

Dear Public Health Committee,

It has come to my attention that “An Act Requiring Behavioral Health Assessments for Children” (B 374) is currently being proposed.

I am a doctoral level CT licensed Psychologist and I wanted to submit my thoughts to the Public Health Committee so that you could reflect on the perspective of one who regularly administers these sort of assessments.

I have five main concerns regarding this proposed bill.

First, what is the goal of the bill? It appears to me that this bill is being proposed in reaction to the heinous Sandy Hook School shooting on December 14, 2012. There is a sentiment in the community that suggests that “someone” should have seen or been aware of the mental health of the shooter. There is a sentiment in the community that somehow the mental health system or the school failed to provide the shooter with the appropriate interventions that would have stopped him from committing this tragedy. I have two responses to those concerns. First, the state police have not yet released their report, therefore, at this time, no one knows the mental health issues of the shooter. Attempts to blame the shooter’s actions on his poor mental health are premature. My second response assumes that the shooter’s actions were a result of poor mental health. If the school offered or if the mental health system offered a “Behavioral Health Assessment” to teenagers, some students would be identified as ‘at risk’. Then the student would be recommended to enter some type of psychotherapy to address the ‘at risk’ behaviors. The mental health system and the school operate on the assumption that individuals want to do “well”, that individuals want to “succeed” and that individuals want to “get better”. I have been in private practice for 13 years treating individuals who are voluntarily in treatment (those who want to “get better”) and treating individuals who are mandated for treatment (those who would rather not be in psychotherapy but are there due to demands of the court or another authority). Individuals who are mandated for treatment do not respond well to psychotherapy.

The therapist can offer the best psychological treatment available to a client, but if the client is not interested in internalizing the insights or the client is not interested in decreasing anger (for example), no amount of therapy will have any effect. No one wants another Sandy Hook School shooting. Trust me, my practice is in Brookfield – 11 miles from Sandy Hook School. The stories I have heard about the shooting are beyond horrid – they are truly, to quote Governor Malloy, “evil”.

In my work with sex-offenders, drug addicts, and psychopaths, I have learned that there are many people in the general population that do not want help for their problems. Let us consider the student who is having homicidal ideation. If a school-aged-teenager were interested in murdering fellow students in a massacre, how would that school-aged-teenager respond to the psychological tests? Would he or she be honest? Would he or she be forthcoming with the proper responses necessary for the psychologist to identify the teen as a risk? Or, would the potential shooter be cunning and look on the internet for the appropriate responses to ‘beat’ the “Behavioral Health Assessment”? You can be sure that websites will be dedicated to helping kids “pass” the “behavioral health assessments”. That is, websites will become available that offer ways to respond to the “Behavioral Health Assessments” that look “normal”. There are plenty of websites currently available to help sex-offenders, drug addicts, and psychopaths to look “normal”.

No one wants another Sandy Hook Shooting. The bills that are being proposed to evaluate the mental health of all children will not stop a potential killer. The kids who kill are much smarter than we want to think.

Second, who is behind this bill? I have read some publications for psychologists regarding this issue and the unanimous tone is that psychological testing is the "be-all-end-all" to solving this problem. The articles, written by psychologists, have suggested that if all of the students were tested, the field of psychology could identify students at risk for violent crimes, including killings. It would be very wise for me, professionally, to join this band-wagon. The compensation that psychologists receive for conducting "Behavioral Health Assessments" is high. Since I already conduct these types of evaluations, it would be very lucrative for me if every student was required to be tested three times during her/his time in school.

It appears to me that psychologists, for their own financial interests, are behind this bill. If psychologists have not been involved with the development of this legislation, the field of psychology will most definitely support this sort of bill. To not support a bill like 374 would be bad business.

Third, "Behavioral Health Assessments" are extremely expensive. The proposed bill does indicate who would pay for such testing. I think that it would be extremely costly for the state to pay. I think that it would be onerous to ask the parents to pay. I think that it would be unjust to ask psychologists to provide this service for free, or for a greatly reduced rate.

Fourth, "Behavioral Health Assessment" is a very generic term that is not clearly defined. While the general population tends to think that a 'psychological assessment' or a 'Behavioral Health Assessment' is a well-defined and standardized evaluation, this is not true. There is no 'psychological battery' that is standard. Each psychologist decides which tests s/he will administer to meet the needs of the referral question. Even terms like "intelligence testing" can be completed in various ways with many different tests available for these evaluations.

Fifth, the purpose of the proposed "Behavioral Health Assessments" is not stated. Psychological evaluations are completed to answer a question. The question associated with the "Behavioral Health Assessment" is unclear. Is this a mental health "check up"? There is no standard for this approach to psychological testing. Would this "check up" be looking for symptoms of depression, bipolar disorder, excessive anger (not currently associated with a diagnostic label), potential for violence, schizophrenia, borderline personality disorder, self-injury, substance abuse, alcohol abuse, etc. With each new category being evaluated, the complexity of the assessment increases.

Children have regular 'check-ups' and 'physicals' at their physician's office. Children are observed in the school room, at the nurses office, in sports, and in the cafeteria. Any 'strange' or 'disordered' behaviors are noted and reported to the appropriate authorities. Perhaps this would

be a better allocation of resources: to improve communication within an already existing system of checks-and-balances.

I am happy to be available for additional discussion or commentary on this issue.

Sincerely yours,

Timothy G. Lock, Ph.D.

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Timothy G. Lock, Ph.D.  
Connecticut and New York Licensed Clinical Psychologist  
Landmark Office Center  
2 Old New Milford Road, Suite 2A  
Brookfield, CT 06804 USA  
Office/FAX: (203) 775-3820  
[timothylock@sbcglobal.net](mailto:timothylock@sbcglobal.net)