

Forensic Briefs

Michelle Guyton and Alexander Millkey – Forensic Telepsychology

In this special host-led episode, Drs. Michelle Guyton and Alex Millkey discuss the rise of remote forensic psychological evaluations. They review the history of telehealth, summarize research on remote competency and psychiatric assessments, and present findings from their own Oregon-based study comparing in-person and remote fitness to proceed evaluations. The conversation explores benefits, limitations, unanswered questions, and practical considerations for clinicians navigating technology in forensic practice.

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- Dr. Guyton** Welcome to Forensic Briefs, everybody. Alex, will you tell us who our guest is today?
- Dr. Millkey** Yes, our guest today. Guests. Plural. Very, very special. We're going to zig where you think we're going to zag? Our guest today are us. We are our own guests today.
- Dr. Guyton** Don't worry. We haven't run out of people to interview. We thought we would do a fun episode where it's just us talking about something that we really enjoy and have done some recent research on.
- Dr. Millkey** So, Doctor Guyton, what will Doctor Guyton and Doctor Mielke be talking about today?
- Dr. Guyton** We are going to be talking about forensic psychological evaluations that are done remotely. So when we are using remote technology, what do we know about those? What do we know about the research? What are some recommendations that have been put forth and very exciting. We will be talking about the research that we've recently conducted and presented at the American Psychology and Law Society conference back in March 2026, and we're going to be talking about

the initial results from that, where we did a comparison between in-person and remote forensic evaluations.

Dr. Millkey Yes. That was that was exciting. And maybe a word about how we got into this. I think a lot of forensic practitioners ended up getting marched into this at the end of the Covid bayonet. But we in our private practice, Michel and his private practice started trying to do this a little earlier. What was it like 2017? I think.

Dr. Guyton Yeah, somewhere in there. But we had challenges getting it going.

Dr. Millkey Right. Well, so, you know, we'll talk some about the history of using video conferencing technology and psychology and psychiatry later. But one of the common themes is that places where this has previously really taken hold are in areas or countries or states or provinces that have a population center and otherwise are quite remote. And we practice in Oregon, which is one of those places, Oregon, the Australia of the United States, where all the forensic evaluators practically are in a small area in a western valley of the state.

Dr. Millkey But there's just vast, vast swaths where that are actually classified as not just rural, but frontier with a population density of less than one person per square mile. And we've always tried to serve those communities, but there's a lot of problems with that. You know, you have to drive, you know, 6 or 7 hours in some cases. One way, one way.

Dr. Millkey And people are just waiting in jail forever for an evaluation who, you know may not be fit to proceed, and they're just stuck in the jail with, you know, the jails are trying their best, but they're not psychiatric hospitals. So we started banging on the drama of doing video conferencing evaluations a few years before Covid, not knowing Covid was coming.

Dr. Millkey And would you describe the uptake of that as enthusiastic, Michel.

Dr. Guyton As I recall? No, it was not enthusiastic that even though many of these jails had some capacity to do remote services for their court proceedings, that there was not excitement or even willingness really to engage with us and consider the telehealth platforms and how to be able to do that and efficiently.

Dr. Millkey See, that's such a professional way of saying it. I would say that we had multiple nosebleeds from having doors slammed in our faces as we tried to do this, but it did actually position us really well when the unimaginable happened in 2020 and the world sort of shut down from this Covid pandemic, and we had been in the like, good for, you know, had the good luck of having sort of prepared for this, not knowing that this was what we were preparing for.

Dr. Guyton Although we had quite, quite a steep learning curve like everybody else in early 2020 when it when things became real.

Dr. Millkey That's right. Although I'd like to point out that the history of the use of video conferencing technology for mainly therapeutic delivery of psychology and psychiatry didn't start in 2020. But I mean, unbelievably, actually started in 1959. And yeah, I know this was I don't even know how they did it. You know, if they just wired hard wired a TV or something.

Dr. Millkey But this was in Nebraska, which is another like Australia like place that is like lots and lots of open spaces without practitioners. And then Lincoln there with their resources. So in 1959, when the first use that I've been able to find of video conferencing technology.

Dr. Guyton And what did they. What did they find in that 1959 study?

Dr. Millkey Well, it wasn't really a study, actually. It was just they started doing it, as I recall. If you if you were follow study, that's great. But I think they just started started doing it. And then a few years later in 1967, in Massachusetts, which I would not say is like in Australia kind of place, but lots of traffic in Boston, they set up a clinic at Logan Airport that was connected to Mass General Hospital, Massachusetts General Hospital.

Dr. Millkey And so, you know, slowly we're picking up steam. Then in the 1990s in Australia, which is the Australia of Australia, they really were the tip of the spear for delivering mental health services using video conferencing technology. And the US started to get into the act in 2003. And that was led by the VA system. Yeah, about 45% of people who receive services through the VA are not anywhere close to a VA center.

Dr. Millkey And so this was a way for them to do this. And they had lots of internal studies, lots of internal quality controls. We didn't really start seeing a lot come out in the literature until later. And we'll talk about the literature later. But they, you know, they had some real success and a lot of satisfaction amongst participants. About ten years after the VA started doing telehealth, the APA, APA, the American Psychological Association published their first.

Dr. Millkey In this case, it was guidelines for Tele Psychology, which corresponded with the rise and app based therapeutic interventions from 2010 to 2019. I'll say where you saw things like, you know, I won't mention any particular vendors of this, but if you listen to podcasts, you will. Other than ours, why would you listen to any other podcast than ours?

Dr. Millkey But if you had the poor fortune of doing that, you'll hear that they're always advertising there. And then, of course, in 2020 we had Covid and that's where things really, really changed, right?

Dr. Guyton So there really has been this evolution over time, this testing of the waters over the course of decades and really finding that when you have a strong need to meet people where they are and where they are, is often far from where you are, that people have been willing to use the technology. And it's really one of the sort of great things about the VA and their system in terms of the research that they've put out and their implementation and protocols of not just telehealth, but really finding ways to bring services to people in the communities where they are.

Dr. Guyton But part of that has been telehealth, whether that was through the phone or video based interfacing and showing studies that show that those were well received services, right, that it was not something that was perceived as not good or not effective, or that it was rejected by people that people often appreciate. I'm not having to travel several hours and to go see a provider when it can be done remotely.

Dr. Millkey Well, and not just not just well received by the client slash patients slash participants, but also therapeutically effective. And I don't need to go through chapter and verse for all of the research. And then but there's been really copious amounts of research that's been conducted in general psychology and psychiatry, the delivery of interventions that have found that, generally speaking, interventions delivered by video are as effective generally as interventions delivered in person.

Dr. Millkey And when I talk to people who are a little suspicious of that, what I tell them is, you know, when you're interacting with the clinician, it's a very specific kind of interaction. It's not maybe doing things by video conferencing. Technology isn't great for maintaining your relationship with grandma, but in terms of getting interventions, advice, direction, the research is that it is effective that it is not a second rate intervention.

Dr. Guyton Yeah. And just to talk about the volume of that research, there are many, many studies, many meta analyzes looking at different types of therapies, evidence based therapies for many different forms of psychopathology or other clinical needs. And routinely those come up to suggest there is strong equivalence in how these are perceived and the effectiveness in terms of symptom reduction or whatever these other outcome variables are.

Dr. Guyton And so I think that research literature has really well established in the course of decades, and that that research literature also extends into correctional populations. And so jails and prisons are high, utilizing of remote based medical and psychiatric interventions. And the research on that shows that those are both well accepted and often associated with positive outcomes. In fact, there was a study that looked at sort of

how it affected, I think the study was in Greece, but it looked at basically that having remote evaluations allowed people to have less time spent waiting.

Dr. Guyton All right. So the time between when the need was identified and when they saw the provider was reduced, it also resulted in less time spent in handcuffs and or other types of restraints. And that overall, that the adults in custody who are receiving the services were happy with the nature and services that they were getting.

Dr. Millkey I'm going to be really interested to see how this progresses, because I know that in a lot of jails, at least locally, but I think nationally too, there's more of a movement towards AIC. So adults in custody having their own tablet computers and their cells with them, which is, you know, there's a lot of good reasons for that.

Dr. Millkey But I do wonder to what extent it might bring down another barrier when it comes to treatment.

Dr. Guyton Yeah, absolutely.

Dr. Millkey Now we're talking a lot about the therapeutic literature, the amount of research that has been done in the forensic evaluation specific area is not quite so robust.

Dr. Guyton Yeah, I would I would not call it robust really at all. There have been a number of studies that have cluster right around the time of the pandemic that we're looking at how forensic psychologist or and other clinicians perceived these evaluations in terms of their preferences or their experiences with them, but in terms of the outcome of those we did not have, and we still do not have really a lot of research.

Dr. Guyton So that allows us maybe to kind of go through them one by one and talk about what they found. So shall we do that?

Dr. Millkey Yeah, let's let's do that.

Dr. Guyton Okay. There's two kind of older studies. One was from 2006 and this was published by Lexa and Hawk, Herrick and Blank. That's Fran Lacson from up in Washington. And what they did in that study was they had 72 psychiatric inpatients who were in the hospital after being found not guilty by reason of insanity. And what they did was they tested the ability of evaluators and their reliability in producing scores on a couple of measures that were related to both psychiatric status as well as competency.

Dr. Guyton And the question was really, if there is one evaluator who is remote and one who is local and in the room with a patient, are they able to produce relatively consistent ratings on these measures? And so they had three conditions. They had one where the local evaluator was in the room with the patient and was administering the questionnaires, and then they had somebody who was remote and they both made ratings of the press, the psychiatric rating scale.

Dr. Guyton And then they also did the macaca, the MacArthur competency assessment tool for criminal adjudication. And they did the whole test there as well. And so in one condition, you had the local evaluator who was administering the questionnaires, and then they were both doing ratings and a second questionnaire or second condition. Excuse me. They had the remote evaluator conducting the interview where the local person was rating along as they go.

Dr. Guyton And then they had a third condition where both people were local, so they had two people in the room with the person and one person was administering the questionnaires, and that they were both making their ratings. And what they found was, is that there really was not a significant difference between these conditions, that the inner class correlations between the two raters on all of the ministered scales were relatively good interlocks, correlations.

Dr. Guyton So that was some kind of very initial evidence to suggest that somebody who is doing a forensic evaluation, or at least a subset of a forensic evaluation, can do so relatively similarly as somebody who is in person. And so that that was exciting. First study and then a second study by Dina Meyer and her colleagues published the following year.

Dr. Guyton They had 21 psychiatric in patients. And these folks were randomly assigned to either an in-person or remote interview. And they administered the Georgia court competency test, the GCS. And then they had people make the ratings for those. And what they found again, was that there was very little difference between the telemedicine and the live interview, so that the scores on the Georgia core competency test generally about the same.

Dr. Guyton There was like a small difference, but overall typical. So I think those are interesting in that those kind of set us up. And really for a long time, Alex only studies that we really had in this area.

Dr. Millkey Yeah, that was that was the whole of the published literature for a long time. Yeah, that was it.

Dr. Guyton Yeah. And so that was interesting. And then by the time more people are doing this kind of in a clinical way, not a forensic way, but they're doing it clinically and it's and it's going just fine. Oh, one other thing I should I should mention is that patients and providers both were fine in the mire at all studying.

Dr. Guyton They enjoyed both modalities. They did not have a preference. And so it suggested that again, there's a sense of reliability between either a remote or telemedicine standard and then being in the room with a patient at the same time.

Dr. Millkey Yeah. You know, not to interrupt. Maybe I'm sort of blowing your lead here, but when a lot of the research that happened after 2020, not all of it, because you're going to talk about a really great study in a moment, was US clinicians asking each other what we thought about this. And what we found is that generally, recipients of evaluations felt great about it, and that settings like jails and prisons felt great about it.

Dr. Millkey The people who felt less great about it were us, the clinicians, the Gators. Despite all the spite, these findings that there's equivalency and all that, I think it was just something maybe new for us. And, you know, we're not always the most flexible people.

Dr. Guyton Well, ally, change is hard for all of us. And there was actually an interesting study by Paula Bernard and colleague. She was on a forensic fellowship at the time of the pandemic. So during that year, and she was setting out to study forensic remote evaluations. And then the pandemic happened. So she had a pretty naturalistic study where she was able to gather data both before and then during the pandemic.

Dr. Guyton And that was one of the things that she found was that people expressed a lot of skepticism and hesitancy, but that tended to go away with the more experience you had with telehealth, right, so that people who had not experienced it were more concerned, whereas those who had been doing it or had started doing it expressed less concern about it by ability in order to be able to collect the data that's needed.

Dr. Millkey That completely squares with my experience of talking of my lived experience and my experience talking to colleagues, as we were all rapidly pivoting into doing video based evaluations because we had to and there was so much consternation about it. And now, generally speaking, people are like, well, it's fine, we just do it and there's something's going to go wrong.

Dr. Millkey But something would go wrong if we were in person to.

Dr. Guyton Well, that is the nature of forensic evaluation for sure. Well, let's keep going. Let's keep going because there's there's three studies that are published. So we should give each of them there. They're time.

Dr. Millkey So we're two thirds of the way through the entirety of the literature so far.

Dr. Guyton We are. Hope you're still with us. But in 2022 a study came out that, again, they benefit from the pandemic. And this was in the context of VA compensation and pension evaluations for disability related to the assessment of PTSD. So some of you may do these types of

evaluations or be familiar with them. And they had been previously previous to the pandemic been conducted in person.

Dr. Guyton

But then obviously in the pandemic, they were not. And so they had kind of this naturalistic study where they had 51 in-person evaluations that were collected from 2019, and then 54 telehealth evaluations that were conducted after that. And then they did a bunch of ratings in terms of what was done, the quality of the reports that were issued.

Dr. Guyton

Was there any difference between the number of reports that identified a disability? And what they found was that overall, there was no statistically significant difference between the in-person and the telehealth exams, really on anything on report content variables, report quality metrics or that overall VA disability ratings outcome. So again, these are different types of evaluations than, you know, many people might be doing in a more forensic context, but it's a well done study that really looked at a number of important variables and found that setting didn't matter, that a quality evaluation could be conducted in person, and the same quality metrics showed up in the context of the report that was done based on a

Dr. Guyton

remote evaluation.

Dr. Millkey

Well, this I mean, the so there is consensus among the entirety of the three studies in the published earlier that you can do these. You and I presented in 2026 at apples. We haven't published, but hopefully that's coming some work that we did. You want to summarize that?

Dr. Guyton

Well, I want to say one thing about the research that has been out there before. We dive into that. Okay. So if you look at these studies, they are useful, but they are very controlled, especially the first two. The lesson in the mire at all studies, these were very controlled and they were conducted in a way that is not typical for how most forensic clinicians practice, meaning that the ratings were done based on the same amount of information that was collected.

Dr. Guyton

Right. So you had two people who were present at the same time. One person is administering the interview, and then they're both making

ratings. And so while that's useful, that's doesn't generalize well to how a forensic evaluators practice currently. And there may be some differences in terms of how data is gathered. If you're doing a remote evaluation or doing an in-person evaluation.

Dr. Guyton

And so that that high level of control made for good study fidelity, you know, that does not represent the general practice of how evaluations are conducted by a single evaluator. And typically that we are in less structured, more heterogeneous manners across evaluators. Right? So they were giving all the same measures. But a lot of times we don't even give measures in in certain types of evaluations, you know, thinking, you know, to our criminal types of contacts, we may not be administering really any measures in a competency or even an insanity evaluation in general.

Dr. Guyton

There may be some more inherent heterogeneity, because questions are going to be different between how evaluator A and evaluator B are going to conduct their evaluations.

Dr. Millkey

Yeah, that's a natural natural course for research. Take you know, you start by doing something highly structured that may not really reflect field conditions, but it's just sort of almost like a proof of concept that this is something that can be done under certain circumstances. And then there's the saying that battle plans survive until first contact with the enemy.

Dr. Millkey

I think nowhere is that more true than forensic practice. And so then you move forward and you get into sort of the, the messy business of of what actual valuations are like.

Dr. Guyton

Absolutely. Right. So that sort of field generalizability of how do things actually work in practice for the more typical evaluator is still a question that I think, you know, the VA study addressed somewhat because those were conducted sort of in the regular course of practice. But, you know, again, one study on not necessarily specific forensic topics, it needs needs some company.

Dr. Guyton

Alex, we need to we need to make some some research friends for this study. And and I'm hopeful that we are going to see over the next couple of years because clearly practices state agencies, federal agencies are routinely employing remote technology in order to conduct evaluations. And we were not even talking about testimony yet. Right. But there's very scant research about how people are received when they when they are testifying remotely.

Dr. Guyton

So we just need a lot more research out there to really understand the impact of what we're doing. And when, you know, wholesale people have adopted forensic mental health evaluations conducted remotely because, frankly, it's a huge cost savings. Right? And it's very convenient to be able to have people work from home, you know, not necessarily have to travel to these places where where the patients or examinees are.

Dr. Guyton

It's a huge convenience, but I don't think we can prioritize that convenience and cost savings without really understanding if there is any sort of difference in the quality or how these evaluations are happening.

Dr. Guyton

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