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APSAC PRACTICE GUIDELINES

Forensic Mental Health Evaluations When Child Maltreatment Is at Issue

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Thank you for your interest in this publication from the American Professional Society on the Abuse of Children (APSAC). APSAC is a nonprofit professional society dedicated to translating research into best practices in child maltreatment prevention and all forms of legal and clinical intervention. We are funded almost completely by membership dues and revenue from publications and training. Please consider **making a contribution** or **joining APSAC** to enjoy all benefits we offer members!

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Introduction

The American Professional Society on the Abuse of Children (APSAC) is a national multidisciplinary professional organization focused on improving society's professional response to child abuse and neglect by promoting effective interdisciplinary approaches to the identification, intervention, treatment, and prevention of child maltreatment. The effects of each form of child maltreatment, both singly and in combination, are many and varied. Negative effects occur across multiple domains of functioning, depending on a child's age, the severity and chronicity of the maltreatment, and the protective factors in the child, family, or community that can mitigate its effects. Child maltreatment increases a youth's risk for physical and mental health difficulties in academic, social, cognitive, behavioral, and biological domains (Felitti et al., 1998; Manly et al., 2001; Toth & Manly, 2019). Child maltreatment also has a cumulative effect. The more types of victimization a child experiences, the greater and more enduring the risk of negative outcomes (Felitti et al., 1998). While the effects of maltreatment can thus be severe, not all child victims experience dire consequences. Many also show resilience in one or more domains (Toth & Manly, 2019).

Child protection laws and child protection agencies were developed to respond to reports of child maltreatment. Cases involving allegations of child maltreatment have far-reaching implications. Judges in child protection cases often rely upon the opinions of forensic evaluators in determining whether to reunify children with parents or to terminate a parent's legal rights (Budd et al., 2011). In criminal cases, a forensic evaluation may influence whether a prosecutor will file charges against an alleged perpetrator (Myers, 2017). Allegations of maltreatment may also emerge in family law cases, and the evaluator's opinion about the allegations and risk can determine child custody and parenting time. In addition, evaluations of harm to children by parents or other familial/institutional caregivers, are used in immigration, juvenile justice, civil litigation regarding damages, and other legal proceedings.

These Practice Guidelines endeavor to elevate the quality of forensic mental health evaluations of children regarding harm by caregivers, including substitute caregivers (i.e., foster parents) and agencies acting in loco parentis. They also seek to educate and protect the public by promoting generally accepted and scientifically informed recommendations concerning evaluation methods, equity and respect for individual rights, and the qualifications and training of evaluators. In doing so, the Guidelines may also serve to protect practitioners; however, these Guidelines are aspirational in nature and should not be used to establish a legal standard of care. Community standards, policies, and practice may differ from the guidelines, and professional practice is always evolving. Therefore, these Guidelines are not intended to restrict professional judgement. However, where conflict exists, these guidelines are superseded by law, rules of the court, regulatory requirements, or agency requirements.

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These Guidelines focus upon forensic mental health evaluations of children who may have been or are at risk of being maltreated. Child maltreatment refers to the neglect, exploitation, physical abuse, sexual abuse, and/or psychological abuse of a child by a parent or another adult/institution in a caregiving role, which results in harm or a substantial risk of harm. The function of forensic mental health evaluations is to answer psycholegal questions, which are mental health questions at issue in legal proceedings. The psycholegal questions addressed by these evaluations are varied and can arise in multiple legal contexts, such as matrimonial, juvenile delinquency, immigration, personal injury, and child protection/child welfare cases. Across contexts, there is variability in recommended methods, data sources, jurisdictional requirements, and other factors. However, these Guidelines apply whenever a child's mental health is being evaluated as to harm/risk of harm by parents or other familial/institutional caregivers as a psycholegal issue. The Guidelines are intended to inform forensic evaluations concerning any type of child maltreatment.

Unlike clinical evaluations, forensic mental health evaluations are not exclusively designed for diagnostic and/or therapeutic purposes. Also, unlike forensic interviewing, forensic mental health evaluations typically rely upon several methods and sources of data. They may or may not be requested to help the legal system decide upon whether maltreatment occurred, but they generally require a mental health professional to conduct an evaluation and develop opinions that address psycholegal questions. In contrast, forensic interviews regarding child maltreatment are generally conducted by law enforcement, child advocacy center interviewers, and child protection professionals to elicit factual information for investigative and prosecution purposes.

Courts rely on multiple sources of evidence, such as medical findings, records, media, and forensic interviews. They also rely on different forensic evaluations, such as those concerning violence risk in youth and comparative parental fitness. However, these Guidelines pertain to evaluations of children as to psychological harm/risk of harm by parents or caregivers, including by foster parents and agencies acting in place of parents. Such evaluations are one of many evaluations and types of evidence that may conjointly affect a legal decision.

The mental health experts who provide forensic evaluations of children suspected to have experienced maltreatment utilize the science and methods of their discipline to collect data, develop opinions, and share findings and conclusions relevant to psycholegal questions. These psychiatrists, psychologists, social workers, or other licensed mental health professionals (see guideline 2.1) are the primary audience for these Guidelines, which have relied upon the ethics codes and authoritative guidelines from these disciplines (American Psychological Association [APA], 2013; APA, 2017; National Association of Social Workers, 2017). Other users include legal professionals, advocates, trainers, child protection professionals, trial consultants, researchers, and caregivers.

Section One: Cultural Context of Evaluation

Guideline 1.1 Evaluators seek an understanding of how economic status, race, indigenous heritage, and other demographic factors may relate to the family's investigation, court involvement, and/or participation in the evaluation.

Forensic mental health evaluators strive to remain aware that individual and group characteristics can affect which families get investigated and come before the court (Barbarin, 2021; Dettlaff et al., 2011) and how children and other family members participate or resist engaging in the evaluation process (Kokaliari et al., 2019; Lens, 2019). Evaluators strive to remain aware of research concerning groups who are disproportionately represented in child maltreatment cases (Barbarin, 2021; Dettlaff et al., 2011) and the impact of race and other characteristics of children and families on investigative decisions (Lens, 2019) and the forensic evaluation process (Springman et al., 2006). Evaluators recognize the importance of this information to their accurate and relevant collection, interpretation, and communication of evaluation data in a way that balances factors that could potentially over- or under-identify risk for child maltreatment.

Guideline 1.2 Evaluators ensure the competent delivery of their services, including consideration of economic status, race, indigenous heritage, language, gender identity, sexual orientation, religion, and other relevant group and individual differences.

Evaluators obtain sufficient training, supervision, and consultation or decline the referral when their limited knowledge of an examinee's culture or individual differences could reasonably obstruct the competent delivery of services. Evaluators also strive to become familiar with different cultural values and practices that may affect the examinee's understanding of child maltreatment (Fontes, 2008). Evaluators endeavor to recognize how their own cultural perspectives and intersectionality may affect their interpretation of examinee responses and other aspects of the evaluation (APA Task Force on Race and Ethnicity Guidelines in Psychology, 2019). Therefore, evaluators strive to ensure objectivity in their professional judgments through professional development, training, supervision, and self-study designed to minimize the intrusion of the evaluator's idiosyncratic attitudes and beliefs.

Guideline 1.3 Evaluators strive to practice respectfully, equitably, and accessibly in recognition of culture, individual rights, and power differentials.

Evaluators strive to respect cultural issues and to remain aware that demographic factors and cultural upbringing can impact the interview process. One example of such factors would be culturally invoked anxiety. Evaluators endeavor to develop and implement processes that treat examinees with fairness and respect for their rights, voice, and concerns (see guideline 6.7). Evaluators strive to practice equitably in relation to multiple issues, such as assessment methods, data interpretation, and generation of

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recommendations. Also, evaluators recognize that language is an extension of the examinee's subjective reality, which has intrinsic cultural assumptions regarding the expression of emotion and other behaviors. Therefore, fluency in the primary language of the examinee is recommended. When examinees elect to use interpreters, evaluators strive to follow published recommendations for using interpreters in forensic contexts (Maddux, 2010).

Section Two: Evaluators

Guideline 2.1 Evaluators seek expertise in the general practice of mental health evaluation.

Forensic mental health evaluations require the application of skills, procedures, and knowledge that are used in general mental health evaluations, such as interviewing and diagnosis. Therefore, before providing competent forensic mental health services, evaluators strive to develop their expertise in conducting assessments. Examples of how this expertise can be demonstrated may include a graduate degree and licensure for independent practice as a psychiatrist, psychologist, social worker, or other licensed mental health professional, and the evaluator's specialized knowledge, experience, skills, and training in assessment. Evaluators strive to seek information regarding the parameters for practice within the area of forensic mental health evaluation, which may be addressed by local laws, rules, and regulations.

Guideline 2.2 Evaluators strive to develop and maintain their qualifications in the child maltreatment field.

Within the forensic and child/adolescent mental health specialties, the child maltreatment profession encompasses a defining body of knowledge, skills, practice guidelines, journals, and professional societies to help address unique problems within defined populations through specific approaches (APA Committee on Professional Standards and Practice, 2020). Therefore, evaluators strive to develop and maintain the specialized knowledge and skills required to assess the dynamics of the various forms of child maltreatment (e.g., exposure to domestic violence). Such knowledge and skills can be based upon formal coursework, direct treatment experience, evaluation experience, supervision, continuing education, training, or certification in areas including but not limited to: the epidemiology of abuse, child development, the experience of abuse, the disclosure of abuse, recantation, suggestibility, types of interview questions, eliciting accurate information, specific psychological and behavioral indicators of maltreatment, forensic interview protocols, interview techniques (e.g., managing reluctance), and special issues associated with specific types of maltreatment.

Guideline 2.3 Forensic mental health evaluators obtain the competencies required to provide forensic services within the child maltreatment field.

Forensic practice is a recognized specialty within various disciplines (American Board of Psychiatry and Neurology, 2021; APA, 2008; Munson, 2011). Therefore, evaluators strive to obtain the specialty knowledge, skills, and experience required to competently use the science and methods of their discipline to assist the court and other entities seeking forensic input.

Amongst these skills, evaluators seek an understanding of the jurisdiction's applicable laws and rules, and they strive for objectivity and neutrality, approaching each evaluation with an open mind. They consider a range of plausible alternate explanations for allegations. An objective stance requires the suspension of formulating an expert opinion until all substantive data are examined. Evaluators strive for accuracy by giving comparable emphasis to avoiding false negative and false positive errors (Everson & Sandoval, 2011; Faller & Everson, 2012).

Evaluators endeavor to determine whether the laws, rules, and regulations in their jurisdiction permit them to conduct forensic mental health evaluations. They also strive to obtain sufficient supervised experience conducting forensic evaluations and preparing for court testimony as needed.

Section Three: Referrals

Guideline 3.1 When forensic mental health services are requested, evaluators endeavor to determine the fit between their expertise and the assignment's parameters as early as possible in the referral process by obtaining and disclosing relevant information.

Forensic mental health evaluations are typically requested by child welfare and child protection professionals, as well as agencies, attorneys, guardians ad litem, judges, and caregivers. Evaluators strive to recognize the importance of avoiding conflicts of interest. Evaluators also strive to accurately determine who their client is and the scope of the evaluation by reviewing the language of any court orders; clarifying the nature and purpose of their interactions with the referent, the examinee(s), and the court; identifying who will send the preliminary background information; confirming the payment source; and determining the recipient(s) of the evaluation and its anticipated use. In addition to seeking specific psycholegal questions at the time of referral, evaluators also strive to

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disclose what could make them unsuitable for the case, such as their fees, professional limitations, time constraints, and perceivable conflicts.

Guideline 3.2 In deciding to accept a referral, evaluators strive to determine the appropriateness of the assignment based on scientific, ethical, administrative, personal, and other relevant factors.

Forensic mental health evaluations of children regarding possible maltreatment are likely to be subject to scrutiny and have significant implications in legal proceedings and for the child and family's safety and well-being. Therefore, in deciding to accept a referral, evaluators carefully consider, among other factors, their competence, personal values, and ability to provide an objective evaluation. They also consider their availability to schedule examinees with the child's safety in mind (see guideline 4.3 below) and to produce a report as promptly as possible considering jurisdictional requirements, the court's time parameters, and the complexity of the case. They also consider the scientific literature and the availability, reliability, and validity of appropriate methods for addressing the referral questions. If these considerations cannot be satisfied, evaluators refrain from accepting referrals or strive to remedy the concerns (e.g., negotiating revisions to the referral questions or seeking supervision/consultation, if appropriate).

Section Four: Preparation

Guideline 4.1 Evaluators seek and review background information relevant to the referral questions, and they refrain from unnecessarily reinterviewing a previously interviewed child.

Evaluators are encouraged to appreciate that a careful and objective analysis of data from multiple sources is required to arrive at the most robust and reliable conclusions. Therefore, evaluators strive to obtain and review background materials as part of the evaluation process. In determining the amount and nature of information to be reviewed, evaluators consider the purpose of the evaluation, case-specific issues, the need for hypothesis testing, and the extent to which such information will be helpful in addressing the referral question(s) and understanding the child's and/or family's presenting problems or concerns. Evaluators are strongly encouraged to request relevant background information upon accepting a referral and throughout the evaluation. For example, evaluators may consider seeking legal, healthcare, educational, and child welfare information. Evaluators strive to differentiate between relevant and irrelevant information, reliable and unreliable material, and pre-fact-finding concerns and hypotheses versus established facts.

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If the child has had previous interviews regarding the issues to be examined, the evaluator is encouraged to request access to those interviews (transcripts, recordings, reports, or summaries). Evaluators endeavor to make every attempt to find out the circumstances surrounding the child's initial statements. When a second opinion is requested, a review of the records, including prior evaluations and recordings, may eliminate the need for reinterviewing the child, unless such interviews are needed to clarify prior statements, to overcome barriers to communication, and/or to elicit additional details required to adequately support an opinion.

Guideline 4.2 Evaluators strive to follow a scientific procedure for data collection that is thorough, multi-source, corroborative, and that guides comprehensive hypothesis testing.

Evaluators are advised to recognize that an evaluation may be requested for nonlegal purposes but later become part of a legal proceeding. Because of this potential, evaluators are advised to use methods that are forensically defensible. Courts may permit evaluators to testify in the form of an opinion only if the testimony emerges from sufficient facts or data and is the product of reliable principles and methods, which the evaluator reliably applied to the facts of the case. Therefore, evaluators strive to apply a scientific procedure for data collection and conceptualization that is comprehensive (multisource) and that incorporates hypothesis testing, clinical judgement, and gives weight to idiographic and corroborated data (Faller & Everson, 2012).

For example, to be comprehensive, evaluators may structure an assessment process that will include various interviews (e.g., structured, unstructured, collaterals), different types and sources of background information (see guideline 4.1 above), various behavioral observations (e.g., individual, parent-child, structured, in-home), and different tests (e.g., rating scales, forensic-specific instruments, actuarial tools, multiscale psychological inventories). To incorporate hypothesis testing, evaluators strive to adapt their plan by seeking information to assess case-specific hypotheses that arise before and during data collection. To give weight to idiographic data, evaluators prepare and endeavor to capture highly individualized and descriptive narrative that is rich in detail. Evaluators also seek corroboration for their findings due to the limitations of uncorroborated data.

Guideline 4.3 Evaluators are strongly advised to prioritize the child's safety and well-being during the evaluation process.

Evaluators strive to schedule appointments in a way that prioritizes the safety of children. For example, if an evaluator's limited availability prevents scheduling an at-risk child without excessive delay (e.g., over 30 days), then a referral to another qualified evaluator is encouraged. However, if the referral is declined, this guidance is not intended to prevent evaluators from accepting the case. Also, in prioritizing the child's safety, evaluators strive to manage their schedule and implement policies to ensure a safe and non-threatening

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environment, including deciding whether to conduct observations of parent-child interaction (see guideline 5.10 below).

Guideline 4.4 While there is no professional consensus about whether evaluations are to be conducted by a single evaluator or by a team of professionals, evaluators are encouraged to consider the strengths and limitations of these two approaches and be prepared to explain their decision.

The use of a single evaluator versus a team of evaluators may be determined by the purpose and context of the evaluation amongst other factors. However, mental health evaluators are recommended to be prepared to explain their approach.

An advantage of a single evaluator is that all the information that will be used to write the report and formulate recommendations will be in the head and hands of one person. The single evaluator can consider all the information, weigh the information, craft the report, and formulate recommendations. Single evaluators strive to be aware of sources of bias and take steps to avoid, correct, or compensate for each and to be prepared to explain these measures as needed.

An advantage of a team of evaluators is that having different professionals evaluate different parties may mediate against bias; that is, each party involved in the evaluation will have an evaluator on the team who has obtained the perspective of that party. Team members are encouraged to be aware of multiple sources of bias. They strive to take steps to avoid, correct, or compensate for biases, and to be prepared to explain the measures taken as needed. An additional advantage of a team is the team will share the responsibility of making recommendations.

All evaluators involved are strongly advised to identify themselves in the report by name, discipline, role, and duty, which could be required by professional standards and applicable laws. It is recommended that each team member sign the report, especially in acknowledgment of an attestation or certification, if required.

Guideline 4.5 Evaluators endeavor to appropriately prepare the child's physical interview environment, including for online evaluations.

Evaluators strive to privately interview children. They also endeavor to create physical surroundings and a climate that enables the child to talk freely and facilitates the child's comfort and communication. Creating such an atmosphere may require more than one interview session to facilitate rapport and to identify and address barriers preventing the child's free expression (see guideline 5.6 below). Evaluators seek to create a neutral environment while striving to practice respectfully, accessibly, and equitably in response to cultural and individual differences, such as disabilities (see guideline 1.3 above). Therefore, evaluators are encouraged to prepare an evaluation setting that reflects an openness to cultural diversity and individual differences through dolls of differing skin

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tones, office décor, wall posters, public service announcements, written materials in different languages and Braille, assistive technology for computer-based assessments, or other reasonable measures as indicated by the specific case. Evaluators strive to become knowledgeable about evolving practices and professional recommendations regarding in-person and online evaluations.

Guideline 4.6 Evaluators strive to accurately capture and appropriately store their interview data and other forms of information collected or reviewed.

Evaluators prioritize documenting information they rely upon in accordance with their profession's regulatory requirements, and the law, as well as the importance of discovery, scrutiny, evidentiary rules, and relevant procedures in the legal process. Written notes with verbatim quotation of significant questions and answers (verbal and nonverbal) is one documentation method. Video with audio recording can more accurately and completely capture the maximum amount of information that is feasible under the circumstances, which makes it the preferred method of recording. If videorecording, evaluators strive to place the video camera close enough to capture the child's demeanor. Evaluators may utilize two cameras (one trained on the child and a second on the evaluator and anyone else participating in the interview session), which minimizes the possibility of losing content because of equipment failure.

There is no professional consensus about whether evaluations are to be routinely recorded. However, among the factors that may inform this decision, it is recommended to consider evolving professional practices and current research concerning the limitations of notetaking (Berliner & Leib, 2001; Lamb et al., 2000; Siegel & Kinscherff, 2018) and recording (Glancy et al., 2015; Constantinou et al., 2002; Constantinou et al., 2005). Evaluators strive to recognize the importance of being able to explain why they selected their chosen method(s) of documenting the interview.

Guideline 4.7 Evaluators seek informed consent or assent.

In accordance with practice standards and jurisdictional rules, evaluators strive to obtain informed consent from examinees or their legal guardians. If the examinee's evaluation is court ordered or if a legal guardian has consented for an examinee's participation, then the evaluator endeavors to provide an appropriate and understandable (Klika & Conte, 2018) notification before seeking the examinee's assent. Evaluators are encouraged to respond to questions from examinees and legal guardians. They also consider the rights of those being evaluated, particularly adults who appear unable to provide informed consent or are uncertain about the voluntariness of their participation.

Evaluators include details in their informed consent/notification that are required by rules. Evaluators are encouraged to include the evaluator's role, the nature of the relationship between the evaluator and the examinee and the referring party, the purpose and nature of the evaluation, and any limitations on confidentiality and privilege.

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Evaluators are also encouraged to disclose who may have access to the interview/evaluation results, the entity or person paying for the evaluation, and any other relevant information, such as a detailed description of the evaluators' policies, procedures, and fees; the intended uses of the information obtained; and the persons to whom and the manner in which the report will be released.

Evaluators are encouraged to recognize they owe a professional responsibility to their clients, payors, examinees, and collateral informants (Bush et al., 2006). These individuals and/or entities benefit from and could be entitled to an appropriate degree of information about their rights and the evaluation process, such as deadlines, record-keeping practices, the duration of the assignment, grounds for terminating services or withholding the report, billing practices, mandated reporting obligations, limitations on communications, audio and video recording practices, accessing the evaluator's information, the information shared with collateral sources, the voluntariness of the interview/evaluation, the possibility of being questioned in court about their statements, and the right to discuss such information with their own legal counsel. Therefore, evaluators are also encouraged to include these details in their documentation of informed consent/notification, as appropriate, depending on the recipient (e.g., adult examinee, client, lawyer, court, child protection services (CPS), collateral informant, legal guardian, child examinee, etc.).

Furthermore, in order to directly request written or verbal information from collateral sources (e.g., mental health counselors, teachers, relatives, supervisors, etc.), forensic evaluators may require the court's permission and/or the documented consent of the examinee or the examinee's legal guardian in accordance with rules.

Guideline 4.8 To collect information relevant to the child interview, evaluators strive to meet with knowledgeable parties and, when appropriate, to rely on a caregiver to facilitate the child's participation.

Evaluators seek to obtain orienting information before interviewing a child, such as the child's knowledge about the evaluation or compliance with medication regimen on the day of the evaluation. Therefore, to prepare for interviewing the child, evaluators endeavor to obtain as much relevant information as possible from caregivers and other sources (see guideline 4.1 above).

Prior to interviewing a child, it is recommended for evaluators to gather information about the child's cultural background, language preference, household composition, and the other adults in the child's life (e.g., caregivers, babysitters, therapists, etc.). Also, evaluators may seek information about the child's routines, school performance, social life, and developmental/medical history. It may also be helpful to the child interview to seek the parent(s)' perspectives regarding changes in the child's functioning and possible explanations, such as recent stressors or developments. Evaluators strive to obtain the caregiver's understanding of the concerns as well as the child's risk, harm, and exposure to

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harm. However, evaluators strive to take appropriate measures to avoid the risk of violating the constitutional rights of a parent under investigation.

To maximize the child and caregiver's comfort regarding the interview, so that the child can be seen without a caregiver present, the evaluator may try the following: engaging with the caregiver and child together so they can see each other's comfort with the evaluator, helping the caregiver encourage the child to meet with the evaluator alone, and having a strategy for the caregiver to exit the interview before the legally relevant issues are discussed.

Section Five: Evaluation

Child Interviews

Guideline 5.1 Evaluators seek the child's assent, build rapport, and provide scientifically informed ground rules in a developmentally appropriate manner.

Minors are generally considered to be legally incapable of providing informed consent, although exceptions exist. Therefore, evaluators strive to seek their assent after explaining the nature, purpose, expected use, and other specifics (see guideline 4.7) of the evaluation in a developmentally appropriate manner. Also, evaluators are encouraged to document whether the child's assent was obtained and obstacles they encountered while attempting to obtain it. Subsequently, evaluators strive to develop rapport as guided by current research, such as the use of supportive comments and free recall prompts, active listening, and dedicating an appropriate amount of time to this task (Davies et al., 2000). Also, evaluators endeavor to maintain rapport, and to permit the child to set the interview's pace, as the evaluator progresses through providing interview instructions ("ground rules"), truth/lie and real/pretend discussion, and narrative event practice, which are discussed in APSAC Practice Guidelines: Forensic Interviewing of Children (2022), among other sources.

Guideline 5.2 Evaluators strive to obtain a detailed and comprehensive account of the legally relevant event(s) through scientifically valid and reliable methods considering the child's development, individual characteristics, and circumstances.

One of the objectives of the child's interview is to obtain a comprehensive and detailed account of the allegedly harmful event(s) in question. Therefore, it is helpful for the evaluator to begin the interview with open-ended questions about neutral topics (e.g., family, school, activities, and recent events) so that the child has an opportunity to practice providing free recall narrative responses as the evaluator builds rapport. Evaluators may have the child relate a specific event from the past that is culturally

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appropriate and of importance and interest to the child. The narrative provides an indication of the child's ability and/or willingness to relate. It also provides an indication of general cognitive capacity, reality testing, affect, and behavior, which can be compared to how the child handles other parts of the interview.

It is recommended that the evaluator be familiar with and adhere to the current knowledge about the types of questions that elicit the most accurate information from children, including the APSAC Practice Guidelines: Forensic Interviewing of Children (2022). Broad open-ended prompts generally elicit more accurate and detailed information from children, except from young children who may require more structure (Lamb et al., 2011). Therefore, a non-suggestive prompt (e.g., "Tell me why you're here today.") is advisable for transitioning into the relevant concerns.

Initial substantive questioning that is open-ended and as non-directive as possible elicits free recall responses. Questions may become gradually more focused if the child does not respond to narrative prompts or if more scaffolding and structure in the interview appears necessary. Summarizing a child's previous responses before asking further questions may help the child fill in blanks in their narratives. Once information is provided in response to a focused or specific question, the use of appropriate narrative prompts, using the child's own words, is recommended to encourage details.

Again, interviewing the child using leading or suggestive questions is discouraged. However, directive questions may be advisable when the child's developmental level precludes less directive approaches.

Guideline 5.3 Evaluators aspire to follow accepted practice if using media, such as anatomical dolls, but they refrain from using these methods without a basis, specialized training and supervision, and an understanding of current research regarding the arguments for and against these tools.

Anatomical drawings, free drawings, written communication, dollhouses, and dolls are examples of media. Research indicates that allowing the child to draw, especially during the rapport building phase of the interview, does not negatively impact children's ability to report during the maltreatment phase of the interview (Poole & Dickinson, 2014). In the maltreatment phase of the interview, media afford children with more than a verbal mode with which to communicate with evaluators (Katz & Hamama, 2013), and media can facilitate disclosure, elicit details, and clarify/corroborate verbal disclosure (Faller, 2007). Unusual behavior with media may suggest further lines of inquiry to pursue.

Certain media, such as anatomical drawings and anatomical dolls, rely on recognition memory, which may be less accurate. In addition, these materials have the potential to be distracting or suggestive (Poole & Bruck, 2012). If using media that relies upon recognition memory, evaluators should strive to assess the capacity of young children to make the representational shift from the representation to an actual person (DeLoache,

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1995; DeLoache & Marzolf, 1995) during the rapport portion of the child interview. That said, free drawings of the abuse, the abuser, or the place where the maltreatment occurred are uses of media that rely on free recall memory, which is generally more accurate (Katz et al., 2014).

If using media, evaluators endeavor to remain abreast of current knowledge regarding the advantages, limitations, admissibility, ethics, and procedures for using media. Further, evaluators are encouraged to provide their rationale for using media with a particular examinee and to document the strengths and limitations of the specific demonstration aid(s) in their report.

Guideline 5.4 Evaluators strive to undertake a biopsychosocial interview and mental status examination of the child to obtain a comprehensive understanding of the child's functioning, mental health, perception of family relationships, strengths, harmful experiences, and other relevant factors.

An evaluation is unlikely to be helpful to the referral source if it only includes the child's disclosure of the events in question. Therefore, as appropriate, evaluators strive to interview children regarding family relationships and stressors. They also strive to interview children regarding alternative explanations for impairment, such as pre-incident difficulties, exaggerated disturbances, or feigned disorders. Evaluators are encouraged to interview children about their treatment history, needs, strengths, coping strategies, and sources of vulnerability. It is also recommended to collect interview data regarding the child's functioning over time (e.g., pre-incident, during the incident, and post-incident) across multiple areas, such as family, community, cultural, spiritual, academic, vocational, social, recreational, and other domains. Evaluators are also recommended to assess the child's functioning at the present timepoint. Therefore, the evaluator is advised to conduct a mental status examination that also addresses signs and symptoms of child psychopathology and includes a prognosis. Evaluators also strive to contour their inquiries as appropriate, according to how the law sets forth the legally relevant types of harm.

Guideline 5.5 Evaluators endeavor to collect interview data relevant to analyzing causality (or causation) between the legally relevant event(s) and harm, if found.

Evaluators strive to understand the applicable laws concerning the nexus between the incident(s) in question and harm to the child. They endeavor to collect interview data regarding causation in accordance with the case-specific psycholegal issue. For example, in some contexts, it may be sufficient to seek interview data to inform whether the incident(s) contributed to harm or a substantial risk of harm; in other proceedings, it may be expected for evaluators to seek interview data for determining that *but for* the incident, harm would not have occurred. Therefore, in addition to the information recommended in guideline 5.4, other examples of interview data to seek may include: the child's trauma related statements, symptoms, and triggers; the temporal associations between harmful

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events and the course of impairment (e.g., cognitive, emotional, relational, or behavioral impairment) in different areas of life; and the child's view of the future given the incident(s).

Guideline 5.6 Evaluators strive to consider additional interview sessions based upon an analysis of various factors, including the availability of the same interviewer.

Research on the disclosure process for child sexual abuse indicates that delay, denial, partial disclosure, and recantation are common dynamics in many cases (Pipe et al., 2007). As a result, the use of a single-session, stranger interview model in forensic evaluations of suspected sexual abuse (Duron & Remko, 2020) and other types of maltreatment may be inadequate for eliciting complete and accurate reports of harmful experiences, particularly if the alleged abuser is a parent and/or the child is young. Evaluators strive to conduct the number of interviews needed to address the referral questions. In making this determination, evaluators may consider the child's age, level of reported or observed distress, the quality of the disclosure (if any), prior disclosures, and the child's behavior during the evaluation. Evaluators may also consider the complexity of the case history; the assignment's parameters; major rapport, attentional, or separation problems; significant reported or suspected barriers to disclosure; and concerns about external influences on the child's presentation. When an evaluation requires multiple interviews, professionals strive to consider the availability of the same evaluator since multiple interviews by different evaluators can increase the risk of evaluator error, increase the child's distress, make children think they are not believed, and lead to frustration and recantation (Waterhouse et al., 2016).

Parenting Capacity Interviews

Guideline 5.7 If parenting capacity is relevant to the referral questions, evaluators strive to assess the parent's understanding of the allegations and what occurred, causes of alleged harm/risk of harm, and the adequacy of the fit between the parent's functioning and the child's needs.

An assessment of parenting capacity is often requested in cases regarding alleged maltreatment by a caregiver, particularly for guiding the court's risk-management decisions (e.g., reunification, supervision, services, etc.) to keep children safe. Evaluators strive to use valid and reliable interview methods for eliciting data from caregivers that have empirically supported relationships with the psycholegal question(s). Generally, it is recommended that evaluators collect the following information during parenting capacity interviews: cognitive ability; current psychological functioning (e.g., mental illness, suicidal or violent ideation, etc.); and childhood history (e.g., maltreatment history). They are also recommended to assess the following: community and cultural involvement, social support, educational history, employment and financial history, and relationship history (e.g., intimate partner violence). It is also advisable to assess medical history,

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mental health history, alcohol/drug history, criminal history, and parenting/domesticity information (e.g., security of basic needs, parenting skills and attitudes, caregiver-child relationships and fit, parenting satisfaction, etc.). Also, amongst other issues, evaluators strive to assess the following when interviewing parents: CPS involvement (past and present), the parents' perceptions of past and present risk of harm and actual harm to the child by a caregiver, barriers to risk management, and parents' perceptions of each allegation. For example, evaluators are recommended to explore the parents' perceptions of the incident(s) and its impact upon the child. Evaluators are also recommended to assess the parents' roles in and responses to the incident(s) and any precursors, as well as the parents' compliance with any services.

Guideline 5.8 When assessing safety, evaluators aspire to consider relevant family and environmental characteristics, empirically supported risk/protective factors, idiographic risk factors, and the precision of various indicators.

Evaluators strive to obtain specialized training and supervision regarding the assessment and communication of risk. They strive to understand the usefulness (or lack thereof) of their indicators for assessing harm from maltreatment and unsafe parenting in the family's cultural context. Also, during parenting capacity interviews, evaluators strive to inquire about empirically supported risk and protective factors beyond the individual level because child maltreatment emerges from interactions between the characteristics and conditions of the child, the caregiver, the family, the community, and society. Evaluators aspire to assess family and environmental characteristics during their interviews that are relevant as indicated by the law or research of target populations representative of the parent being interviewed. Moreover, evaluators strive to consider whether the methods and data they use to support their opinion(s) increase their accuracy.

Observations

Guideline 5.9 When it is not possible to interview a child without an observer, evaluators strive to document their efforts to do so and the potential impact of the observer(s) upon their examination findings.

Evaluators aim to base their opinions on the most comprehensive, detailed, valid, and reliable data, and obtaining such information is generally facilitated by interviewing children without observers (Glen et al., 2021). Evaluators endeavor to carefully assess the benefits and limitations of permitting observers (CPS, law enforcement, etc.) on a case-by-case basis, while generally refraining from interviewing children about possible maltreatment when a family member is in the interview room or observing from another area. Evaluators strive to inform children about anyone observing their interviews. They aspire to exercise professional judgment in determining how observation may impact the evaluation process, and they strive to reduce the possibility of influence by required

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observers (e.g., using two-way mirrors, closed-circuit television, or seating the observer behind the child).

Guideline 5.10 Evaluators endeavor to conduct observations of parent-child interaction when appropriate and reasonably safe.

Parent-child interaction observation can yield valuable information for the assessment of parenting capacity. Therefore, if evaluating parenting capacity, evaluators strive to conduct observations of parent-child interaction when appropriate. Evaluators are recommended to rely upon the specifics of the case to determine the appropriateness of whether the child and a suspected offender should participate in an observation-of-interaction session. For example, they may consider whether the child is already in the unsupervised care of the parent, the child's level of familiarity with the caregiver, and whether an observation of interaction will cause significant distress for the child. They may also consider collateral data from therapeutic providers, the parent's mental status, and the data collected from the child's interview(s), which evaluators are strongly encouraged to complete before deciding upon whether to conduct an observation of interaction. Evaluators refrain from conducting parent-child observations when they pose a foreseeable risk to children's physical or psychological safety.

Collateral Interviews

Guideline 5.11 Evaluators seek any required authorization from caregivers, legal representatives, agencies with care and custody of the child, and/or the court before scheduling collateral interviews.

The reliability of the data upon which evaluators base their opinions can be enhanced by obtaining corroboration through collateral interviewing (see guideline 4.2). Therefore, evaluators endeavor to seek authorization for conducting collateral interviews with individuals believed to have information that can assist the evaluator with answering the referral questions, such as family members, caregivers, supervisors of parenting time, treatment providers, and others.

Guideline 5.12 Evaluators strive to collect enough information from collateral informants with relevant knowledge about specific events, historical information, and the examinee's functioning over time.

When interviewing collateral informants, after obtaining informed consent (see guideline 4.7), evaluators strive to collect relevant firsthand information regarding specific events, historical information, and the examinee's functioning over time. It may also be helpful for the evaluator to assess the relationship between the collateral informant and the child or parent. Furthermore, evaluators strive to inquire about uncorroborated information from the child/parent interviews if the collateral informant is believed to possess such knowledge. Therefore, evaluators are encouraged to complete child/parent interviews

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before commencing collateral interviews with adults or children, recognizing that new information may necessitate follow-up interviews.

Psychological Testing

Guideline 5.13 According to rules, regulations, laws, and professional standards, evaluators are generally required to obtain specialized training in measurement science, complete psychometric supervision, and possess the relevant user qualifications before using psychological tests.

Psychological test publishers routinely provide user qualification codes for the tests they sell. Evaluators are strongly encouraged to review these codes and to carefully consider whether they are indeed qualified to administer psychological testing. Also, they strive to consider their level of expertise in psychometrics before administering any psychological tests. It is recommended that the evaluator be familiar with and strive to adhere to the Standards for Educational and Psychological Testing (American Educational Research Association et al., 2014), which have been relied upon by the U.S. Supreme Court.

Guideline 5.14 When seeking test data that address the referral questions, evaluators strive to use instruments with adequate validity, reliability, and evidence for their intended use in a forensic context. Evaluators use these instruments in accordance with accepted administration, scoring, and interpretation practices.

While psychological testing is not always necessary in evaluating children regarding suspected maltreatment, testing can help illuminate key issues of concern as articulated in the referral questions (Sparta & Koocher, 2006). In addition, psychological test data can be a valuable contribution to the collaborative multidisciplinary team process. Some tools are designed as screening instruments to inform whether a comprehensive assessment is advisable. Other instruments are specific to family risk, parenting, trauma, personality, psychopathology, behavioral issues, strengths, adaptive functioning, and intelligence, just to name a few.

Evaluators strive to consider the information requested in the referral questions when determining the potential need for psychological testing (e.g., “Is an underlying learning disability contributing to school misconduct and harsh discipline at home?” or “How does the child’s social-emotional distress and trauma compare to that of other children?”). They also endeavor to consider the following factors: 1) Will the testing provide valuable information about relevant issues of concern involving the child/parent(s) in the current case? 2) Was the test constructed for this purpose and is it acceptably valid and reliable if used in this way (e.g., forensically)? 3) Has the test been normed on individuals from similar cultural and ethnic backgrounds and of similar ability levels (Budd et al., 2011)? 4) Might the use of this test be problematic given the rules of evidence in this proceeding? 5)

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Do authoritative sources (e.g., the test manual, peer-reviewed articles, *The Mental Measurements Yearbook*) support the quality of the measures (Neal et al., 2019)?

Section Six: Report Writing

Data Integration and Formulation

Guideline 6.1 Evaluators strive for clarity and transparency in their systematic organization of evaluation data, observations, and opinions.

Evaluators aspire to write reports that identify and answer the referral questions and that exemplify an objective review of all information collected, including the child interview data, parent interview data (if applicable), interaction observation data, collateral interview data, psychological testing data, and other collateral information reviewed by the evaluator (e.g., see guideline 4.1). To promote transparency and legal review, it is recommended to prepare reports so recipients can clearly understand the source (e.g., test, interview, observation, document, research, professional experience, etc.) of the data. Evaluators strive to distinguish between reports, allegations, observations, and facts in their presentation of evaluation data, while endeavoring to reserve their inferences, opinions, conclusions, and recommendations for separate sections, which may fall under labels such as Summary and Formulation, Opinion, Conclusions, and/or Recommendations sections. Also, evaluators strive to refrain from including data that is irrelevant to the forensic opinion (Grisso, 2010).

Guideline 6.2 Evaluators endeavor to test hypotheses under consideration based upon the totality of relevant confirming/disconfirming evaluation data and observations, and they clarify the connections between these findings and their opinions.

When formulating expert opinions and recommendations, evaluators are generally guided by the relationships between the data they collect and the hypotheses they test for deducing answers to referral questions. Accordingly, when expressing opinions, evaluators aspire to clearly convey their logic concerning the relationship(s) between confirming/disconfirming data and their inferences and conclusions (Grisso, 2010). Evaluators may find it helpful to organize their data in the opinion-based sections of their reports by findings *consistent* with the hypothesis (corroborating evidence) and findings that are *inconsistent* with the hypothesis (disconfirming evidence) (Drozd et al., 2016; Milchman, 2011).

Evaluators strive to proceed scientifically and to communicate transparently regarding the weight (importance) they afford to different evaluation findings when formulating opinions about hypotheses. They explain whether their judgements about weighing evaluation findings were based upon consistency (both within and between data sources),

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duration, severity, source, professional experience, empirical and other research, or something else. However, evaluators refrain from basing their conclusions upon only one data source (e.g., behavior with anatomical dolls or an interaction observation), and they strive to pay careful attention to the idiographic meanings and implications of inconsistent or uncommon evaluation findings. They also endeavor to include any limitations that emerged during the assessment process, such as potentially beneficial information that could not be obtained and/or assessed.

Guideline 6.3 Evaluators make efforts to avoid the effects of biases and other decision-making errors upon their work.

Bias in forensic mental health assessment undermines the validity of these evaluations. Evaluators aspire to root their decision making in factual and relevant information rather than their personal feelings and beliefs about the issues or the persons in the case. They are also strongly encouraged to seek and implement effective strategies to mitigate the impact of bias on their work (Zapf et al., 2018).

Conclusions

Guideline 6.4 Evaluators strive to express their conclusions in accordance with the referral question(s), evaluation data, their specialized knowledge, ethical standards, research where available, and the rules, regulations, and laws of their jurisdiction.

Courts rely upon evidentiary rules and case law to determine the admissibility of an expert's conclusion. The following may contribute to a conclusion's inadmissibility: having a basis in personal (lay) opinion, lacking factual support, departing from the insights or scientific knowledge of the profession, emerging from misapplied or unreliable principles and methods, or otherwise demonstrating what case law determines to be inadmissible.

Therefore, evaluators strive to gain an understanding of permissible testimony in their jurisdictions. They also endeavor to limit their conclusions to the court's psycholegal questions and the boundaries of the profession's standards, regulations, scientific knowledge, insights, principles, and methods. For example, based on the above, conclusions regarding the truthfulness (credibility) of an examinee are not generally recommended in evaluations of child maltreatment. Rather, evaluators are encouraged to state the conclusionary hypotheses that were considered and to detail why a particular hypothesis (if any) emerged as the most supportable. When using this format to present a conclusion, evaluators aspire to report the relative strengths of the conclusionary hypotheses that were considered. The relative strengths may be based upon factual support, professional experience, the insights and scientific knowledge of the profession, or the reliability of the evaluation's underlying principles and methods.

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Guideline 6.5 Evaluators endeavor to disclose significant limitations to their conclusions.

In some cases, an evaluation should not be afforded the weight that courts generally provide to them. Therefore, it is helpful to the court when evaluators transparently communicate significant limitations that are relevant to their opinions and conclusions. Certain factors contribute to an evaluation's inadmissibility (see guideline 6.4). Therefore, evaluators strive to promptly notify the referring party when it becomes clear that a conclusion cannot be reached with sufficient factual support, a basis in the profession's insights, scientific knowledge, or the evaluator's knowledge and experience.

Recommendations

Guideline 6.6 Evaluators aspire to provide scientifically informed recommendations when requested if there is an adequate basis in evaluation data and science to do so.

Recommendations are not always requested or desired by the referral source. However, when recommendations are requested, it is advisable for evaluators to explain their logic concerning the relationship(s) between evaluation data and their recommendations. Relatedly, it could be problematic for multiple reasons if an evaluator offered recommendations for an individual the evaluator never met. Evaluators also strive to avoid generating recommendations that are not supported by the totality of relevant confirming and disconfirming evaluation data or the specialized and scientific knowledge of the evaluator's discipline.

Guideline 6.7 Evaluators understand useful recommendations are generally provided in a timely manner, consider child/family desires, and are equitable and achievable.

Recommendations should be provided as soon as feasibly possible. Their necessity could become questionable, and their validity could suffer from relevant changes in the lives of the parties. Unnecessary delays in producing the evaluator's final report could have implications for the safety, welfare, and best interests of the child. Thus, evaluators strive to provide recommendations (if requested) without excessive delay.

Recommendations can be helpful to children and families if achievable considering the family's limitations (e.g., transportation and reasonable scheduling conflicts) and the resources available in the community. Amongst other considerations, evaluators also aspire to take the following into account: the feasibility of the recommendations for a specific child or parent, cultural and demographic factors (see guideline 1.3), examinees' ideas concerning what they might need (see guideline 1.3 regarding "shared power"), and available options to make the recommendations more achievable.

Section Seven: Record Keeping

Guideline 7.1 Evaluators strive to develop and maintain accurate and organized records in accordance with their ethical and regulatory responsibilities as well as the importance of discovery, scrutiny, evidentiary rules, and relevant procedures in the court’s fact-finding process.

The required maintenance of mental health records is generally governed by rules, regulations, and laws and is informed by ethical standards and record keeping guidelines. Beyond those required and aspirational procedures, evaluators endeavor to develop, protect, and produce (as required) organized case files that are amenable to the court’s fact-finding responsibilities. Evaluators also strive to gain an understanding of what the court may expect to be included in the records, such as releases, business records certifications, or other specifics unique to the jurisdiction.

Guideline 7.2 Evaluators make reasonable efforts to protect confidential information, copyrighted material, and information needed to protect the validity of the instrument.

The confidentiality of mental health records is generally governed by federal and state rules, regulations, laws, ethical standards, and the judicial process when admitted into evidence. Evaluators strive to protect the confidentiality of records in accordance with the above. They generally release records (e.g., consents, invoices, releases, recordings, notes, test data, reports, etc.) if court ordered or provided with an authorization signed by the appropriate person(s). However, even in these instances, evaluators endeavor to proceed with caution if asked to release test materials that are covered under copyright and/or trade secret protections. In these instances, it may be helpful for the evaluator to seek guidance from the test publisher, the APA, or a risk-management consultant through a professional association or malpractice insurance provider. Evaluators endeavor to follow the terms of their retainer agreements, which may include conditions regarding the management of attorney work product and confidential/privileged information. Evaluators strive to protect confidential information they do not control by following all relevant rules, regulations, and laws related to the release of such information. For example, when an evaluator completes a report for a child welfare agency and an examinee asks for the report to be released to another agency, evaluators are recommended to discuss that request with the child welfare agency. In addition, evaluators strive to consider that requests for the release of confidential information may require court approval.

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Glossary

Child Maltreatment: Physical, sexual, and/or emotional psychological abuse of a child, including neglect and exploitation, by an institution, parent, caregiver, or other person, that results in or risks physical, sexual, or emotional psychological harm. Maltreatment includes both acts of commission, known as abuse, and of omission, when a caregiver party fails to protect a child from harm or to provide for a child's needs, known as neglect. Children often experience more than one type of maltreatment, blurring prevalence rates and symptoms. The most common type of maltreatment is neglect according to the U.S. Department of Health & Human Services Administration for Children and Families (2021).

Comprehensive (Multisource): Refers to an emphasis on gathering information from a wide range of relevant sources, as outlined in these Guidelines. In addition to one or more forensic interviews with the alleged child victim, these sources may include CPS, mental health, medical and school records, maltreatment-specific medical examination, interviews with parent figures and major caregivers, collateral interviews (e.g., teachers, childcare providers), interviews with the alleged abuser, and behavior ratings (e.g., the CSBI) completed by adults who know the child. Psychological testing of the alleged child victim or the alleged abuser is sometimes helpful.

Corroborative: Refers to an emphasis on obtaining independent verification of substantive evidence in the case. Sources for such verification may include agency records, independent witnesses, or the perspectives of non-involved individuals. The degree of corroboration is a factor in determining the weight given to substantive evidence.

Emotional or Psychological Abuse: The “repeated pattern or extreme incident(s) of caregiver behavior that thwart the child's basic psychological needs (e.g., safety, socialization, emotional and social support, cognitive stimulation, respect) and convey a child is worthless, defective, damaged goods, unloved, unwanted, endangered, or primarily useful in meeting another's needs, and/or expenses” (Rosenzweig, 2018, p. iii). Psychological abuse may result in a child's stunted development or failure to thrive, but more often inflicts harm to a child's self-esteem and mental health. Psychological abuse is the least recognized and researched type of maltreatment, and often one that is overlooked, although its effects can be similar to other types of maltreatment.

Equitable: A fair and impartial process that provides all children and families, regardless of race, ethnicity, gender, sexual orientation, ability, religion, socioeconomic status, or other factors, equal access to resources and quality treatment. Equitable practices attempt to eliminate practices and barriers that favor some groups more than others and interfere with equal access to beneficial outcomes.

False Negative: An error in which the result of the inquiry fails to determine the presence of a condition, in this case maltreatment, when the condition does in fact exist. Children

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whose maltreatment is missed will not receive the protective and mental health services they require.

False Positive: An error in which a condition, such as maltreatment, is determined to be present, when in reality it has not occurred. Children who are falsely identified as maltreated and their families will likely undergo distressing interventions from courts and child welfare services that impact their well-being. Researchers have found that both false positive and false negative errors occur relatively frequently, but that they can be reduced by rigorous and careful interview protocols (Berliner & Leib, 2001; Herman & Freitas, 2010).

Hypothesis Testing: Refers to identifying and testing multiple, plausible explanations for the allegations in the case, ideally with the goal of determining the explanations that best account for the available evidence. Hypotheses are derived from several sources, including the concerns of the referral source, the parents' competing allegations, relevant scientific knowledge about factors associated with the psycholegal issues, and evaluators' clinical expertise. Hypothesis testing drives the evaluation process by providing purpose and direction. The most effective hypotheses are case specific, adapting general knowledge to the particular case, and are not generic, catch-all hypotheses that can be applied to every case in a routine manner.

Idiographic Reasoning: Complements nomathetic (hypothesis testing) methodology and rests on the premise that each case is unique and can be understood only through an analysis of its idiosyncratic elements. An idiographic explanation of the key elements typically takes the form of a highly individualized, descriptive narrative that is rich in detail. Constructing such a case-specific narrative requires gathering, organizing, and analyzing information from a variety of sources unique to the case. The completed case narrative is compared against the hypotheses. The hypothesis that most closely matches the case narrative is usually viewed as most likely to be valid. However, it is possible that the evidence supports more than one hypothesis as well, and evaluators must decide which should have priority in consideration of the legal standards in their jurisdiction and their expert scientific and/or specialized knowledge.

Intersectionality: The interconnection between interdependent social identities and categories such as race, class, physical ability, and gender that place an individual or group at a disadvantage. According to Crenshaw (1989), who originally coined the term, "Because the intersectional experience is greater than the sum [of its parts], any analysis that does not take intersectionality into account cannot sufficiently address the particular manner in which [groups] are subordinated" (p. 140). Considering and countering each way in which people are marginalized is critical to providing equitable treatment and opportunities.

Neglect: The inattentiveness, by a person responsible for a child's well-being, to the child's need for food, clothing, shelter, education, medical care, supervision, or love and attention in a manner that results or could result in harm. Physical signs of neglect include absences

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from school or appointments, lack of adequate clothing, poor hygiene, signs of malnutrition, or injury. Often neglect is difficult to recognize and may go unnoticed until a serious accident or injury occurs. Researchers estimate that neglect may contribute to half of the fatalities resulting from maltreatment (Hlady, 2004). The evaluation of neglect is complex, especially distinguishing it from poor parenting and/or the effects of poverty.

Nomothetic reasoning: Relies on commonality among cases. Case decisions are made on the basis of comparisons to broadly applied, external criteria such as structured decision guidelines, symptom norms, or actuarial methods. The validity of relying on nomothetic reasoning is limited by the lack of reliable behavioral or psychological norms for differentiating maltreated from non-maltreated children and true allegations of maltreatment from false allegations and the risk of introducing bias. However, nomothetic reasoning is useful for generating hypotheses in specific cases.

Physical Abuse: When a child is subject to physical violence that results in or is likely to result in harm. Beating, kicking, biting, strangling, shaking, burning, suffocating, or poisoning, among other behaviors, constitute physical abuse. Even when signs of harm exist, physical abuse can be difficult to substantiate, as it requires differentiation from accidental injury (Pierce et al., 2010). In addition, cultural norms about child-rearing and punishment complicate definitions and evaluations of physical abuse (Raman & Hodes, 2012). The legal definitions of the different forms of child maltreatment are set by state statutes and vary from state to state. It is the forensic evaluator's responsibility to know the definitions in the particular state for which the evaluation is done.

Reasonably: Just, rational, appropriate, ordinary, or usual under the circumstances.

Scientific: Body of knowledge, as of facts or principles; knowledge gained by systematic study.

Sexual Abuse: The perpetration of a sexual act (fondling of the genitals, anus, or breasts; genital penetration; anal penetration; oral sex) with a child by an adult or older child. Besides sexual contact, it includes pressuring a child to engage in sexual acts, viewing a child's genitals, exposure of a child to sexual acts or the genitals of others, prostituting a child or adolescent, and the production of child pornography. Girls are more often victims than boys, with rates in the United States estimated at 15 to 25% of females and 5 to 15% of males (Whealin & Barnett, 2016). Most child victims know their sexual abuse offender. Sexual abuse can also be difficult to substantiate, unless penetration, injury, pregnancy, or a sexually transmitted infection occurs. Children are often reluctant to disclose sexual abuse, particularly if the abuser is a parent, but may show precocious or unusual sexual knowledge or behavior that cannot be reasonably related to exposure to sexual acts that do not involve abuse (e.g., accidental witnessing, media).

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Expiration

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