

## A PRACTICE MODEL FOR ACQUIRING AND USING CLINICAL INFORMATION IN JUVENILE COURT

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Juvenile court decisions often rely on evidence derived from clinical information.<sup>1</sup> Clinical information therefore has a significant impact on many juvenile court proceedings, but the use of clinical information in a forensic context can be problematic. This article describes the response of the juvenile court in Cook County, Illinois, to problems associated with acquiring and using clinical information. The problems are not unique to Cook County's juvenile court and, as discussed in the article, Cook County's response may be adapted to other juvenile court jurisdictions.

Ideally, clinical information provides an objective clinical perspective to a pending legal decision. However, the fit between clinical information and legal decision-making is imperfect both from the clinical and legal viewpoints. For example, psychologists conducting evaluations of parenting abilities in child custody proceedings commonly rely on psychological measures, *e.g.*, I.Q. tests, that were neither designed nor intended to evaluate parenting competence. Mental health professionals nonetheless report their findings from these tests as directly applicable to legal decisions such as disposition (*i.e.*, whether the parenting ability meets the statutory standard of "fit, willing, or able...") or a motion for unsupervised visitation. Further, mental health professionals usually are not trained in forensic assessment and as a result fail to use methods and practices appropriate to a forensic setting. Appropriate methods and practices include: confining the clinical inquiry to the scope of the stated request; reporting the limitations of psychological tests and other assessment instruments used in the evaluation; using

comprehensive records or multiple sources; and informing clients of limitations on the confidentiality of the clinical information. Differences between the legal and clinical professions compound the above-mentioned problems. Lawyers often have unrealistic expectations of what clinical information can and cannot establish and clinicians often do not appreciate the limits imposed by legal relevance. Further, mental health professionals and lawyers use distinct vocabularies, and the same word may have very different meanings for each profession. This "vocabulary gap" makes it difficult for lawyers to articulate their requests in a way that is meaningful to clinicians and to understand information clinicians provide in response.

The Clinical Evaluation and Services Initiative (CESI) is a multi-disciplinary project established with the goal of evaluating and improving the manner in which clinical information is used in juvenile court proceedings in Cook County. Cook County's juvenile court is the largest and oldest juvenile court system in the nation. It serves the city of Chicago and surrounding suburbs, and consists of a child protection (abuse and neglect) division and a juvenile justice (delinquency) division. Each division has approximately 15 courtrooms (referred to as "calendars"), with a judge and multiple lawyers assigned to each calendar. Clinical information used in juvenile court comes from multiple sources. The Juvenile Division of the Cook County Department of Forensic Clinical Services, the court-based clinic located in the court building, is funded by Cook County and provides clinical evaluations to the court, primarily in juvenile justice proceedings. Illinois Department of Children and Family Services (DCFS) and its many contracted private agencies and clinicians provide most of the clinical information used in child protection cases, with the court-based clinic providing a small number of additional assessments.

CESI is a collaborative effort between the

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<sup>1</sup> The term clinical information as used in this article is defined as information obtained from assessments (*e.g.*, psychological, psychiatric, psycho-educational, social service, or substance abuse) and interventions provided to children, youth, parents, and families.

public and private sectors,<sup>2</sup> and is comprised of professionals from diverse disciplines (law, psychology, psychiatry, social work, and economics). Over a period of two years, CESI evaluated the acquisition and use of clinical information in juvenile court using a variety of methods including structured interviews of judges, lawyers, and clinicians; analysis of approximately 1500 court case files; observation of court proceedings; a study of the existing court-based clinic; focus groups of juvenile probation staff and casework personnel from child welfare agencies; empirical analysis of the content and relevance of clinical evaluations performed on parents, adolescents, and children involved in juvenile court proceedings; and review of models for delivery of clinical information in selected jurisdictions nationwide.

CESI's research identified a number of problems associated with the use and acquisition of clinical information in Cook County's juvenile court including: vague referral questions used to request clinical information; lack of timeliness in processing and responding to requests; use of generic and/or inappropriate methods of assessment and reporting; unsupported or unrealistic recommendations; lack of understanding by and communication between court personnel and clinicians regarding clinical information needs and uses; and lack of procedures for assessing the adequacy or quality of clinical information provided to the court. CESI also identified strengths in the existing system, including the on-site location of the clinic, a strong and supportive academic and clinical community, and support of the judiciary and court administration for development of a quality system.

Based on findings from its research, CESI developed a model for a clinical information system that builds on the strengths of the existing system, minimizes or removes constraints, and is responsive to the juvenile court's current and developing needs. The proposed model

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<sup>2</sup> CESI is a collaboration between the John D. and Catherine T. MacArthur Foundation, the Circuit Court of Cook County, the Department of Psychiatry at University of Chicago, and the Northwestern University School of Law.

contemplates a major restructuring of the existing court-based clinic and is based on the premise that the scope of an effective clinical information system must extend beyond clinical assessment. CESI's model is aimed at provision of clinical information that is accurate, culturally sensitive, timely, and used in a relevant and informed manner. The ultimate goal of CESI's model is that clinical information used in this manner will result in improved decision-making and better outcomes for the children, youth, and families in juvenile court proceedings.

CESI published its research and recommendations, including the proposed model, in a report issued by the Office of the Chief Judge of the Circuit Court of Cook County. In February, 2000, the Chief Judge issued a request for proposals from vendors for implementation of a Juvenile Court Clinic based on CESI's model. Pending award of a contract to a qualified vendor, CESI has been conducting a pilot project of its model for a redesigned Juvenile Court Clinic in four child protection and four juvenile justice courtrooms. The pilot has been an opportunity for CESI to test and refine the model in the context of actual day-to-day courtroom proceedings, and develop definitions, policies, and procedures for the fully implemented clinic when it is established. Based on data including feedback from pilot participants, the pilot has been well received, is supported by court constituents, and demonstrates the model's feasibility. Although CESI's research and model were shaped by the particular character and needs of the juvenile court system in Cook County, CESI's process and products are relevant beyond Cook County and may be applied in other juvenile courts using clinical information.

### **CESI's Model for a Redesigned Juvenile Court Clinic**

CESI's model for the Juvenile Court Clinic consists of four units: Clinical Coordination, Education and Intervention Resources, Clinic Administration, and Program Evaluation.<sup>3</sup> Each

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<sup>3</sup> CESI's model also includes a projected Credentialing Unit (CU), to be developed after the other four units are fully implemented. The projected Credentialing Unit will be responsible for insuring that clinicians who provide information to the court (but are not part of the Juvenile Court Clinic) achieve and maintain

unit has a distinct function and purpose, but the four units are necessarily interdependent. The model retains the form of a county-funded clinic located in the court building, however, the multi-unit approach differs significantly from a traditional court clinic.

### **Clinical Coordination Unit**

The Clinical Coordination Unit (CCU) facilitates and in some cases responds to requests for clinical information that arise in the context of juvenile court proceedings. The CCU provides direct services such as screening initial inquiries about the potential need for clinical information, formalizing requests for clinical information, directing requests to appropriate providers of clinical information, communicating information to court personnel and clinicians concerning pending responses to requests for clinical information, and providing clinical responses to requests. Provision of clinical responses includes intake activities, identification and gathering of existing information and records, assessment, and report writing. CCU staff consists of clinical coordinators, intake workers, and mental health professionals who supervise clinical coordinators and who provide responses to requests for clinical information. The clinical coordinators are master's level professionals in social work or related fields. Clinical coordinators are assigned to specific courtrooms and facilitate the provision of clinical information through a process CESI terms "clinical coordination." Clinical coordination has several possible outcomes: the request for clinical information is screened out as premature or inappropriate, the request is directed to a provider outside the court, or the request is directed to the clinic for response. When the request for clinical information is directed to the clinic, an intake worker meets with the youth and/or parent(s) who are the subject of the request in order to gather information. Information that is gathered by the clinical coordinator and the intake worker is

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established professional standards for forensic settings. The credentialing process involves screening applicants based on defined criteria, providing training in appropriate methods of assessment and report writing in the forensic setting, and reviewing candidates who complete the training regarding their qualifications and skills.

passed on to the clinician assigned to provide the response. The clinician may be a psychiatrist, clinical psychologist, social worker, or a team of those professionals. Clinicians are assigned based on area of expertise, and respond using assessment methods that are culturally appropriate and relevant to the specific question and forensic context. Responses follow an established format devised by CESI based on a clinical "best practice" model that is designed to provide essential information to court personnel in an understandable fashion.

### **Education Resource Unit**

The Education and Resource Unit (ERU) performs three categories of activities. First, it orients consumers (judges, lawyers, other court personnel, and court-involved children, youth, and families involved in requests for clinical information) to the new clinic system. Orientation is provided through a variety of methods including pamphlets and more detailed oral presentations that describe the clinic's structure and procedures. These activities facilitate and encourage appropriate clinic use. Second, the ERU provides training to CCU clinical staff and to judges, lawyers, probation officers, and other court personnel. Court personnel are educated concerning the acquisition, use, and limitations of clinical information and related mental health issues. Given the expected turnover in court personnel, activities are repeated regularly and accompanying written materials can be used for reference. Similarly, clinicians are given training on issues relating to the cultural and legal contexts of clinical information and on assessment and reporting methods appropriate to a forensic setting. These educational activities help legal professionals and clinicians respectively to become more informed consumers and providers of clinical information. Clinical coordinators receive legal training with special focus on juvenile court process and applicable laws, and instruction on forensic assessment concepts. This training supplements the clinical coordinators' clinical expertise, providing them with credibility in their courtrooms and enabling them to negotiate effectively between the clinical and legal domains. Education and training activities are based on a structured curriculum, and use various formats

such as lectures, workshops, and discussion groups, supplemented with written materials. Third, the ERU provides information and advocacy regarding intervention resources (*e.g.*, therapy, residential treatment, or other services) appropriate and available to the children, youth, and/or families in the juvenile court system. Information is conveyed to CCU clinical staff, allowing recommendations made in response to requests for clinical information to be more specific and realistic. ERU activities are developed by staff lawyers and clinicians in collaboration with outside practitioners having relevant expertise. ERU staff also includes a resource specialist with a master's in social work or a related field to work on issues relating to intervention resources.

### **Administrative Unit**

The Administrative Unit (AU) is responsible for developing personnel and management systems needed for effective clinic operation. Effective clinic operation requires systems for internal clinical operation and for the clinic's linkages with the court and agencies involved in juvenile court proceedings. Therefore, AU staff must not only possess administrative expertise, but also have a thorough understanding of court operation, including court-involved agencies. The AU establishes mechanisms to insure that the clinic remains aware of developments that affect clinic operation, such as revised agency procedures or changes in court assignments. The AU also manages the human, financial, and information resources needed to accomplish the goals of the clinical information system.

### **Program Evaluation Unit**

The Program Evaluation Unit (PEU) monitors and measures performance to determine the extent to which the clinic is achieving its goal of providing information that is accurate, timely, and used in a relevant and informed manner. The PEU is responsible for analyzing the clinic's activities and products, identifying areas in need of improvement, and communicating to clinic staff about trends and promising practices. The PEU uses a variety of activities to accomplish these tasks, including articulation of program and unit

goals, identification of performance criteria, development of methods for measuring short, intermediate, and long-term outcomes, development of methods for identifying and managing resources, and establishing regular communication channels.

As described above, each unit in CESI's clinic model has its own distinct functions and responsibilities. However, these functions overlap and are mutually supportive and essential to the whole. For example, the Clinical Coordination Unit is primarily responsible for providing clinical information. To facilitate this function, staff receive training from the Education and Resource Unit on forensic issues, the Program Evaluation Unit monitors whether deadlines are being met and tracks system patterns to which the Clinical Coordination Unit must respond, and the Administrative Unit maintains manuals of procedures and develops forms used by Clinical Coordination Unit staff.

### **How CESI's Model Addresses Identified Problems**

CESI's model contemplates a unified system employing a multi-faceted approach to the acquisition and use of clinical information in juvenile court proceedings. This model was developed in response to the particular character and needs of the juvenile court system in Cook County. However, the problems identified in CESI's research are not unique to the use and acquisition of clinical information in Cook County, and CESI's responses to these problems may be adapted to address similar problems in other jurisdictions. The following discussion identifies five problems that may occur in other jurisdictions and describes aspects of CESI's model that may be used to respond to the particular problem.

### **Vague referral questions**

CESI's research established that of the cases studied, clear articulation of a referral question occurred less than half the time in child protection proceedings and less than a quarter of the time in juvenile justice proceedings. Many problems concerning the process of acquiring clinical information stem from a failure to articulate the request clearly. Vague requests generally produce vague or generic responses and

also can result in unnecessary and/or repeated assessments. CESI's clinical coordination procedures ameliorate problems resulting from vague referral questions.

Clinical coordinators are assigned to specific courtrooms and are available for consultation whenever a potential need for clinical information arises in the court proceeding. The clinical coordinator acts as an unbiased facilitator by guiding the parties and clarifying clinical issues. The clinical coordinator assigned to the courtroom meets with the parties (usually the lawyers and caseworker or probation officer, if any) to discuss the potential request for clinical information, and to determine whether the request is appropriate. If clinical information is needed, the clinical coordinator uses a standard format called a Request for Clinical Information (RCI), completing the form with information obtained from the parties involved. The completed RCI includes basic identifying information, a detailed description of the legal issue that the clinical information is requested to address, a date by which the requested information is needed, and specifically articulated clinical questions including a description of the reason(s) for the clinical concerns.

The process of bringing the parties together to discuss and analyze the need for clinical information should result in clearly articulated requests nearly all the time. This process serves to screen or divert inappropriate requests, such as those that are premature (*e.g.*, requesting clinical information to be used in sentencing prior to a finding of guilt) or that request information beyond the scope of what a mental health professional can provide. The process also eliminates unnecessary and/or repeated assessments by eliciting information from the parties that can trigger closer analysis of whether the requested information is needed. The RCI process documents the parties' particularized request for clinical information. This clear and specific request gives the clinician information to provide a response tailored to the particular case, and avoids a generic response of little or no use to the parties.

### **Lack of Timeliness**

According to CESI's research, timely

provision of clinical information was of great concern to court personnel. Children stay in detention facilities while waiting for a court-ordered evaluation, and legal decisions often are delayed pending receipt of the requested clinical information. CESI's research indicated, however, that response time to a request for clinical information could take as long as six months from the time of request. Yet despite the importance of timely receipt of clinical information, in the cases CESI studied, due dates generally were not stated or communicated clearly in court requests for clinical information.

CESI's model incorporates various methods to insure timely acquisition of requested clinical information. The RCI form indicates a date by which the requested information is needed. In addition, the clinical coordinator is specifically designated to follow up on RCIs to insure that they are directed to and received by the appropriate provider. CESI's model also establishes protocols and procedures for requests directed to the court-based clinic that facilitate timely responses. First, on the same day the court requests clinical information, the clinical coordinator accompanies the subject of the request, along with his/her family (if possible) to the clinic for an intake interview. This procedure reduces the rate of "no-shows" for appointments by establishing an immediate connection between the family and the clinical process and by obtaining information to accommodate the family's needs regarding future appointments. Second, record gathering for these cases begins on the day the information is requested. As part of the RCI process, the clinical coordinator asks the parties to identify relevant records and make them available for copying. During intake, the family also is asked to identify all potential sources for records and to complete authorizations for release of information. These steps reduce delays that are attributed to difficulties in obtaining relevant records and contribute to timely acquisition of the requested information. Third, the clinical coordinator follows up on case progress at specified time intervals and provides status reports to the court. The clinical coordinator contacts the clinician to determine whether the response will be completed by the specified target date, and if additional information is needed. The clinical

coordinator also is responsible for insuring that information is disseminated to the parties. Finally, as part of the system, program evaluation examines these efforts in relation to the overall goal of providing information in a timely manner and can identify needed areas of adjustment.

### **Clinicians' Failure to Use Assessment and Reporting Methods Appropriate to a Forensic Setting**

CESI's analysis of clinical evaluation reports revealed multiple problems concerning the content and quality of the information provided. Reports often did not demonstrate an appreciation of the forensic context in which the information was to be used. Reports rarely cited the relevant legal statute, and often, the relevant legal decision was not addressed or mentioned. Some reports referred to limits of confidentiality but did not indicate the manner in which the limits were explained and/or the level of understanding by the client. The reports revealed a lack of familiarity with forensic issues and clinicians typically did not address the intended forensic use or purpose of the information. Moreover, the use of technical terms or jargon made reports difficult or impossible for lawyers and judges to understand. The generic or vague nature of many reports compromised their legal relevance and/or accuracy, and thereby further reduced their usefulness to the court. For example, reports contained recommendations beyond the scope of the court's request or clinical impressions or recommendations that were not linked to findings documented in the report.

CESI's work addresses these problems in a variety of ways. As discussed above, clearly articulated requests for clinical information provide clinicians with information that contributes to more accurate and relevant responses. In addition, establishing appropriate background and training credentials for court-based clinicians helps insure that qualified clinicians are providing clinical information to court. These criteria require that clinicians have special training concerning practice guidelines and ethical standards relating to forensic practice, and the projected credentialing process for clinicians also addresses this issue. CESI also developed formats for report writing as a framework to guide clinicians concerning report

content. The report formats help clinicians to understand the particular characteristics of clinical information in a forensic setting and provide a framework for useful and relevant responses. The formats also incorporate criteria that can be used for quality assurance purposes to evaluate the content and utility of the responses. Supervisory support insures that responses are consistent with professional standards, specifically, those standards addressing issues of cultural competence and forensic practice. These educational, procedural, and supervisory practices help clinicians to understand the legal context of the request, identify and understand the issues and decisions relevant to the requested information, and to provide information that is responsive to the request.

### **Lack of Communication between Consumers (Judges and Lawyers) and Providers (Clinicians) Regarding Clinical Information**

A recurring theme that emerged in CESI's research was a pervasive lack of communication between those requesting and those providing clinical information. As described above, lawyers and clinicians often use different vocabularies and this difference is compounded by a mutual lack of understanding between the professions. CESI's model includes multiple vehicles for responding to this lack of communication.

CESI's RCI process provides a defined and consistent procedure for requesting clinical information. The RCI form helps to insure a clearly articulated request that accurately reflects the legal context of the case and provides the clinician with information needed for the response. Clinical coordinators "translate" between lawyers and clinicians, and act as a liaison between the court and clinician. Clinical coordinators also seek and provide clarification concerning requests for clinical information, advise the court or clinician of any developments or changes that may affect a pending request, and act as the contact person for the multiple parties involved in the request.

CESI's research indicated that lack of communication between consumers and providers of clinical information was compounded by legal practitioners' lack of knowledge concerning basic clinical methods and terminology and a corresponding lack of understanding about what

can (and cannot) be expected from competent clinical evaluation. This is a significant constraint, in that even relevant, accurate, and timely clinical information is not useful if it is not understood. Court personnel acknowledged the need for education on a range of issues including the purpose and limitations of different types of clinical assessments, assessment methods (particularly psychological testing), distinctions between various mental health professionals, and the meaning and significance of clinical diagnoses. CESI's system addresses these problems through a variety of educational activities. Clinical coordinators informally educate legal personnel in discussions concerning general clinical issues and/or requests for clinical information, and the Education and Resource Unit provides more structured educational activities through seminars and workshops for legal personnel about clinical information and related mental health topics.

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### **Lack of Quality Control Measures**

CESI's research also revealed a lack of procedures or measures for assessing the adequacy or quality of clinical information provided to the court. CESI's system addresses this problem in several ways. The clinic's Program Evaluation Unit systematically reviews responses to requests for clinical information. This review includes assessment of whether the responses address the question(s) posed in the request, the methods used, and the timeliness of responses from different providers. In addition, educational activities enable court personnel to become more informed consumers of clinical information, thereby permitting more critical analysis. This feedback from consumers can be an important source for determining quality, adequacy, and utility of the clinical information.

### **Conclusion**

Through its research and its experience designing and piloting its model, CESI has amassed a considerable knowledge base concerning clinical information in juvenile court proceedings. As discussed in this article, aspects of CESI's work may be adapted for use in other juvenile courts. CESI welcomes comments and questions concerning its work, and CESI staff are available for consultation. Please direct inquiries to