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Article in Professional Psychology Research and Practice · April 2018

DOI: 10.1037/pro0000179

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# Forensic Competency Evaluations via Videoconferencing: A Feasibility Review and Best Practice Recommendations

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The demand for pretrial forensic evaluation services is growing rapidly in the United States. The use of videoconferencing (VC) to conduct assessments has the potential to help meet this increasing demand by improving the availability and efficiency of evaluation services. However, perceived legal and practical barriers to using VC for adjudicative competency evaluations or other forensic evaluations can inhibit adoption of these capabilities. This article reviews and summarizes information regarding the use of VC for adjudicative competency evaluations in order to help to overcome these barriers and to guide optimal implementation of VC-based evaluation services. Courts, attorneys, and the professionals who conduct evaluations can benefit from the ability to conduct or attend evaluations via VC. Forensic evaluator professionals should seek the necessary training in order to become competent in conducting evaluations over VC.

## **Public Significance Statement**

This review suggests that videoconferencing may be a feasible way to address the increasing demand for pretrial forensic evaluation services. Additionally, it provides best practice recommendations to ensure optimal assessments while protecting the rights of defendants in the criminal justice system.

*Keywords:* videoconferencing, telehealth, forensic evaluation, assessment, competency

Evaluations of competency to stand trial are the most common source of referrals to forensic mental health professionals in the United States (Gowensmith, Murrie, & Packer, 2014). The number of court-ordered referrals for evaluations has increased significantly over the past several decades (Gowensmith & Robinson, 2017; Stafford & Sellbom, 2012), driven by various factors including transinstitutionalization—the use of the resources of the

criminal justice system as a proxy for the mental health system (Cooper & Grisso, 1997; Melton, Petrila, Poythress, & Slobogin, 2007). The financial costs associated with competency to stand trial evaluations and subsequent treatment and adjudication are also on the rise and require more financial resources than any other activity in the field of forensic psychology (Pirelli, Gottdiener, & Zapf, 2011; Zapf, Skeem, & Golding, 2005). Unfortunately, the increasing demand for competency evaluation services and limited resources has resulted in long waitlists and significant concerns regarding the civil liberties of persons who are waiting for evaluations (Gowensmith & Robinson, 2017).

Competency to stand trial assessments focus on several issues, including mental and physical health, comprehension of legal proceedings, and capacity to communicate with legal counsel (Melton et al., 2007). The evaluation process normally consists of a specialized forensic interview of the defendant along with a clinical interview that may include administration of standardized forensic tests and assessments, review of materials or interview with collateral sources, and consideration of discovery materials related to the alleged offense. The interviews typically take place in a jail, a community-based outpatient facility, or an institutional setting, such as a psychiatric hospital.

While the vast majority of competency evaluations are conducted in person (the defendant and evaluator in the same room), the capability to conduct competency evaluation interviews via videoconferencing (VC) provides numerous benefits. There is the

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WE THANK Stephen L. Golding, PhD, for his review of an earlier version of this article.

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potential to increase the efficiency of competency evaluations, especially when defendants are in underserved areas, when travel time is a significant limitation, or when there is a need to coordinate the schedules of evaluators. Moreover, the capability for attorneys to remote in from their office, if they are willing, has the potential to greatly improve the efficiency of scheduling attorney present evaluations. The use of VC also provides a way to reduce the risks of transporting defendants to evaluations and the costs associated with secure transport (Michigan Supreme Court, 2015). Technological advancements in VC hardware, software, and network infrastructure have also greatly improved the quality and reduced the costs of VC capabilities, thereby making them more feasible than ever before (Luxton, Nelson, & Maheu, 2016).

Given the potential benefits of VC and the growing demand for competency evaluations in the United States, courts, attorneys, and the professionals who conduct evaluations would benefit from VC capability for competency evaluations when its use is appropriate. However, perceived barriers to using VC for adjudicative competency evaluations or other evaluations can inhibit adoption of these capabilities. The use of VC in forensic evaluations, including evaluations of competency, may be problematic for a variety of ethical, legal, and professional reasons. Our goal with this article is thus to review and summarize information regarding the feasibility and appropriate implementation of VC-based evaluation services. While there are other literature reviews and practice recommendations regarding the use of VC in general forensic practice (e.g., Batastini, McDonald, & Morgan, 2013; Khalifa, Saleem, & Stankard, 2008), we update and expand upon the existing literature with a comprehensive focus on VC for adjudicative competency evaluations.

### Legal Considerations and Court Acceptance of VC Evaluations

Courts have used VC in a variety of circumstances for both civil and criminal procedures for more than 20 years (McMillan, 2010; Miller, Clark, Veltkamp, Burton, & Swope, 2008). Uses have included pretrial proceedings (e.g., initial appearance, bail, or arraignment), testimony, grand jury proceedings, and examination or cross-examination of witnesses. Case law has supported the use of VC for involuntary commitment (*United States v. Baker*, 1995), and states have implemented programs to evaluate the feasibility of using VC for such hearings (In re Pilot Program for Videoconferencing in the District Court, 2014; The Supreme Court of South Carolina, 2003).

Although there are currently no federal guidelines on the use of VC during pretrial evaluations, there are indications that courts acknowledge the use of VC during the trial process. The Federal Rules of Criminal Procedure (Title IX, Rule 43) requires that defendants be present—that is, physically in the room—during most pretrial, trial, and sentencing procedures. In a case of misdemeanor charges, the rule allows for VC with the defendant's consent for arraignment, plea, trial, and sentencing and under circumstances described in Rule 5 or Rule 10. The authors of Rule 43 acknowledge that “intangible benefits and impact” may be lost when virtual appearance is substituted for actual appearance in person and that the concerns may be heightened during the determination of guilt and sentencing phases of a trial. But the committee concluded that “in circumstances where the defendant

would otherwise be unable to attend,” VC may be valuable to the court.

Rule 5 describes circumstances of initial appearances and allows VC if the defendant consents. In summarizing the use of VC, the authors noted both advantages and disadvantages. The disadvantages include eroding public confidence in the “integrity and solemnity” of the proceedings and “intangible benefits and impact” of a personal appearance, especially if the VC equipment produces poor-quality transmissions. In addition, the opportunities to consult personally with defense counsel and to meet with supporters to arrange bail may be diminished. However, the advantages of reducing the extreme number of cases faced by courts, decreasing delays due to travel time, and expediting initial appearances justified the use of VC in appropriate circumstances. Rule 10 agreed that the benefits of VC outweighed the costs and should be an option for arraignment proceedings, as long as the defendant consents. None of the rules require courts to adopt VC and instead recommend that standards and procedures for its use should be clearly delineated. In addition, Rule 10 notes that “the technology has progressed to the point that video conferencing can address the concerns raised in the past” regarding visibility and communication between the defendant and counsel.

Case law has affirmed that VC during proceedings is permissible when there has been consent to the use or when defendants have required extraordinary security (see, e.g., *United States v. Williams*, 2011). It has also noted, however, that consent is necessary and must be obtained in some cases (e.g., *Illinois v. Stroud*, 2004; *United States v. Navarro & Edmondson*, 1999). Courts have acknowledged the limitations associated with VC relative to in-person appearance but also note that these limitations do not necessarily cause an individual to be denied due process (*Thornton v. Snyder*, 2005). VC is also acceptable for aspects of trial, such as testimony (*United States v. Yates & Pusztai*, 2006).

Three cases were identified that obliquely or directly addressed issues related to competence to stand trial. In *United States v. Hammer* (2000), VC was used to hear arguments presented by a defendant who agreed to appear before the court by VC. The case considered whether a competent defendant could waive his right to appeal under the Federal Death Penalty statute. The use of VC was not related to evaluating the defendant or determining his competence.

There were no objections to the manner in which VC was used in this case. The pretrial case (*United States v. Copley*, 2007) was a contested hearing regarding competence to stand trial. The defendant had agreed to VC testimony by an expert witness, but on the day of the hearing, problems with VC equipment occurred and the witness testified by telephone instead, to which the defendant objected. The court remanded for further proceedings, including “an expeditious supplemental hearing at which time the expert was to testify by videoconference,” but retained jurisdiction over the case and the appeal. Again, the use of VC was not contested and was not related to evaluating or determining the defendant's competence.

In a third case (*Eldridge v. Thaler*, 2013), VC was used during clinical treatment of an inmate who later challenged his competence to be executed following conviction. Testimony for the defense was provided by a treating psychiatrist (Dr. Nathan) who had provided medications through VC contacts with the imprisoned defendant. The psychiatrist said that his contacts were for

treatment purposes and that he did not conduct a forensic evaluation or any assessment of malingering (he later testified that he did not believe that the defendant was malingering). Observations during in-person inpatient forensic evaluations determined that the defendant's symptoms were the result of malingering and not due to a genuine psychotic disorder. When presented with clinical information about the defendant obtained during a competence evaluation, the psychiatrist agreed that the forensic inpatient observations supported an inference of malingering. In this case, the implications of the use of VC were not related to forensic evaluation, and the value of the opinions derived from VC was not weighed on the basis of statute or case law.

The same case was heard again in 2016 (*Eldridge v. Davis*, 2016) in the Fifth Circuit Court of Appeals. Again, the testimony of the treating psychiatrist (Dr. Nathan) was reviewed and summarized in the district court's findings that his testimony "while credible, was limited in probative value because most of his contact with Eldridge was via videoconference, and because Dr. Nathan had not specifically tested for malingering." The court added that the psychiatrist "admitted that seeing Eldridge via videoconference was not ideal for a forensic assessment," while making clear that he had not seen the defendant in the capacity of a forensic evaluator. The appeals court concluded that the district court did not clearly err when it found the defendant competent to be executed. In this case, the limitations of VC relative to in-person evaluation were acknowledged, but the use of VC was not deemed an invalidation of forensic opinions developed with its use, in part because Dr. Nathan did not provide a forensic opinion.

In summary, there do not appear to be rules or case law directed specifically to VC as a method of evaluation for competence to proceed to adjudication. However, it is apparent that VC is becoming an accepted method of conducting clinical, civil, and criminal matters. Determining whether VC is appropriate to a given circumstance depends on consideration of the benefits and limitations and careful review as to whether VC impairs due process rights of defendants. In addition, while many courts in the United States have established rules and statutes concerning VC (or in some cases telephony) for both civil and criminal proceedings (National Center for State Courts, 2017), we acknowledge that differences in jurisdictional rules may influence the ability and feasibility of VC for competency evaluations. We therefore also recommend review of any local court requirements as an initial step along with review of any state regulations regarding the use of telemedicine, including scope of practice. This should include review of professional licensure jurisdictional requirements given that VC affords the capability to deliver services across state, provincial, and international borders.

### Validity and Reliability of VC-Based Assessments

The assessment of psycholegal aspects of adjudicative competence typically relies on the review of knowledge and courtroom procedures and personnel, the appraisal of rational thought processes, and the consideration of potential feigned, exaggerated, or malingered impairments. While standardized functional assessment instruments can be used to capture aspects of these attributes (e.g., Evaluation of Competence to Stand Trial-Revised and MacArthur Competence Assessment Tool for Criminal Adjudication), they cannot be used as the sole measure of competence. More

commonly, competence is evaluated with a structured interview format. Whether using a standardized measure or a structured interview, competency evaluation professionals must demonstrate that they reviewed relevant topics and probed for deficits associated with observed clinical vulnerabilities.

Adjarlolo and Chan (2015) note that the accuracy and validity of the assessment results required in forensic practice are somewhat different from those required in traditional clinical psychology practice. In the clinical treatment context, inappropriate use of VC may result in a wrong diagnosis and treatment plan or regimen that is correctable. In a forensic context, however, the implications extend to criminal and civil procedural fairness and judicial diligence to ensure public safety. The types of errors that can result from inadequate competence assessment methods, such as sending an incompetent person to trial or requiring a competent person to participate in unnecessary restoration services, are not easily corrected. Incorporating a novel method of interviewing through VC justifies added attention to the careful delivery of these services that support the dignity of the criminal justice system.

Luxton, Pruitt, and Osenbach (2014) described the potential threats to the reliability and validity of clinical assessments conducted over VC (and other telehealth technologies) and noted that these generally include the limitations associated with not being present in the same room as the examinee and limitations to the psychometric data available on specific tests and assessments. Some clinically relevant data (e.g., olfactory impressions of a client, view of the client's entire body with which to gauge psychomotor movements) may go unobserved when using VC (Bret & Blumberg, 2006; Luxton et al., 2014; Wagnild, Leenknecht, & Zauher, 2006). Although minimum screen sizes have not been reported to inhibit VC-based telehealth (Luxton et al., 2014), video monitor size at both ends of the connection should be of adequate size to ensure viewer comfort and visibility of details such as facial expressions and eye gaze.

Several published reviews have summarized the evidence of the comparability of standardized tests and measures administered over VC and in person. In general, this literature indicates that clinical assessments conducted via VC are generally as reliable as those conducted in person for the majority of adult psychiatric patients (Luxton et al., 2014; Sharp, Kobak, & Osman, 2011), including neuropsychological assessments (Brearly et al., 2017). Studies of VC interventions with children and adolescents produce replicable diagnoses and effective treatment, with high satisfaction ratings from caregivers and patients, including patients who resided in juvenile detention centers (Nelson & Sharp, 2016). However, some measures and tests that require hands-on interaction may not be appropriate or practical to administer by VC without onsite assistance. The employment of onsite testing technicians or other trained staff who can assist with administration may make distant administration feasible (Brearly et al., 2017; Luxton et al., 2014).

It is also important to consider whether distant administration of assessment materials presents a risk to the integrity of the instrument. Some assessment instruments, such as the Minnesota Multiphasic Personality Inventory or Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV), or measures used for malingering assessment (e.g., the Structured Interview of Reported Symptoms [SIRS] and Test of Memory Malingering [TOMM]), should be physically safeguarded to ensure the validity of future admin-

istrations. Moreover, a request from the attorney or the court to review the test data upon which the psychologist has based his or her findings can have serious consequences (Nouryan & Weisel, 1999). If the psychologist complies with this request, the psychologist may be in violation of professional ethical guidelines (i.e., those established by the American Psychological Association, 2013).

Only a few published studies have specifically examined the reliability, validity, and satisfaction of administration of competency evaluation-specific tools. For example, Lexcen, Hawk, Herrick, and Blank (2006) examined the interrater reliability of the Brief Psychiatric Rating Scale (BPRS) and the MacArthur Competence Assessment Tool–Criminal Adjudication in three conditions: (1) in-person administration, observation via VC; (2) VC administration, in-person observation; and (3) in-person administration and observation. Participants in the study were a mix of pretrial and posttrial patients in a forensic psychiatric hospital with diagnoses of severe mental illness. Results indicated high levels of interrater reliability between conditions, providing support for the comparability of VC interviews and those performed in person.

Manguno-Mire and colleagues (2007) also compared the results on a standard competency assessment instrument, the Georgia Court Competency Test (GCCT), using VC and in-person interviews with 21 forensic psychiatric inpatients. Half of the patients were randomly assigned to a VC interview, and half were assigned to an in-person interview conducted by one of two board-certified forensic psychiatrists. The results indicated that total scores on the GCCT were similar for both raters, indicating high levels of agreement between VC and in-person interviews. Patient and provider satisfaction were also measured, and results indicated that, although patients did not express a preference for a particular interview modality, providers reported greater satisfaction with the in-person interviews. Findings suggest that one aspect of competency to stand trial can be reliably evaluated using VC and that patients perceive VC as an acceptable alternative to traditional in-person interviews.

Also key for successful interviews and assessments is rapport between the examiner and the interviewee. There is sufficient evidence reported in the literature that shows that levels of rapport established during VC-based interviews and test administration are comparable to those accomplished in traditional in-office settings (Antonacci, Bloch, Saeed, Yildirim, & Talley, 2008; Luxton et al., 2014).

The adequacy of the interview space should also be assessed as problems with it can influence the quality of evaluations (which could be challenged in court). The spaces at both the originating (where the defendant is) and distant sites (where the professional is) should be adequately lit to ensure that the interviewee's face and that of the service provider are sufficiently illuminated. The space should also provide adequate acoustic isolation (e.g., sound barriers/absorbers) to ensure privacy and to limit distracting noise from the outside. A white noise sound generator placed outside of the room may also be helpful to mask voices inside of the space (for privacy). It is important to ensure that both ends are adequately private and free from auditory or visual distractions as much as possible.

While additional comparisons of in-person to VC-based competency to stand trial evaluations would be helpful, there is evidence that forensic evaluation interviews can be reliably conducted

with VC. There is not any indication that competency to stand trial interviews would be hampered by the evaluator not being in the same room, screen size, or other technical characteristics associated with VC. Just as with VC assessments conducted in clinical settings, professionals need to be skilled with the procedures of conducting interviews remotely over VC while approximating the conditions of in-person evaluations as much as possible.

### Evaluator Professional Competence

Forensic evaluators need to be mental health professionals who are appropriately trained to perform psycholegal assessments (American Psychological Association, 2013). They are tasked with assessing the degree of congruence or incongruence between the applicable jurisdictional competency standard and the impact of a defendant's psychopathology on his or her current psycholegal abilities (Golding, 2016; Grisso, 2010; Heilbrun, Grisso, & Goldstein, 2009). Evaluators must be cognizant of case law from federal and state courts, as well as local statutes relevant to competence standards.

Competency evaluations that are inadequately conducted have the potential of violating a defendant's due process rights by allowing an incompetent defendant to stand trial or of violating a defendant's civil rights by temporarily committing her or him to a forensic psychiatric facility for the purposes of competency restoration when he or she is actually competent (Pirelli et al., 2011). Professionals must therefore be able to demonstrate that they have the appropriate training and competence regarding the use of VC to provide evaluation services, including when applying VC assessment procedures and administering tests remotely. Specific areas of competence include proficiency with evidence-based assessments conducted with VC, technology competencies (familiarity with the equipment used (procedures, and security requirements), legal and ethics competencies, and cultural competence (Luxton et al., 2016). Professionals should also be aware of assessment measure limitations and to appropriately select them and disclose and document them in their practice. It is also essential that forensic evaluators have training on how to use the equipment and best practices for providing services via VC equipment. This training should include opportunities to practice with mock sessions to work through procedures and become used to the experience of conducting interviews via videoconferencing. Documentation of adequate training may be important to demonstrate if an evaluator's skills are challenged in court.

Review of national best practice guidelines that are specific to telehealth, such as those published by the American Telemedicine Association (ATA) and the American Psychological Association, are recommended. The ATA website, for example, provides access to numerous resources, including standards, guidelines, a learning center, telemedicine buyer's guide, liability insurance, videos, and the latest telehealth news. Review of the Association of State and Provincial Psychology Boards Telehealth Standards (Evaluator Professional Competence sections) is also recommended.

### Defendant Characteristics and Appropriateness for VC Interviews

Professionals who conduct competency evaluations should review any information available to determine if a VC assessment is

appropriate given the defendant's particular status and needs. For example, significant visual or hearing impairments may not allow a person to participate in VC evaluation procedures. The use of VC with a person with acute clinical symptoms could, in some scenarios, also present complications. Studies have shown that among defendants who undergo evaluations of adjudicative competence, 25%–45% are diagnosed with schizophrenia or other psychotic illnesses (Cooper & Zapf, 2003; Pirelli et al., 2011). Sharp and colleagues (2011) reported that VC equipment does not aggravate psychotic symptoms typically associated with TV or radio and provided support for the reliability and effectiveness of remote clinical assessment of patients with schizophrenia in clinical settings (Sharp et al., 2011). However, there are little data regarding the use of VC with persons with severe psychotic symptoms in forensic settings. Also, some clients may start off as seemingly good candidates for a VC interview but become agitated or potentially decompensate during the interview. It is therefore important to have a plan for how to address such a scenario in real time. The capability to contact jail staff on another line is recommended or, if provided service to another setting, information for local law enforcement.

Initial assessments (i.e., prerestoration treatment) conducted in jails with defendants who are acutely psychotic, acutely agitated, or aggressive may not be optimally suited for a VC evaluation given the difficulty in orientation to VC procedures and setting. Moreover, some defendants may also not be a good fit because use of VC may increase security risk for staff (e.g., during transport of the defendant to a VC room). It is therefore important to establish protocols for selecting appropriate candidates for VC-based evaluations and to include consultation with courts as well as jail behavioral/medical staff. The professional's screening procedures for appropriateness should also include review of medical records and previous competency evaluation reports when available. For reasons of establishing and maintaining rapport and cooperation, it may also be appropriate to inform the defendant that the evaluation may be conducted through VC prior to the scheduled interview time.

### Limits of Confidentiality

Jurisdictional requirements for informed consent or notification procedures should match those used for in-person evaluations. Evaluations performed by clinicians retained by defense counsel should obtain consent even if counsel has already conveyed the defendant's agreement. Court-ordered evaluations should include notification regarding the purpose of the evaluation, the limits of confidentiality, the direct recipients of the report, the right to refuse answers and remain silent, the lack of a treatment relationship, and the right to have an attorney present during the interview (as appropriate to local statute). All defendants should be advised of the duty to report immediate risks to self or others. In addition, procedures regarding the use of VC and how other onsite staff may be involved during the process should be discussed upon initiating the session. For example, if defendants are required to be escorted by staff at all times, any concerns about privacy and confidentiality should be discussed with the defendant (Myers, Valentine, Morganthaler, & Melzer, 2006).

Youth involved in the justice system represent a particularly vulnerable population that may need additional considerations for

VC evaluations. Those who are particularly young (e.g., 13 years or younger) or those with moderate to severe symptoms of developmental disabilities may wish for an adult other than defense counsel to be present during interviews. However, some youth may feel constrained about discussing clinical issues in the presence of others (Myers, Sulzbacher, & Melzer, 2004).

### Safety and Duty-to-Warn Requirements

In general, the research literature suggests that VC-based clinical services (treatments and assessments) can be safely and effectively provided via VC when appropriate safety and clinical best practices are in place (Luxton, Sirotnin, & Mishkind, 2010). Individual professionals and organizations engaged in telehealth services, including in forensic settings, should establish safety procedures and emergency plans, such as contacting appropriate resources for defendants who express active suicidality but are located remotely to the interviewer (Luxton et al., 2016). Professionals who are providing services via VC also have responsibilities as mandated reporters and must be aware of their jurisdiction's requirements regarding vulnerable populations (e.g., children, elders) as well as duty to report and duty to warn/protect (both statutory and applicable case law requirements; Luxton et al., 2016; Shore, Bloom, Manson, & Whitener, 2008).

The security of the telehealth space and equipment should also be a consideration. In some inpatient and correctional settings, the equipment could be vandalized or potentially used as a weapon or self-harm device (e.g., a power cord used as strangulation or hanging ligature). Hardening of the telehealth equipment, such as placing the monitor, camera, and cords within an acrylic glass case, may be a solution. In addition, any equipment touched by defendants or staff during the interview must withstand any cleaning methods necessary to maintain hygienic standards or prevent contagion. The forensic evaluator professional must also consider procedures regarding the transport of defendants to and from evaluation sessions and coordination with jail staff. A predetermined session schedule and telephone contact with a coordinator or other designated jail staff are recommended.

### What VC-Based Competency Evaluation Reports Should Include

The reports from forensic competency evaluation conducted via VC should include all of the same information that is recommended for competency evaluation reports (Zapf & Roesch, 2008). In addition, Adjorlolo and Chan (2015) suggest that a section of the report should detail (a) why this sort of assessment medium was chosen; (b) the features of the technology (i.e., transmission type) and their possible impact on the assessment; (c) measures employed to protect data and information generated, stored, and transmitted; and (d) how privacy and confidentiality were ensured. This section of the report should explicitly state whether, in the opinion of the evaluator, the use of the VC medium negatively influenced the result obtained. Adjorlolo and Chan also note that efforts should be made to execute this practice with the highest possible professional standards as this is the surest way to withstand cross-examination in adversarial court.

## Discussion

Previous generations of evaluators and researchers relied on inpatient evaluations to obtain an opinion regarding trial competence. As outpatient mental health services became more available, clinicians worried that outpatient forensic evaluations would not be adequate until it was demonstrated that the data obtained from inpatient evaluations did not contribute more than could be obtained through outpatient evaluations (Roesch, 1979). The development of a structured interview (originally, a scored measure that was quickly found to have standardization problems) contributed to the early definition of psycholegal abilities germane to competence, but it was not universally adopted by evaluators who preferred their own, familiar methods (Schreiber, 1978). Conducting forensic interviews with VC has been similarly lagging in acceptance, perhaps because of resistance from evaluators (Manguno-Mire et al., 2007), but perhaps from an abundance of caution. In all of these evolutions to delivering services, the courts, forensic evaluation professionals, and consumers have sought protection for the rights of individuals in the justice system, along with fidelity with the ethical practice of forensic psychology.

Many courts are already familiar with the uses of VC technology in the courtroom, but VC-based competency evaluations are not widely used at present. Forensic evaluation providers should consult with local courts and attorneys to assess buy-in of proposed VC-based competency evaluation services. When it is implemented, communication regarding VC implementation, rules, regulation, and policy, as well as training opportunities, may help to introduce others to the medium and practice. At the same time, clear explanations can help to allay the concerns of those who expect weaknesses in the coherence of the methods used to obtain information that supports the competency opinion.

Because forensic opinions can significantly impact the lives of vulnerable populations in the justice system, extra care must be given to determining whether a defendant's interests will be protected. It is therefore necessary for organizations and professionals to establish protocols for when it is appropriate to conduct evaluations and administer standardized testing materials over VC. Cases that require partial in-person services might still be conducted primarily through VC interview. For example, an individual who needs a particular cognitive assessment measure that cannot reliably be administered by VC could participate in a VC clinical and forensic interview and later be tested by a local technician or mental health provider. Hybrid systems that augment VC interviews with limited in-person contacts for exceptional measures may improve services for defendants who need more than VC but do not need an evaluation performed solely with in-person methods. There will necessarily be individuals who cannot be served by a straightforward VC assessment or a hybrid assessment method and will thus need to be referred for inpatient evaluation. Furthermore, it may be best to conduct evaluations in person in cases that involve most serious felony charges, such as capital cases, where the method of the evaluation may be under heightened scrutiny. There is not a hard rule as to what is and is not appropriate, and thus unless defined by court rules or statute,

appropriateness is for the professional to make by carefully weighing the pros and cons.

Government and private organizations that intend to provide VC-based competency evaluation services should consider support for training in general telehealth procedures and those specific to forensic settings. As we noted earlier, it is imperative that professionals who conduct evaluations also demonstrate that they have the training and are proficient in conducting competency assessments over VC while also protecting the rights of defendants. By explaining to the courts the limitations of the method and how the limits were eliminated or mediated, forensic experts can ensure to the courts that the data obtained during the VC evaluation support the evaluator's opinions.

The emerging empirical support for the reliability of forensic evaluations conducted with VC technology can help to reduce the multiple pressures of overburdened legal and mental health systems. To the extent that the technology increases the availability of qualified forensic evaluation experts, the justice system's goals of due process can be promoted and the common errors of confusing clinical diagnosis with psycholegal capacities can be minimized. Experts familiar with the requirements of forensic assessments can use the increased access to remote locations to triage cases that are more suitable for other types of contact, such as local administration of standardized clinical measure (e.g., intelligence testing) or inpatient observation (for complex cases or suspected malingering).

Future studies of VC uses for competence evaluations should carefully consider the methodological problems in past research and anticipate the application of new technologies that are available but not yet adopted in social service agencies. In particular, sample sizes, concurrent administration of tests and measures, and multiple expert opinions should be incorporated to support their use with VC. Finally, identifying which clinical syndromes are most likely to benefit from VC and which need other methods should be given substantial attention. Beyond the assessment of reliability, validity, and efficacy, researchers should begin to identify when, for whom, and under what circumstances VC is a suitable method for providing services to underserved populations (Comer & Myers, 2016).

In conclusion, the use of VC can be a viable way to meet the demand for timely adjudicative competence evaluations. The appropriateness of using VC instead of in-person assessments requires consideration of legal, ethical, and practice standards, as well as weighing of the pros and cons. VC-based evaluations make the most sense when they improve the efficiency of services while maintaining the same standards of quality of traditional evaluations. As with in-person evaluations, VC competency evaluations should always be completed within the confines of professional practice and applicable law and policy.

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Received September 1, 2017

Revision received October 25, 2017

Accepted November 27, 2017 ■