

## **Social Worker Assessments of Competency to Stand Trial**

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*This article focuses on an expanding role for social workers conducting assessments of competency to stand trial. This pretrial assessment is the most common form of pretrial forensic evaluations. Although a handful of states explicitly allow social workers to conduct these evaluations, it is suggested that this is a role in which social workers could have a greater role as the field of forensic social work develops. It is suggested that this role can be enhanced through the development of forensic specialty guidelines. The article reviews competency laws and assessment procedures and provides an overview of forensic assessment instruments that can be used in the evaluation of competency to stand trial. The special circumstances surrounding evaluations of competency in juvenile court are also examined.*

This article focuses on the role that forensic social workers can play with respect to evaluations of competency to stand trial in both the criminal and juvenile justice systems. The involvement of social workers in the legal arena is, as Maschi and Killian (2011) commented, “as old as social work itself...social workers have always responded to individuals affected by state and federal laws and have worked to change the laws themselves, including advocating for those accused or convicted of a crime” (p. 14). At present, although small in number in relationship to the total number of social workers (Munson, 2011), forensic social work appears to be a rapidly expanding field, as evidenced by the establishment of the National Organization of Forensic Social Work and the creation of its own journal, *Journal of Forensic Social Work*. In the inaugural issue, co-editors Butters and Viola

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Vaughan-Eden (2011a) stated that “The *Journal of Forensic Social Work* recognizes that social workers are fundamental stakeholders in the justice system. The Journal articles will offer current theory, cutting edge research, and practice guidelines that will contribute to effective and ethically informed practice for these stakeholders” (p. 1).

Butters and Vaughan-Eden (2011b) defined forensic social work as “a specialty area that is broadly defined as social work activities involving criminal or civil court proceedings, criminal offenders, victims of crime, or other systems of justice” (p. 61). Although an MSW degree will provide foundational training in assessment and treatment, most social work programs will not provide the specific expertise that will be needed to practice forensic social work. The National Organization of Forensic Social Work stresses that social workers need specialized training for practice in forensic social work (from <http://nofsw.org/>, accessed October 3, 2015):

Forensic social work is based on specialized knowledge drawn from established principles and their application, familiarity with the law, painstaking evaluation, and objective criteria associated with treatment outcomes. What the social worker offers must be of utility and couched in language to which the court can relate. The conclusions and recommendations must withstand critical review and rebuttal from opposing parties.

The training of social work practitioners has not traditionally included familiarity with the adversary process nor the issues that civil and criminal justice systems confront. Without such training, social workers called onto provide forensic services may find themselves at a disadvantage.

Munson (2011) commented that although forensic social workers are engaged in many roles in the forensic arena, including evaluating criminal and civil competency, “it is not understandable why the social work profession has not developed any codified practice standards for this complex area of practice” (p. 40). He called for the development of practice guidelines and practice standards for forensic social work. He added that,

As long as the social work profession does not have clearly defined general and specific forensic practice standards, practitioners will be open to absurd and unfair allegations that can be costly and disruptive to professional careers. Also, the lack of practice standards will continue to present problems for courts and licensing boards in the process of judging forensic practice performance. (p. 56)

Forensic practitioners in other professions have developed forensic practice guidelines, and the presence of these standards have marked the emergence and indeed expansion of the field. For example, forensic psychology created the Specialty Guidelines for Forensic Psychologists, first published in 1991 and revised in 2013 (American Psychological Association, 2013). Munson (2011) argued that the practice of forensic social work is

different from other forensic professionals, making the development of its own standards essential. He offered a number of suggested standards, noting that "Some of the recommended practice standards may be considered controversial, but it should be recognized that this is a beginning effort and the proposed standards are designed to stimulate debate that is needed to forge an acceptable set of forensic social work practice standards" (pp. 55–56).

At present, most competency evaluations are conducted by psychiatrists or psychologists, but social workers are also involved in a few jurisdictions in the United States, whether as independent evaluators or as part of an interdisciplinary team.<sup>1</sup> Frost, de Camara, and Earl (2006) reviewed statutes in all 50 states and the District of Columbia. Psychiatrists can conduct competency evaluations in all jurisdictions. Psychologists are permitted in all but five states plus the District of Columbia. In those states permitting psychologists, most allow them to conduct independent evaluations, although five states require psychologists to work on a team with psychiatrists. Social workers are permitted to conduct competency evaluations in just four states (Nevada, Tennessee, Virginia, and West Virginia) and possibly in Oklahoma, a state that allows evaluations to be conducted by mental health professionals. In some states, social workers have long been involved as part of an interdisciplinary team (e.g., Fitzgerald, Peszke, & Goodwin, 1978). In Connecticut, competency evaluations are performed by interdisciplinary teams, and these teams are often led by social workers (Surface, 2007). In the past, Michigan's Center for Forensic Psychiatry certified social workers to independently perform competency evaluations (Petrella & Poythress, 1983). And in Virginia, social workers who have received competency evaluation training can conduct competency evaluations of juveniles.

Although most states don't allow social workers to perform competency evaluations, it could be argued that this could change in the future as the standards of forensic social work practice are developed. Roberts (2008) noted that when psychologists were successful in the 1980s in being included in forensic practice, few states licensed social workers. He commented that now that most states do license social workers, the case for expanding forensic social work practice is more compelling. Siegel (2008) made a strong case for the admissibility of social worker involvement in competency evaluations and court testimony. Comparing social workers to psychologists, he offered four arguments: First, the work of clinical social workers (that is, evaluating clients, making diagnoses, and constructing treatment plans) is very similar to that of clinical psychologists. Second, the scope of practice of both clinical

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<sup>1</sup>Other countries, such as Canada, are more restrictive. For example, Canadian law provides that only physicians (typically psychiatrists) can conduct competency (referred to as fitness in Canada) to stand trial evaluations (Viljoen, Roesch, Ogloff, & Zapf, 2003), although a statutory change opens the possibility of evaluations by psychologists if approved by the Attorney General of a province.

social workers and psychologists involves rendering diagnoses that may in part be based on organic or physical conditions, conducting psychodiagnostic testing. Third, the professional frameworks for clinical social work and psychology are increasingly similar. Both are licensed mental health professions, whose licensure has educational and practice requirements, as well as an examination. Finally, the practice of each typically creates both a legal (and a professional ethical) duty of confidentiality to the client and an evidentiary privilege protecting the communications between the client and the professional. (p. 156)

It is generally accepted that qualification to conduct forensic mental health evaluations is not based solely on the professional degree but rather on the degree to which the professional has specialized training in the type of evaluation being conducted (Heilbrun, 2001; *Jenkins v. United States*, 1962). Thus, a PhD in psychology, the medical training of a psychiatrist, or an MSW or doctorate in social work would not by itself qualify the professional to conduct a competency evaluation. Psychiatrists, clinical psychologists, and social workers all have foundational training in assessment, diagnosis, and treatment but many training programs do not provide specific training in forensic practice. Before conducting a competency evaluation, for example a professional should need to demonstrate that he or she has obtained specialized training and experience that would ensure a reliable and valid evaluation. Additional training may be necessary through workshops, online courses, self-study, and supervised practice.

Some state statutes specifically require or encourage competency evaluators to have additional training or experience (Frost et al., 2006). For example, the Virginia statute provides that a licensed clinical social worker can conduct a juvenile competence evaluation if he or she has been qualified by training and experience in the forensic evaluation of juveniles (Warren et al., 2009).

A few studies have examined the quality of reports prepared by different forensic professionals. In perhaps the first study of this type, Petrella and Poythress (1983) used measures of thoroughness and quality of reports of psychiatrists, psychologists, and social workers. Thirty reports were rated by three legal professionals who were blind to the professional identity of the report writer. The results showed that the competency reports of psychologists and social workers were more thorough in their reports and that there were no significant differences in the quality of the reports by the three professional groups. The authors concluded that “the findings contradict the traditional belief of many legal and lay persons that psychiatrists necessarily perform superior evaluations” (p. 83).

Skeem and Golding (1998) examined the reports of 100 competency evaluators in Utah. The majority were psychologists and psychiatrists, but the sample also included six social workers. The evaluators were considered occasional evaluators of competency and their specific forensic training

varied considerably. Their analyses of the reports revealed a number of critical problems. Specifically, they noted the reports' frequent failure to address critical psycholegal abilities such as decisional competence, inadequate explanation of the reasoning underlying conclusions or opinions, and failure to use forensically relevant assessment tools. Skeem and Golding concluded that it appeared that the experts simply applied their traditional clinical skills to these psycholegal assessments. Although many participants attended annual 2-day workshops, this did not improve the quality of their reports. They called for more comprehensive, focused training programs and more stringent certification standards for forensic examiners and cited the Virginia training program as an exemplary model (Melton, Weithorn, & Slobogin, 1985; see also Warren et al., 2009).

Murrie, Boccaccini, Zapf, Warren, and Henderson (2008) examined individual differences in evaluations of competency by psychologists, psychiatrists, and social workers in Alabama and Virginia. Each evaluator had conducted 20 or more CST evaluations. The study revealed a number of differences both within and between professions. Although the average rates of a finding of incompetent to stand trial was about 19%, the range was between 0% and 62%. Thus, some professionals were unlikely to find a defendant incompetent whereas others were high likely to do so. The authors noted that as much as 12% of the variance in competency opinions was attributable to differences among evaluators. Social workers in Virginia had higher rates of incompetency determinations than the other two professions, but there were only four social workers in the Virginia sample so it is not clear how this can be interpreted. Psychiatrists were least likely to find defendants incompetent. Overall, Murrie et al. concluded that it was unclear whether the professional and individual differences were due to training, philosophy, or ideology. The authors conclude with a call for more research to examine evaluator differences in rates of IST findings.

Studies such as these are important because the legal system expects reliability of competency evaluations regardless of the profession or individual conducting the evaluation. At this point, there are insufficient studies from which firm conclusions can be drawn. If social workers become more involved in CST evaluations, research can further explore professional group differences and what might be done, in terms of education and training, to minimize these differences.

Best practice standards for assessing competency to stand trial have been developed, and the remainder of this article will provide an overview of legal procedures and assessment approaches.

## DEFINING COMPETENCY TO STAND TRIAL

*Competency to stand trial* is a legal standard that refers to a criminal defendant's present mental status and functional abilities as they relate to

participation in the trial process (Roesch & Golding, 1980). It is distinct from legal standards regarding a criminal defendant's mental state at the time of the offense (e.g., insanity defense, guilty but mentally ill defense). Most states have competency laws based on the standard established in *Dusky v. United States* (1960), in which the Supreme Court held that "the test must be whether he has sufficient present ability to consult with his lawyer with a reasonable degree of rational understanding—and whether he has a rational as well as factual understanding of the proceedings against him" (p. 402).

The term *competency to stand trial* is somewhat misleading, since most criminal cases are not resolved by an actual trial. Rather, plea-bargaining is the common pathway for resolving criminal charges. Competency can also be an issue when a defendant chose to represent themselves rather than have legal (see *Godinez v. Moran*, 1993; and *Indiana v. Edwards*, 2008 for cases addressing standards for different types of competency). Bonnie (1992) and Poythress, Bonnie, Monahan, Otto, and Hoge (2002) suggested terms such as *adjudicative competence* or *competence to proceed* to better reflect the range of competencies in the legal process. Throughout this article, the terms *competency to stand trial*, *adjudicative competence*, and *competency to proceed* will be used interchangeably.

Competency can be raised at any stage of the proceedings—from arrest to verdict to sentencing—and can even be raised postconviction, as in the case of competency to proceed with appeals or competency to be executed (Zapf, Boccaccini, & Brodsky, 2003). The law provides for evaluations of competency if any officer of the court (defense, prosecution, or judge) has a bona fide doubt as to a defendant's competence (*Pate v. Robinson*, 1966). Legal procedures are well established to ensure that defendants are competent to proceed. *Drope v. Missouri* (1975) held that "evidence of a defendant's irrational behavior, his demeanor at trial, and any prior medical opinion on competence to stand trial are all relevant in determining whether further inquiry is required, but that even one of these factors standing alone may, in some circumstances, be sufficient" (p. 180). If there is evidence of possible incompetency, the trial court can then order an evaluation of competency by a mental health professional (see review earlier in this article for a discussion of which mental health professionals can conduct evaluations). These evaluations can take place in a jail or an outpatient setting, but the court can also order an inpatient evaluation in a forensic facility or other institutional setting.

Once an evaluation is completed, a report is typically prepared and submitted to the court. It is the court that decides whether a defendant is competent or incompetent, but research shows there is high agreement between evaluator opinions and court decisions (Cox & Zapf, 2004). If the court finds a defendant to be incompetent, legal proceedings are suspended and the defendant is remanded for treatment to restore competency. This treatment can occur as an outpatient or in an institutional setting. Once competency

is restored (see review later in this article), the defendant is returned to court and the legal proceedings resume.

## ASSESSING COMPETENCY TO STAND TRIAL

The assessment of competency to stand trial is an example of a Forensic Mental Health Assessment (FMHA). Heilbrun, Grisso, Goldstein, and LaDuke (2013) defined a FMHA “as a domain of assessments of individuals intended to assist legal decision makers in decisions about the application of laws requiring consideration of individuals’ mental conditions, abilities, and behaviors” (p. 3). This section will provide a review of standards and practice for assessing competency to stand trial, with particular attention to the current and potential role of forensic social workers.

Space permits only a brief overview of forensic assessment instruments used in competency evaluations. Interested readers seeking more detailed information are referred to two volumes in the Best Practices in Forensic Mental Health Assessment Series that address competency issues for juveniles (Kruh & Grisso, 2009) and adults (Zapf & Roesch, 2009).

Most state laws require that a finding of incompetence be based on the presence of a mental disorder. Once the presence of mental disease or defect has been established, the following must be established: (a) evaluation of relevant functional abilities and deficits; (b) determination of a causal connection between any noted deficits and mental disorder; and (c) specification of how these deficits may impact upon functioning at trial (Zapf & Roesch, 2009). An evaluation of competency requires an interview of the defendant to obtain background information and an assessment of current psychological functioning.<sup>2</sup> Interviews of family, teachers, and other significant others may provide information relevant to the competency evaluation. Of course, documents such as school history, prior treatment, prior arrest record, current charge reports, and other court records will be relied upon for the evaluation. In addition, there are a number of forensic assessment instruments that can be used in competency evaluations. Three instruments will be briefly reviewed in this article, to illustrate the different approaches to competency assessment. Social workers, psychologists, and psychiatrists can use these instruments, provided they have received training in their use.

The Evaluation of Competency to Stand Trial—Revised (ECST-R; Rogers, Tillbrook, & Sewell, 2004) uses a semistructured and structured interview format to assess competency generally, but it can also be used to evaluate specific competencies such as competency to plead and competency to proceed pro se. It takes approximately 30 min to administer, and its structure provides

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<sup>2</sup>As one of his suggested practice standards, Munson (2011) recommended that “The forensic social worker should not make any diagnosis, assessment, or render an opinion about a person the forensic social worker has not interviewed or evaluated.” (p. 55).



a “focus on case-specific information that is relevant to the pending case and the individual’s relationship with his or her defense counsel” (Rogers et al., 2004, p. 9). The ECST-R comprises 18 items, yielding scores on four different scales: Factual Understanding of the Courtroom Proceedings; Rational Understanding of the Courtroom Proceedings; Consult with Counsel; and Overall Rational Ability. In addition, the ECST-R contains items that screen for feigned incompetency. Each item is rated, and scale scores are obtained by summing the raw scores for each relevant item. Consistent with other instruments used to assess competency, Rogers et al. did not recommend the use of cut-off scores to determine whether a defendant is competent or incompetent. This is because an individual can be considered incompetent even if only one area of competency is affected (e.g., the defendant believes his or her attorney is an agent of the devil). As well, information obtained with the ECST-R, or any competency instrument, would not be solely relied upon, as interviews, prior records, and collateral information would be included in an opinion about competency. The ECST-R has demonstrated high interrater reliability and internal consistency (Rogers et al., 2004).

*The MacArthur Competence Assessment Tool—Criminal Adjudication.* (MacCAT-CA; Poythress et al., 1999) comprises 22 items grouped into three sections that measure a defendant’s understanding, reasoning, and appreciation abilities, respectively. It takes approximately 30 min to administer. The MacCAT-CA uses a hypothetical vignette describing a bar fight between two men, Fred and Reggie, which results in an aggravated assault charge against Fred. The defendant is asked a series of questions about Fred’s situation and how Fred might deal with various aspects of his case. More details of the vignette are provided as the examiner moves through the first two sections of the MacCAT-CA. The MacCAT-CA has a final section that addresses issues related to the defendant’s actual case.

The MacCAT-CA is intended to provide information about a defendant’s ability to understand information about the legal system and the legal process, the ability to reason, and the ability to appreciate his or her own legal circumstances and situation. The items are scored on the basis of the reasons that the defendant provides for his or her judgment and whether they are plausible or implausible (i.e., grounded in reality or based on delusional beliefs). Research on the MacCAT-CA indicates good psychometric properties (Otto et al., 1998; Zapf, Skeem, & Golding, 2005).

The Fitness Interview Test—Revised (FIT-R; Roesch, Zapf, & Eaves, 2006) takes approximately 30 min to administer and uses a semistructured interview format to assess three main areas: (a) ability to understand the nature or object of the proceedings, or factual knowledge of criminal procedure; (b) ability to understand the possible consequences of the proceedings, or the appreciation of personal involvement in and importance of the proceedings; and (c) ability to communicate with counsel, or to participate in the defense. The FIT-R provides evaluators with specific questions that tap into



each of these three areas. The first section assesses the defendant's understanding of the arrest process, the nature and severity of current charges, the role of key players, legal processes, pleas, and court procedure. The second section assesses the defendant's appreciation of the range and nature of possible penalties, appraisal of available legal defenses, and appraisal of likely outcome. The final section assesses the defendant's capacity to communicate facts to the lawyer, relate to the lawyer, plan legal strategy, engage in his own defense, challenge prosecution witnesses, testify relevantly, and manage courtroom behavior. Each FIT-R item is rated on a 3-point rating scale ranging from 0 (*no impairment*) to 2 (*definite or serious impairment*). Research has demonstrated the FIT-R provides a reliable and valid guide for assessing competency (Viljoen, Roesch, & Zapf, 2002; Zapf, Roesch, & Viljoen, 2001).

### COMPETENCY RESTORATION

Most defendants evaluated for competency will be found competent. Indeed, only about 25% of referred defendants are found incompetent following the initial evaluation. As noted earlier, an incompetent determination by the court results in the suspension of all legal proceedings until competency is regained. The court can order that this treatment be provided on an outpatient basis, but the reality is that most treatment takes place in an institutional setting, typically a forensic hospital (Zapf & Roesch, 2011).

Although the use of psychotropic medication to treat symptoms of mental illness is the most common treatment, there is also a role for other forms of treatment. Nearly all incompetent defendants are restored to competency within 6 months to 1 year, at which time the legal proceedings resume (Zapf & Roesch, 2011). Mental health professionals, including social workers, can provide interventions that can lead to the restoration of incompetent defendants. For example, educational programs that focus on improving understanding of the legal process, the role of lawyers, judges, and juries, and an appreciation of possible sentences can help clarify misunderstandings about the legal system (see Zapf & Roesch, 2011 for a review). For example, Siegel and Elwork (1990) described an educational program that used group problem-solving sessions to discuss problems arising from each group member's actual legal case. Warren et al. (2009) reported on a community-based restoration program for juveniles. The psychoeducational program used an intensive case management approach, with developmentally informed interactive educational tools, and case integration and mentoring by trained counselors. They found that most youth could be restored within 90–120 days. Thus, most could be treated successfully in a relatively brief period without the need for inpatient treatment. However, one group, those with a diagnosis of mental retardation, were not as amenable to treatment, as only 47% of this

group were restored. Programs such as these can reduce the length of the restoration treatment period. It is also important to coordinate efforts with social support networks such as family.

## JUVENILES AND COMPETENCY TO STAND TRIAL

Given the focus of this article on social worker involvement in forensic assessments, it is of interest to note that social workers were central to the development of the juvenile justice system in the early 1900s (Maschi & Killian, 2011). For many years, the juvenile justice system emphasized rehabilitation and placed less emphasis on the rights of juveniles. The paternalistic position of the juvenile courts was challenged in the 1960s by a couple of court cases. *Kent v. United States* (1966) and *In re Gault* (1967) required the juvenile courts to provide juveniles with the procedural safeguards long available to adults in the criminal justice system. These rights included the interrogation rights required by *Miranda v. Arizona* (1966) as well as the right to an attorney during legal proceedings.

Despite these cases, the juvenile justice system has been slow to provide these rights. As Feld (2000) noted, “In reality, juveniles receive a very different form of procedural justice. Oftentimes, delinquents waive *Miranda* rights without appreciating the legal significance of confessing, and relinquish their right to counsel prior to trial and face the power of the state alone and unaided” (p. 105). Indeed, research has shown that the majority of youth waive their rights to an attorney, despite the consistent finding that many have impaired understanding of those rights (Goldstein & Goldstein, 2010; McLachlan, Roesch, & Douglas, 2011). This is especially true for younger adolescents, as they are more likely than older adolescents to have impaired comprehension of their rights (Viljoen & Roesch, 2005).

Beginning in the 1990s, an increasing number of juveniles were waived to adult court, where they are tried and sentenced as if they were adults (Redding, Goldstein, & Heilbrun, 2005). This makes issues such as understanding of arrest rights and competency to stand trial even more important. With respect to competency, the juvenile justice system has provisions to ensure that young offenders are competent to proceed with their cases in juvenile court. However, the adult standard cannot easily be applied to juvenile cases. For adults, as discussed earlier in this article, the standard is based on whether a mental disorder is present, and if present, whether it impairs the defendant's competency to stand trial. For adolescents, although mental health issues such as depression and anxiety may be common, adolescents typically do not experience more serious mental illness. For example, the majority of adults who are found incompetent have some form of psychosis, but this disorder is less common for adolescents (McGaha, Otto, McClaren, & Petrila, 2001). Competency concerns for young offenders may more likely be

due to developmental issues, such as immature cognitive development, deficits in reasoning and judgment, and less ability to recognize risks and long-term consequences of legal judgments than older adolescents and adults (Roesch, 2011; Roesch & Viljoen, 2016). For example, Grisso and Quinlan (2005) found that about 20% of evaluators noted that inadequate development was the most common basis for an opinion that a youth was not competent. However, most states do not explicitly list maturity as a basis for a finding of incompetency, and the role of immaturity in evaluations of juvenile competency is not clear at this time (see Kruh & Grisso, 2009, for a review). However, this may be changing. For example, California passed legislation in 2013 that establishes developmental immaturity as a factor that can be used to determine a juvenile's competency. The same California legislation considered the inclusion of social workers as competency evaluators, but the final bill allowed only psychologists and psychiatrists.

Despite clear guidelines, it appears that evaluators are relying on immaturity in evaluations of competency. Grisso and Quinlan (2005) found in their survey that two-thirds of juvenile court evaluators had been involved in cases in which a juvenile was found incompetent due to developmental immaturity. Thus, it is essential that evaluators incorporate the assessment of maturity as part of a competency evaluation. A guide for considering psychosocial maturity as a basis for evaluating competency for young defendants can be extrapolated from the work of Cauffman and Steinberg (2000), who suggested three development capacities that affect decision making:

1. **Responsibility:** This involves the adolescent's capacity to make autonomous choices, independent of external influences, including adults but particularly peers.
2. **Temperance:** Adolescents often have high scores on measures of sensation seeking and impulsivity, and are more susceptible to mood changes due to hormonal changes. Temperance involves the ability to control impulses and exercise self-restraint.
3. **Perspective:** This involves the ability to evaluate short- and long-term consequences (time perspective), the ability to understand how one's actions might affect others (perspective taking), and the ability to weigh costs and benefits of a decision.

These three aspects of psychosocial maturity may be useful for evaluators to consider in assessing the competency of young offenders. As well, there are competency assessment instruments that have been developed for use with young offenders. Perhaps the most useful instrument is the Juvenile Competency Assessment Interview (JACI; Grisso, 2005). The JACI is a structured set of questions designed to assess youths' legal capacities relevant to adjudication. These questions allow evaluators to assess a youth's understanding of the nature and seriousness of the offense, nature and

purpose of the juvenile court trial, possible pleas, and guilt and punishment/penalties. Other questions evaluate a youth's appreciation of functions of the prosecutor, juvenile defense lawyer, probation officer, and juvenile court judge. A final set of questions focus on how the youth relates to an attorney and how a youth makes decisions about how to proceed with the defense, including making decisions about plea bargains. It is also possible to use the Fitness Interview Test—Revised (Roesch, Zapf, & Eaves, 2006). Although primarily developed for use in assessing adult competency, it has also been used in assessments of young offenders (Viljoen, Vincent, & Roesch, 2006).

### FUTURE DIRECTIONS

This article reviewed the history of social worker involvement in forensic practice, with a particular focus on their role in evaluating competency to stand trial. Social workers already conduct these evaluations independently in some states and have long been an integral part of interdisciplinary teams performing competency evaluations. Given the expansion of forensic social work practice in recent years, it is likely that this role will increase as states review legislation governing the evaluation of competency for juveniles and adults. As social workers become more involved, it is recommended that forensic practice standards be developed and that social workers receive specific training to conduct competency evaluations.

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