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Sent: Wednesday, 22 December 2010 3:17 PM
To: NationalBoards
Subject: FORENSIC PSYCHOLOGY GUIDELINES
Importance: High

Professor Brin Grenyer
Chair
Psychology Board of Australia

Dear Professor Grenyer,

In response to the guidelines setting out the competencies required for forensic psychology endorsement I make the following brief comments.

1) Assessment of deception.

The issue of deception and its identification is quite complex; it requires considerable expertise and employment of best practice assessment devices to identify distortion in self-reporting whether in the form of exaggeration of psychological complaints, or presentation that is indicative of cognitive impairment, typically in the form of reported poor memory.

It is debatable whether in the Australian context best practice assessment tools designed to identify deception are in widespread use. (I would argue from my own experience in reviewing reports by neuropsychologists and clinical psychologists that this might not be the case.)

In any case this topic needs to be given particular attention mindful of the importance of detecting simulation of either psychological impairment or cognitive impairment and the implications that arise concerning the reliability and validity of the data obtained in forensic medic-legal assessments.

- 2) The MMSE is specifically mentioned as a test that should be included in forensic psychological assessment. However there are many other tools of trade at the disposal of forensic psychologists that provide excellent data on cognitive functioning that in my opinion are to be preferred.
- 3) With reference to the assessment of cognitive functioning and neuropsychological screening tests, I have always acted on the basis that the assessment of cognitive functioning includes the key areas of Attention, Memory, Learning, Executive Function, Language, Visual/Constructional, and Information Processing skills.

(In a report issued as recently as 26th November 2010 I included the following footnote:
"The domain of neurocognitive functioning is understood to comprise attentional processes, memory processes, executive function, spatial/constructional processes and information processing speed.")

Assessment of cognitive status also comprises the assessment of intellectual functioning and typically gets its own unique coverage.

Flowing from the above observations it has always been a puzzle to me as to how it is possible to distinguish between cognitive functioning on the one hand and neurocognitive

functioning on the other hand, since cognitive functioning in any case depends upon brain function at the level of the cerebral hemispheres and sub-cortical structures.

I would limit the use of the term neuropsychological to contexts in which both neurocognitive functioning is assessed in combination with the assessment of potential psychopathology stemming from possible brain injury.

Thank you for the opportunity to make these few brief comments.

Yours sincerely

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