiences

- Assess for baseline psychosocial functioning starting with early life experiences.
 - Includes social history e.g., family dynamics, cultural/SES circumstances, daily life experiences, etc.
 - Includes any relevant medical or psychosocial histories

*Sample affidavit
content*

III. BACKGROUND INFORMATION OF APPLICANT

8. ***General Information.*** XXX survived severe domestic violence in which was repeatedly harassed, threatened, and severely beaten by XXX (abuser/perpetrator) over the course of two decades. Consequently, XXX reports suggest experiences of severe physical and psychological harm that has impaired her ability to function from the onset of abuse to present day.
9. ***Past Medical History.***
10. ***Past Psychosocial History.***

II. Specific Trauma Experiences

- Document the history of trauma/torture/abuse.
 - Includes questions related to: who, what, when, where, how.
 - Trauma experienced during the journey to the U.S. can be documented if relevant to current psychological presentation.

Sample affidavit content

IV. HISTORY OF ABUSE

11. ADD DESCRIPTION

Summary of Torture/Abuse

12. ADD DESCRIPTION

Timeline of Abuse

13. ADD DESCRIPTION

Summary of Migration Journey

14. ADD DESCRIPTION.

III. Post-Trauma Experiences

- Document the reason for leaving and means to travel
- Document current symptoms (including standardized assessments)

IV. Diagnostics: Mental status exam & standardized psychological assessments

- **For the mental status exam, document:**
 - General observations (appearance, speech, behavior)
 - Thinking (process, content)
 - Emotion (mood, affect)
 - Cognition (orientation, insight)
 - Considerations when working with an interpreter

Common questions:

Using standardized psychological assessments

After the substantive interview, you can use standardized instruments to document symptoms.

1. When should I use standardized psychological assessments?
2. Which instruments should I use?
3. Will it strengthen the affidavit if I use more than one tool?
4. How should I report findings in affidavit?

Istanbul Protocol

For pattern of symptoms, the clinician should indicate the degree of consistency between findings and the attribution (history) given by the patient.

Not Consistent	Symptoms could not have been caused by the trauma described
Consistent with	Symptoms could have been caused by the trauma described but it is non specific, there could be other causes
Highly consistent with	Symptoms could have been caused by the trauma describe but there are a few other potential causes
Typical of	Symptoms usually found with this type of trauma but there could be other possible causes
Diagnostic of	Symptoms could not have been caused in any other way than that described

V. Closing the Interview

- Document aspirations/goals for a future in the U.S.
 - Includes any treatment received for current symptoms.
- Document concerns about returning to country of origin

Trauma-informed, strength-based endings

- Remember to validate the applicant's strength in sharing their story and completing the interview.
- Ask about adaptive coping to ensure safety after the interview.
- Refer to mental health services if necessary.
- Be sure to wish them the best.

Post-interview Tasks: Update the legal team

After your interview, it is important to reconnect with the legal team with the following updates:

- General presentation of the client
- Confirmation of diagnosis (if applicable)
- Address any inconsistencies between the declarations/I-589 and interview material
- Discuss if there are other legal questions that need to be addressed in a follow-up interview.

PREPARING THE AFFIDAVIT: Organizing your interview

Sample affidavit content

I. Case Information

- II. Clinician's Qualifications
- III. Background Information of Client
- IV. History of Abuse
- V. Psychological History / Examination
- VI. Interpretation of Evidence: Psychological Evidence
- VII. Conclusion and Recommendations
- VIII. Statement of Truthfulness
- IX. Clinician's Signature and Notary (include CV)

I. CASE INFORMATION

Date of Evaluation:

Exam Requested By:

Duration of Evaluation:

Subject's Given Name:

Current I-94 Number:

Birth Date:

Birth Place:

Subject's Family Name:

Gender:

Reason for Exam: I-589 Application for Asylum and for Withholding of Removal

Clinician/Evaluator's Name:

Interpreter:

Interpreter Name:

Informed Consent:

Person(s) Present During Examination:

Subject Restrained During Exam:

Medical Report Transferred to:

Medical Evaluation/Investigation Conducted without Restriction:

Preparing the Affidavit: Clinician's Credentials

- I. Case Information
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Sample affidavit content

II. CLINICIAN'S QUALIFICATIONS

1. I am a licensed clinical social worker with 14 years of experience in refugee/immigrant mental health and have been licensed to practice in Illinois since 2010.
2. I have a Doctor of Philosophy (Ph.D.) degree in Social Work with Distinction and a Master of Social Work (MSW) degree with concentrations in mental health and migration studies from Loyola University Chicago in 2010 and 2007 respectively. I also obtained a Master of Science degree in applied child development, specializing in infant studies, from Erikson Institute in 2006.
3. I have attended trainings on forensic assessment for immigration-related cases facilitated by the Midwest Human Rights Consortium, Physicians for Human Rights, the American Academy of Child & Adolescent Psychiatry, University of California – San Francisco Human Rights Clinic, and the University of Illinois, College of Medicine. I have received and continue to receive mentorship from members of the Midwest Human Rights Consortium, sponsored by the Illinois Chapter of the American Academy of Pediatrics' Refugee/Immigrant Child Health Initiative.

Preparing the Affidavit: Background Information

- I. Case Information
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- 9. ***Past Medical History.***
- 10. ***Past Psychosocial History.***

Preparing the Affidavit: History of Abuse

- I. Case Information
- II. Clinician's Qualifications
- III. Background Information of Client
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Sample affidavit content

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11. ADD DESCRIPTION

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12. ADD DESCRIPTION

Timeline of Abuse

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Summary of Migration Journey

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Preparing the Affidavit: Psychological History

- I. Case Information
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- III. Background Information of Client
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Sample affidavit content

V. PSYCHOLOGICAL HISTORY / EXAMINATION

Methods of Assessment

15. I completed a clinical interview that lasted X hour and XX minutes via video-conference (Zoom platform) due to COVID-19 restrictions/precautions. Questions examining symptoms of potential depressive, anxiety, psychotic and trauma disorders were asked during the interview. Observations of the applicant's current mental status were also noted and included observation/examination of appearance, memory, attention/concentration, thought content, fund of information, affect, speech, orientation and insight.

Also includes:

- Current psychological complaints
- Mental Status Exam
- Standardized assessments (if applicable)
- Assessment of social functioning

Sample: Reporting diagnostic content

Sample affidavit content

Current Psychological Complaints

16. XX endorses current, persistent symptoms of depression including depressed mood nearly every day, marked loss of interest and pleasure in activities that used to give her joy including engaging with others, persistent fatigue, feelings of inappropriate guilt, and diminished ability to concentrate.
17. XXX also endorsed recurring trauma-related symptoms including recurrent intrusive thoughts and recurrent flashbacks of events happening again; specifically, memories of being beaten and verbally assaulted. She also reported feeling both emotionally and physically upset when reminded of past traumatic events including intense sadness and anxiety as well as experiencing rapid heartbeat, sweating and freezing behaviors; sensations XXX reported experiencing throughout our evaluation.
18. Additionally, XXX reported several avoidant behaviors including persistent efforts to avoid thoughts, activities, and situations that would remind her of past traumas. This includes avoiding people and movies or news reports with people shouting or screaming as it triggers memories from the past.
19. At the time of evaluation, a suicide assessment was conducted and there were no indicators of imminent harm.

Preparing the Affidavit: Interpretation section

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Sample affidavit content

VI. INTERPRETATION OF FINDINGS: PSYCHOLOGICAL EVIDENCE

34. My assessment of XXX demonstrates historical and psychological evidence consistent with the severe trauma he alleges. The information XXX related was internally consistent and with sufficient details. XXX answered all questions in a straightforward manner with sufficient details and with no evidence of defensive behavior or an over-endorsement of symptoms.
35. XXX demonstrated signs of mental distress. His emotional reactions, statements and demeanor in describing his previous abusive history are consistent with someone who has survived traumatic experiences.
36. Following the traumatic events described above, XXX endorsed symptoms that meet the criteria for a dual-diagnosis of *Major Depressive Disorder, Recurrent, Severe without psychotic features* and *Post-Traumatic Stress Disorder* according to the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-V). His symptoms are consistent, persistent and impair his ability to function, and thus consistent with a mental illness.

Presenting evidence when criteria for a DSM-V diagnosis was NOT met.

Some clients may not meet the full criteria but you can still discuss the level of impairment using the following language:

XXX demonstrated clear signs of mental distress. His emotional reactions, statements and demeanor in describing his previous history are consistent with someone who has survived traumatic experiences.

Following the traumatic events described above, XXX described experiencing symptoms including depression, loss of appetite, fear-related anxiety, and hypervigilance that are consistent with post-traumatic stress disorder (PTSD) symptoms though the duration and intensity of symptoms do not meet the full criteria for the disorder.

While XXX does not meet criteria for a formal diagnosis and current symptoms are managed with therapy and medication, he may experience recurrent or worsening symptoms if forced to return to an environment in which XXX feels his safety is threatened. XXX reports recurrent PTSD-related symptoms when thinking about his past and returning to his home country.

Preparing the Affidavit: Conclusion & Recommendations

- I. Case Information
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Sample affidavit content

- 40. XXX's case illustrates the ways in which adverse psychological functioning is time/context dependent. XXX survived a long period of severe traumatic events, a restrictive social environment, and the threats to her safety and survival persist in XXX.
- 41. Despite these realities, XXX has demonstrated a desire to heal, flourish and contribute when not placed in a harmful, abusive and traumatic environment.
- 42. When asked what would happen if she stayed in XXX, XXX reported she would have been killed eventually. XXX stated without hesitation that she would be killed by xxx for her political activism against the current regime. Consequently, her life will likely be in danger again if she were to return.

Preparing the Affidavit: Truthfulness Statement

- I. Case Information
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- VIII. **Statement of Truthfulness**
- IX. Clinician's Signature and Notary (include CV)

Sample affidavit content

VIII. STATEMENT OF TRUTHFULNESS

"I declare under penalty of perjury, pursuant to the laws of the United States of America, that the foregoing is true and correct and that this affidavit was executed on [Date] in Chicago, Illinois."

Preparing for Oral Testimony

In some cases, the legal team will inform in advance that oral testimony is required for a case.

Things to know:

- The legal team will prepare you for your testimony and cross-examination (if applicable).
- Use clear, layman's terms in your responses. Avoid highly technical or clinical jargon when possible.
- You are only required to answer within the scope of your expertise and what the applicant shared in the evaluation.

SELF-CARE AND COPING STRATEGIES

Being adept at **self-supervision** reduces compassion fatigue symptoms.

Vicarious trauma is a real risk in doing this work when professionals lack reflective support or self-awareness.

1. Understand your responses: Fatigue, anxiety, somatic reactions.
2. Focus on the things you can control
3. Stay connected
4. Take care of your body and spirit
5. Get professional help



Contact

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Assistant Professor, University of Chicago Crown Family School
of Social Work, Policy, and Practice

ZERO TO THREE Fellow

- For information on evaluations, please email:
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