

Outpatient, Not Out of Options: Challenges in Juvenile Competency Restoration

Daniel Taxy, PsyD
Vanessa Reis, MA

Level

Intermediate

Room

Track

Juvenile/Legal

CE

CPA/BBS/CJER/MCLE

Bio

Daniel Taxy, PsyD is the Director of Clinical Training at Psychological Assessment Inc (PAI), as well as the manager of their outpatient Crossroads Competency Restoration program. He is a graduate of the Alliant International University (San Francisco Campus) PsyD Program.

Daniel has conducted intellectual, eligibility, competence, and personality assessments with a wide variety of clients, and he has testified as an expert witness on matters related to competency to stand trial training and restoration. He has also worked with a variety of clients who are mandated to treatment by the courts, including as a result of mental health diversion programs or who are mandated to treatment as a result of Sex Offender registration, and is a California Sex Offender Management Board certified independent practitioner.

Vanessa Reis, MA is a Clinical Psychology Intern at Psychological Assessment, Inc., currently completing their doctoral training through the Alliant International University, Sacramento PsyD program in Clinical Psychology. Her clinical interests include trauma-informed care, mood and anxiety disorders, and culturally responsive psychotherapy. Throughout her training, she has provided evidence-based interventions across diverse settings, including high school counseling centers and juvenile detention centers.

Vanessa is passionate about integrating research and clinical practice. Her doctoral research examines the relationship between early attachment experiences between fathers and daughters across two generations. She is particularly interested in how systemic and cultural factors influence mental health outcomes and therapeutic engagement.

In her current internship placement at Psychological Assessment, Inc., Vanessa is receiving advanced training in psychological assessment, interdisciplinary collaboration, and trauma-focused therapy for sex offenders and justice-involved youth. She is committed to promoting mental health equity and delivering compassionate, person-centered care.

Outside of clinical work, Vanessa enjoys mentoring students, engaging in community outreach, and contributing to initiatives that advance diversity, equity, and inclusion within the field of psychology.

Narrative

This presentation is meant to outline some of the challenges often found in juvenile outpatient competency restoration. While statutes and case law regarding adult competency restoration and inpatient services for adults are well established, many courts and practitioners are still navigating effective treatment and training interventions for outpatient restoration, particularly with adolescents, and even more specifically when addressing mental health concerns in treatment. These concerns can range from the relatively common (ADHD, Depression) to some diagnoses that are rarer in the general population but significantly more frequent among minors who are justice involved (Conduct Disorder, Oppositional Defiant Disorder). As a result, training in effective intervention procedures for juveniles mandated to competency restoration with mental health diagnoses is required to help mental health practitioners deliver the best services and keep courts informed of prognosis and make more informed judgements of how likely a minor is to be restored to competency. As well, judges, lawyers, probation agents and others should know how these diagnoses can affect prognosis and the possibility for additional intervention and effective services outside of the competency training itself.

Learning Objectives

1. Describe three areas that influence prognosis and likelihood of restoration in competency restoration
2. Identify three factors that influence the overall suitability of an individual for outpatient vs. inpatient competency restoration
3. Describe effective and training interventions for at least 4 different mental health diagnoses that are commonly found in adolescents mandated to competency restoration training