

Attachment #B

**PSYCHOLOGICAL GUIDELINES  
FOR EVALUATION OF  
PAROLE AGENTS**

**Deborah L. Gebhardt, Ph.D.  
Gary G. Kay, Ph.D.  
William S. Stage, MD**

**Submitted By:  
Human Performance Systems, Inc.  
5000 Sunnyside Avenue  
Suite 203  
Beltsville, Maryland 20705**

**December 2009**

## TABLE OF CONTENTS

|   | Page |
|---|------|
| Introduction.....   | 1    |
| Requirements for Completing Psychological Evaluation..... | 1    |
| Steps to Conduct Psychological Assessment.....            | 1    |
| Documentation.....  | 2    |
| Psychological Conditions.....                             | 3    |

## INTRODUCTION

### Requirements for Completing Psychological Evaluation

A licensed clinical psychologist (or psychiatrist in consultation with a psychologist) should provide the psychological assessment. This assessment should be based on a synthesis of multiple sources of information including interview data, collateral reports, test results (e.g., Minnesota Multiphasic Personality Inventory-2 [MMPI-2], Personality Assessment Inventory [PAI]), and history of mental health treatment, evaluation, and medication use. The final determination should be based on a preponderance of evidence that classifies the degree of dysfunction (e.g., none to severe). The purpose of this evaluation is to assess occupational functioning. This assessment is not intended to be a comprehensive psychiatric or psychological evaluation for purposes of diagnosis or treatment planning.

There are seven psychological categories to evaluate. These are: Anxiety Related Dysfunction, Attentional and Executive Dysfunction, Behavioral Dyscontrol, Delusional/Paranoid Dysfunction, Depression Related Disorder, Psychotic Functioning, and Social Interaction. The psychological assessment should address each of these categories. This psychological assessment system does not specifically address substance abuse, or sleep disorders (e.g., narcolepsy).

### Steps to Conduct Psychological Assessment

1. Administer and score the psychological tests (e.g., PAI, MMPI-2, NEO).
2. Use the results of the tests (e.g., PAI, MMPI-2) to provide an initial evaluation of the individual for each psychological category presented. For example, if an individual were given the MMPI-2, and achieved a score of 68 for the PK scale, this would be indicative of Low Moderate functioning for the Anxiety Related Dysfunction. Similarly, a score of 76 on the PAI assessment would be indicative of a Low Moderate functioning level for Anxiety Related Dysfunction.

For the Attentional and Executive Function a cognitive functioning test (e.g., Expanded Halstead-Reitan Battery) is recommended for evaluation of disorder severity.

3. Evaluate the individual through an interview process. Use the "accept, evaluate, and disqualify levels for each category to assist in defining the severity of past and present mental health disorders that may impair performance in the Parole Agent position. In each category (e.g., Depression Related Disorders) consider the signs and symptoms that exist for the psychological condition. Many of the signs and symptoms can be associated with multiple levels of severity (e.g., mild, low moderate, high moderate, severe levels). The degree of frequency and/or severity should be used to classify the symptoms and behaviors (e.g., mild, low moderate, severe). During the interview/evaluation note the signs and symptoms exhibited by the individual.
4. To determine an individual's disease severity and suitability for the Parole Agent position consider the findings on the test instrument(s), interview, and collateral reports. The test

results and interview findings should all be viewed as sources of information about the individual being evaluated. Decisions of acceptance or disqualifications should be made on the preponderance of evidence and not based solely on the information provided by any one sources.

The seven categories of psychological/psychiatric dysfunction are not mutually exclusive and do overlap. Therefore, a complete evaluation should consider all categories. Dysfunction in any one of these categories is adequate to warrant further evaluation and/or disqualification/medical leave.

5. Careful attention needs to be paid to characteristics that are severe in nature. For example in Depression Related Disorders, being actively suicidal is considered severe, whereas sad mood can be found across all levels of severity of this disorder. To classifying an individual into one of the seven categories, a preponderance of evidence such as multiple signs and symptoms is needed. However, a single severe sign or may warrant special attention. For example, an individual may be functioning at the mild or low moderate level of severity in the Depression Related Disorders category, but presents with a single severe feature such as being actively suicidal. In this case the single severe symptom may be sufficient to require disqualification.
6. After formulating an overall assessment for each psychological category (e.g., Mood Dysfunction), review all information to determine whether the individual is acceptable for hire. Each category is considered independent and not intended to be averaged. Therefore, having a severe level of dysfunction in one category is adequate to require an evaluation or disqualification.

### **Documentation**

All test scores and interviews must be documented and provided to the Board of Probation and Parole (BPP). A detailed written evaluation of the individual's psychological status must be forwarded to BPP.

## PSYCHOLOGICAL CONDITIONS

| <b>Anxiety Related Dysfunction (e.g., Anxiety, Phobia, Traumatic Stress)</b>   |
|--|
| Evaluate with history of Mild, Low Moderate, or High Moderate symptoms (e.g., phobia, generalized anxiety, overly rigid, panic attacks). |
| Evaluate with current Mild or Low Moderate symptoms (e.g., phobia, generalized anxiety, overly rigid, panic attacks).                    |
| Disqualify with High Moderate or Severe symptoms (e.g., panic attacks, dissociative disorder).   |
| Disqualify if using benzodiazepines or other medications causing significant sedation (e.g., anti-psychotic medications, Benadryl).      |

| <b>Attentional and Executive Dysfunction</b>  |
|---|
| Evaluate individuals with past history of special education, testing accommodations, diagnosis of attention problems (e.g., ADHD/ADD), medications for ADHD/ADD, or job failure due to inability to complete tasks. |
| Accept with Mild symptoms (e.g., mildly disorganized in thinking and writing) unless there is a history of failure to complete job tasks in prior employment in efficient and timely manner.                        |
| Disqualify with Low Moderate, High Moderate, and Severe symptoms (e.g., poor concentration, impaired on selective and divided attention).   |

| <b>Behavioral Dyscontrol (e.g., Impulse Control, Personality Disorders, ADHD)</b>  |
|--|
| Accept with history of, or current Mild symptoms (e.g., irritable, mild over-reactivity).  |
| Evaluate with history of Low Moderate symptoms (e.g., binge eating, disruptive, inappropriate sexual comments) and accept with a single incident of Low Moderate behavioral dyscontrol more than 2 years ago and not related to any job. |
| Disqualify with history of, or current High Moderate or Severe symptoms (e.g., reckless driving, physical abuse of family members, explosive)  |

| <b>Delusional/Paranoid Dysfunction</b>   |
|--|
| Accept with Mild paranoia (e.g., minimal hostility, suspicious, stubborn).   |
| Evaluate Low Moderate symptoms (e.g., passive aggressive, blames others, intolerant of other viewpoints).  |
| Evaluate if interviewer's impression is that the interviewee is overly hostile, suspicious, or mistrusting; or is expressing odd or paranoid ideas or perceptions (e.g., conspiracy theories); or if under-responsive or non-responsive to questions, avoids eye contact, or fails to establish normal level of rapport with examiner. |
| Disqualify with High Moderate or Severe symptoms (e.g., Paranoid personality disorder, Schizotypal personality disorder, rejects responsibility).  |

| <b>Depression Related Dysfunction</b>   |
|---|
| Accept with past history of Mild mood disorder (e.g., dysthymia, grief reaction, mildly inattentive) with a duration of less than two weeks, fully resolved with no recurrence.   |
| Evaluate with <u>current</u> Mild mood disorder and accept after evaluation if treated, with or without medication, and demonstrates no evidence of dysphoria or deficits in energy level, cognition, and social interaction.   |
| Evaluate with history of Low Moderate mood disorder (e.g., cyclothymic disorder, disrupted sleep, decreased concentration), and accept if stable.   |
| Evaluate with history of single Major Depressive Episode. If a non-disqualifying medication (e.g., antidepressants) is required for stability, documentation of medication compliance is required. Accept with full resolution of condition with or without medication for three (3) years. |
| Disqualify with current Low Moderate mood disorder (e.g., cyclothymic disorder, disrupted sleep, decreased concentration).  |
| Disqualify with history of, or current High Moderate or Severe mood disorder (e.g., major depression Bipolar II, marked insomnia or hypersomnia), or two or more episodes of major depression and/or two or more episodes of mania.   |
| Disqualify with suicidal threats or gestures within the past 3 years.   |

| <b>Psychotic Functioning</b>   |
|--|
| Evaluate the nature, severity, and course of the disorder, and refer to guidelines for specific co-existing or overlapping conditions.   |
| Evaluate and accept with history of single episode of brief (less than two weeks) psychosis (e.g., drug induced), secondary to known pharmacological, chemical, or medical (i.e., organic, post partum) condition, with full recovery and not requiring medication for more than one (1) year. |
| Evaluate with brief reactive psychosis (less than two weeks) with "marked" stressor (e.g., extraordinary traumatic event), and accept with full recovery and not requiring medication for more than three (3) years.   |
| Evaluate a major depressive episode with psychotic features, and accept if there is full resolution of condition with or without medication after three (3) years.   |
| Evaluate Bipolar Disorder type I or mixed with single episode of mania or mixed psychosis with complete resolution, with or without medication, after five (5) years.  |
| Evaluate with history of other psychoses (e.g., schizophrenia) and accept if stable for ten (10) years with no recurrence and no medication for the past three (3) years. Person must be well adjusted on interpersonal, emotional, and occupational levels with or without treatment.         |
| Evaluate with history of dissociative disorder (e.g., amnesia, fugue, depersonalization) and accept if treated and stable for ten (10) years.  |
| Disqualify with current or recurrent psychosis (two or more episodes).   |
| Disqualify with current dissociative disorder (e.g., amnesia, fugue, depersonalization) or current schizophrenia.  |

### Social Interaction Dysfunction

Accept with mild shyness, introversion, passivity, overly talkative, and obsessive/compulsivity.

Evaluate if during interview the candidate demonstrates socially inappropriate behavior (e.g., touching/violating social boundaries; rude, arrogant, impolite, manipulative, excessive complaining, gullible, deceitful, devious), is unable to verbally express himself/herself, uses inappropriate language, or is dressed or groomed inappropriately.

Evaluate and hire with history of, or current Mild characteristics (e.g., odd, eccentric, anxious) and person is aware of and can compensate for dysfunction and has positive employment history and references (e.g., background investigation) and interview despite his/her limitations.

Disqualify with current Low Moderate, High Moderate, or Severe symptoms (e.g., overly defensive, does not take criticism well, inappropriate behaviors, sadistic).

Disqualify with personality disorder (e.g., antisocial, borderline, narcissistic, avoidant). While personality disorders are clearly disqualifying, an individual may also be disqualified with personality traits incompatible with the essential job task essential job tasks. These traits include problems with authority, boundaries, honesty, rude, or hostile/angry/impolite demeanor. Failure to conform to social, ethical, and lawful behaviors and norms is disqualifying.

### Attentional and Executive Dysfunction

Evaluate individuals with past history of special education, testing accommodations, diagnosis of attention problems (e.g., ADHD/ADD), medications for ADHD/ADD, or job failure due to inability to complete tasks.

Accept with Mild symptoms (e.g., mildly disorganized in thinking and writing) unless there is a history of failure to complete job tasks in prior employment in efficient and timely manner.

Disqualify with Low Moderate, High Moderate, and Severe symptoms (e.g., poor concentration, impaired on selective and divided attention).