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# **INTERPRETING MENTAL HEALTH REPORTS**

## **Psychologists: Training and scope of practice**

- ◆ M.A. (limited license), if under supervision by fully licensed psychologist
- ◆ Ph.D. (limited or full licensed)
- ◆ Can do psychological testing, diagnostic interviews, mental health diagnosis, psychotherapy
- ◆ Bound by American Psychological Association *Ethical Standards and Code of Conduct*

## **Social workers: Training and scope of practice**

- ◆ B.S.W. and M.S.W. levels
- ◆ Cannot do psychological testing
- ◆ B.S.W.: Focus on case management, obtaining community resources, psychosocial assessment
- ◆ M.S.W.: Can do diagnostic interviews, mental health diagnosis, and psychotherapy
- ◆ Bound by National Association of Social Workers Code of Ethics

## **Psychiatrists: Training and scope of practice**

- ◆ Requires M.D. or D.O.
- ◆ Licensed physician
- ◆ Can do mental health diagnosis
- ◆ Can prescribe medication, and some do psychotherapy as well (increasingly rare)
- ◆ Cannot do psychological testing
- ◆ Bound by medical ethics

## Check on licensing status

- ◆ License verification:  
[www.dleg.state.mi.us/free/default.asp](http://www.dleg.state.mi.us/free/default.asp)
- ◆ Licensing rules: [www.michigan.gov/mdch](http://www.michigan.gov/mdch). Go to "Health Profession Licensing," then "Bureau of Health Professions."

## Common terms

- ◆ Attachment: technical term applied to behavior shown by child during separations and reunions. Not a picture of relational reciprocity, parental involvement, or parenting skills. *Cf.* bonding
- ◆ Affect: Feeling, emotion, or emotional response
  - ◆ E.g., flat, restricted, blunted, variable or changeable.
- ◆ Insight: awareness of one's own problems/issues
- ◆ Psychosis: Loss of touch with reality
- ◆ Hallucinations: Sensory experiences in the absence of appropriate stimuli
- ◆ Delusions: Significantly illogical/irrational ideas without insight into the fact that they can't be or likely aren't true

## **Diagnostic scheme**

- ◆ Diagnostic and Statistical Manual of Mental Disorders – 4<sup>th</sup> Ed. [DSM-IV; American Psychiatric Association]
- ◆ Five axis diagnostic system
  - ◆ I: Most diagnoses are on this axis
  - ◆ II: Personality disorders and mental retardation
  - ◆ III: General medical conditions
  - ◆ IV: Stressors
  - ◆ V: Global Assessment of Functioning (GAF: 0-100)

## **Diagnoses Commonly Discussed in Mental Health Evaluations**

Note: Common to all is a marked impairment in social or occupational functioning. Also, the complete diagnostic scheme for each diagnosis is more detailed and complex than the “menu” of symptoms discussed in this presentation.

## Major Depression

- ♦ Five or more of the following, and must include either depressed mood or loss of interest/pleasure.
  - Depressed mood most of the day, nearly every day
  - Diminished pleasure in activities
  - Significant weight loss (without dieting) or gain
  - Insomnia or hypersomnia
  - Slow or agitated movements
  - Fatigue/loss of energy
  - Feelings of worthlessness or excessive guilt
  - Problems with thinking or concentration
  - Recurrent thoughts of death/suicide or suicide attempt or plan

## Bipolar Disorder

- ♦ Can involve manic episodes or mix of manic and depressive episodes
- ♦ Manic episode involves abnormally and persistently elevated, expansive, or irritable mood, including three or more of following:
  - Inflated self-esteem or grandiosity
  - Decreased need for sleep
  - More talkative or pressured speech
  - Flight of ideas/racing thoughts
  - Distractibility
  - Increase in goal-directed activity or agitation
  - Excessive involvement in pleasurable activities with high potential for painful consequences

## Schizophrenia

- ◆ Two or more of the following:
  - ◆ Delusions
  - ◆ Hallucinations
  - ◆ Disorganized speech
  - ◆ Disorganized or catatonic behavior
  - ◆ Negative symptoms (e.g., flat affect, little speech, little motivation)
- ◆ Only one symptom needed if delusions are bizarre or if hallucinations consist of a voice keeping up a running commentary.
- ◆ Note: *Schizoaffective* disorder combines psychotic symptoms and a mood disorder.

## Substance Abuse

- ◆ One or more of the following in a 12-month period:
  - ◆ Recurrent substance use resulting in failure to fulfill major obligations at home, work, or school
  - ◆ Recurrent use in physically hazardous situations
  - ◆ Recurrent substance-related legal problems
  - ◆ Continued use despite persistent or recurrent social or interpersonal problems caused or exacerbated by use

## **Substance Dependence**

- ♦ Three or more of the following in a 12-month period:
  - Tolerance: Need for more substance to achieve intoxication *or* diminished effect with continued use of same amount.
  - Withdrawal: Withdrawal symptoms (vary by substance) *or* substance is being taken to avoid withdrawal.
  - Substance often taken in larger amounts or over longer period than intended
  - Persistent desire or unsuccessful efforts to reduce or control use.
  - Lots of time spent obtaining, using, or recovering from use of substance
  - Important activities given up or reduced because of use
  - Continued use despite knowing that one is having physical or psychological problems caused or worsened by use

## **Borderline Personality Disorder**

- ♦ Pattern of instability of interpersonal relationships, self-image, and affect, and marked impulsivity, marked by five or more of following:
  - Frantic efforts to avoid real or imagined abandonment
  - Pattern of unstable and intense relationships with alternating between extreme idealization and devaluation
  - Unstable self-image/sense of self
  - Impulsivity in at least two areas that are potentially self-damaging
  - Emotional instability
  - Chronic feelings of emptiness
  - Inappropriate, intense anger or difficulty controlling anger
  - Transient, stress-related paranoia or dissociation

## **Attention-Deficit/ Hyperactivity Disorder (ADHD)**

- ◆ 6 or more of following symptoms of inattention:
  - ◆ Fails to attend to details or makes careless errors
  - ◆ Difficulty sustaining attention
  - ◆ Doesn't seem to listen when spoken to directly
  - ◆ Poor follow-through
  - ◆ Disorganized
  - ◆ Avoids/dislikes tasks requiring sustained mental effort
  - ◆ Often loses stuff
  - ◆ Distractible
  - ◆ Forgetful

## **ADHD continued**

- ◆ 6 or more of following symptoms of hyperactivity and impulsivity:
  - ◆ Fidgets/squirms
  - ◆ Leaves seat when not supposed to
  - ◆ Runs about or climbs when not supposed to
  - ◆ Difficulty playing quietly
  - ◆ On the go/driven by a "motor"
  - ◆ Excessive talking
  - ◆ Blurts out answers
  - ◆ Difficulty awaiting turn
  - ◆ Often interrupts

## **ADHD continued**

- ◆ For all symptoms, only noted if developmentally inappropriate
- ◆ Impairment needs to be evident in at least two settings
- ◆ Note that sleep problems, mood disorders, and other issues can cause ADHD-like picture
- ◆ Can have inattentive type, hyperactive-impulsive type, or combined type

## **Mental Retardation**

- ◆ Significantly sub average intellectual functioning (IQ 70 or below)
- ◆ Deficits in 2 or more areas of adaptive functioning: communication, self-care, home living, social skills, self-direction, academic skills, use of community resources
- ◆ Mild (~55-70), moderate (~40-55), severe (~25-40), profound

## **Reactive Attachment Disorder**

- ◆ One of following in the child:
  - ◆ Failure to initiate or respond in developmentally appropriate fashion to most social interactions
  - ◆ Indiscriminately sociable (diffuse attachments)
- ◆ And one of following regarding care:
  - ◆ Persistent disregard of child's basic emotional needs for comfort, stimulation, and affection
  - ◆ Persistent disregard for child's basic physical needs
  - ◆ Repeated changes of primary caregiver, preventing formation of stable attachments

## **Mental Health Reports**

## **Psychiatric evaluations**

- ◆ Identifying information
- ◆ Chief complaint
- ◆ History of present mental condition
- ◆ History of psychiatric care
- ◆ Social history (education, work, relationships)
- ◆ Substance abuse history
- ◆ Medical history
- ◆ Current medications
- ◆ Present mental status (mental status exam)
- ◆ Diagnoses and recommendations
  - Typically, recommendations focus on medication

## **Psychological evaluations**

- ◆ Identifying information
- ◆ Reason for referral
- ◆ Contacts made for the evaluation
- ◆ Clinical interview findings
  - Parent/child observation may be reported as well
- ◆ Tests used (if psychological testing was done)
- ◆ Test results
- ◆ Conclusions, including diagnostic information
- ◆ Recommendations
- ◆ Note: More likely than psychiatric reports to focus on parenting. Scrutinize report for actual connections to parenting.

## **Questions to ask yourself when evaluating reports**

- ◆ What was the referral question? Was it answered?
- ◆ What background info was reviewed?
- ◆ Were collateral contacts made?
- ◆ Any failure to deal with barriers to eval?
- ◆ Diagnosis: correct? Based on what info?
- ◆ Bias, lack of fairness.
- ◆ Overall quality: typos, other errors, obvious cut and paste, thoroughness

## **Questions regarding psychological testing**

- ◆ What tests? Up to date?
- ◆ What are they designed to do?
- ◆ Used properly? Conclusions connected to data? Interpretation stretching too far?
  - Research bases for conclusions?
- ◆ Tests appropriate to answer question?
- ◆ Normed for members of this population?
- ◆ Report discusses limitations, generalizability?
- ◆ Specific about parenting problems? Strengths? Prognosis?  
Realistic recommendations?

## **Finding codes of ethics**

- ◆ Psychology
  - <http://www.apa.org/ethics/code/index.aspx>
- ◆ Also see
  - <http://www.ap-ls.org/links/currentforensicguidelines.pdf>
  - <http://www.apa.org/practice/guidelines/child-protection.pdf>
- ◆ Social work
  - <http://www.socialworkers.org/pubs/code/default.asp>

## **Questions?**

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