I. PURPOSE: To describe psychological evaluation services at Montana State Hospital (MSH).

II. POLICY:
A. MSH will provide, or have available, psychological evaluation and consultation services adequate to meet the needs of the patients.

B. Psychological evaluation services are provided by qualified staff, in accordance with professional and ethical standards of the American Psychological Association (APA), federal statutes, and state statutes (referenced below).

C. In general, psychological evaluation services are initiated by a Licensed Independent Practitioner’s written referral specifying the referral question or issue. When referral issues in criminal cases are related to orders to evaluate from a district court, the assigned Psychologist will work with the forensic Licensed Independent Practitioner to complete the forensic evaluation in accordance with relevant criminal statutes.

D. Choices about which evaluation and reporting procedures to use, including selection and administration of psychological tests, are left to the discretion of the Psychologist assigned.

E. Information compiled in the psychological evaluation process may be used by the court and the patient’s treatment team to formulate recommendations for treatment, discharge planning, and the disposition of criminal cases. Psychological reports become a permanent part of the medical record. Raw data from testing is archived in a central psychology testing file. When a patient is readmitted, a copy of the psychological evaluation from the last admission (if completed) will be included in the current medical record.

F. The Program Manager supervising psychologists, will collaborate with the Director of Quality Improvement to maintain participation in hospital quality improvement activities.

III. DEFINITIONS:
A. Psychologist: An individual who has met all qualifications for licensure as a psychologist per §37-17-302, MCA and has passed the required licensing examinations. The psychologist may be a state employee or independent contractor.
B. **Psychology Intern:** An individual who meets qualifications for graduation from a doctoral program in psychology, but needs predoctoral supervision by a licensed psychologist before graduating.

C. **Psychology Resident:** An individual who meets qualification for licensure as a psychologist, but needs postdoctoral supervision by a licensed psychologist before becoming eligible for licensure testing.

IV. **RESPONSIBILITIES:**

A. **Psychologist:** Provides psychological evaluations in a timely manner according to federal, state, and professional standards.

B. **Licensed Independent Practitioner:** Identify patients in need of psychological evaluation, initiate referrals, consult with psychologist about referral questions/court orders, and sign the referral for psychological evaluation.

V. **PROCEDURE:**

A. The Licensed Independent Practitioner, in collaboration with the treatment team, will assess the patient’s need for psychological evaluation. Indications for psychological evaluation may include but are not limited to the following:

1. A court ordered mental examination (fitness to proceed, criminal responsibility, dangerousness, treatment needs, placement);
2. Questions about cognitive functioning and ability to care for oneself;
3. Evaluation for recommitment;
4. Diagnostic clarification, assessment of needs, and treatment planning;
5. Question regarding the patient’s capacity to function in various specified roles;
6. Assessment of violence risk and development of risk management plans.

B. Psychological evaluation will be initiated by completion of the Request for Service (Attachment A), or a similar electronic referral system. The referral will be signed by the Licensed Independent Practitioner and forwarded to the Program Manager supervising psychologists for assignment to the appropriate Psychologist, Psychology Intern, or Psychology Resident. The referral form may also be given directly to the Psychologist assigned to the patient’s treatment unit who will inform the Program Manager supervising psychologists of the assignment.

C. If hospital staff is not able to complete the requested evaluation, the Licensed Independent Practitioner may contact the Director of Clinical Services to discuss the possibility of requesting evaluation from a qualified person outside of the hospital.

D. The original referral form will be returned to the patient’s treatment unit to be placed in the patient’s chart under the “Psychology” section.
E. The evaluator will provide the patient, or guardian, with a thorough explanation of the reason for the evaluation, evaluation procedures, and potential uses of the evaluation results. In most cases, the evaluator will obtain the patient’s, or guardian’s informed consent for the evaluation. The evaluator will respect the patient’s right to refuse psychological evaluation. Even when the evaluation is court-ordered, the evaluator will attempt to obtain informed consent.

F. The evaluator will select and use evaluation procedures that are consistent with the standards of evaluation relevant to the particular type of evaluation.

G. The evaluator will administer evaluation procedures in a standardized manner. The evaluator will make conclusions based on reliable and valid evaluation procedures and results. Compromises to the reliability or validity of information obtained in an evaluation will be reported with the results.

H. The evaluator will provide results of the evaluation to the referring Licensed Independent Practitioner, treatment team, the patient, and others with a need to know the information. Information may be entered into the record in the form of a progress note and or formal written report. The evaluation report may be contained in the patient’s electronic health record. The evaluator will be prepared to testify in court about the results of a psychological evaluation.

I. The Health Information Department will release psychological evaluation reports as authorized by the patient, guardian, court-orders, federal laws, and state laws. The same department will not release raw test data without first consulting the Program Manager supervising psychologists about the qualifications of the recipient of the data, to ensure appropriate use of raw test data.


VII. COLLABORATED WITH: Director of Clinical Services, Medical Director, Hospital Administrator, Psychologist, Psychology Supervisor, and QI Director.


IX. DISTRIBUTION: All hospital policy manuals.
X. **ANNUAL REVIEW AND AUTHORIZATION**: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.

XI. **FOLLOW-UP RESPONSIBILITY**: Director of Clinical Services.

XII. **ATTACHMENTS**: For internal use only.
   A. Request for Service form.

Signatures:

Kyle Fouts
Interim Hospital Administrator

Thomas Gray, MD
Medical Director