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Forensic Assessment of Parenting in Child Abuse and Neglect Cases

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Forensic mental health assessment of parenting in cases of known or alleged child abuse or neglect focuses on producing forensically defensible evidence for legal proceedings. Forensic assessments typically also yield information or recommendations relevant to child protection case management or clinical intervention. However, the primary purpose is to give judges and other legal decision makers information and opinions of sufficient scientific validity to rely on in making legal decisions regarding the protective and parenting needs of children before the courts. This chapter summarizes the law that shapes forensic assessment in cases involving child maltreatment and describes an evaluation process that is both clinically sound and forensically defensible in light of evolving rules of evidence regarding expert testimony.

Forensic evaluations are focused on the legal issues before the court and are intended to assist the court in resolving those issues. Although it is ordinarily critical to fully understand and articulate the clinical dimensions of a case, the clinical dimension alone will not usually prove sufficient to resolve legal issues. For example, a clinical assessment does not normally address legal issues such as "the best interests of the child" or "parental fitness" currently or over the long term. A clinical determination that an episode of child maltreatment has occurred does not directly address the issue of how to balance the child's protective and developmental needs against parental rights.

STRUCTURING THE FORENSIC EVALUATION

The forensic evaluator must resolve the following questions before initiating activity in the case:

What is the legal posture of the case? Does this case already fall under a court's jurisdiction or has the request for forensic evaluation arrived prior to formal filing of a legal case? In either situation, one must carefully attend to issues of informed consent, confidentiality and privilege, and the reliability and adequacy of the clinical foundation for any forensic opinions and recommendations offered.

What kind of legal case is it? Courts may serve two functions in resolving disputes that pertain to child maltreatment. Courts may adjudicate *child*

protection cases in which the state seeks to intervene in a family's life to protect the child from alleged abuse or neglect. Courts might also provide *private dispute settlement*, such as adjudicating custody disputes in which two parents struggle over what constitutes the best interests of their child as the divorce restructures the legal relationship between the parents (Mnookin, 1975).

Who is the legal client in the case? If the forensic evaluation originated with a court order, the court is the client, and any work by the evaluator becomes a work product belonging to the court. Unless local law or local practice clearly indicates the contrary, the report resulting from the forensic evaluation should go only to the court; copies should not go to attorneys or others without express authorization by the court.

If the forensic evaluation originated at the request of an attorney who represents a parent or a state agency, then the evaluation becomes the work product of the attorney and governed by attorney–client privilege. Clarification of one's potential role should take place prior to initiating the evaluation. For example, licensed mental health professionals should clarify whether they believe that their mandated duty to report child abuse overcomes attorney–client privilege that ordinarily does not require reporting past incidents of child maltreatment to child protection authorities.

Although some parents may seek to retain forensic evaluations directly, particularly in divorce custody cases, clinicians should generally not agree to do so because of concerns about forensic reliability and professional liability. In cases already before a court, best practice would involve securing a court order authorizing the forensic evaluation that indicates the legal issue requiring resolution, describes the scope of the evaluator's role, and identifies the authority of the evaluator to access information (e.g., collateral contacts, child protection records, medical and educational records, etc.).

What is the legal issue? The forensic evaluator must clearly understand the legal context of the specific case. For example, if the allegations of child maltreatment arise in the context of a divorce custody dispute, the key legal standard focuses on the "best interests" of the child as the postdivorce relationships of the family are structured. The concept of "best interests" governs the court's decisions regarding legal or physical custody, visitation, or removal of the child by a parent to another jurisdiction. In child protection proceedings, the "best interests" of the child must be balanced against parental rights and whether a parent is considered "unfit." Additionally, the evaluator should be aware of legally imposed timelines that may limit recommendations regarding possible courses of clinical intervention or that may transform the case from one focused on reunification to focus on termination of parental rights. In short, forensic evaluators must be familiar with relevant law.

What is the kind of forensic question most relevant to the legal issues at stake? Barnum (2001) observes that four separate kinds of evaluation questions may arise in child maltreatment cases. Evaluators must carefully consider which one or more of the following questions are implicitly or explicitly at the core of the referral for forensic evaluation:

1. *What happened?* This question prompts *investigation* of allegations of child maltreatment in cases in which what has happened to the child is unresolved or in dispute. The goal involves a determination of whether or how child maltreatment occurred and may involve highly specialized assessments, such as sexual abuse evaluations of preschool children. Information relevant to the alleged *facts* of the maltreatment becomes central (i.e., medical reports, child protection investigations, police reports, witness statements, and interviews with the child and parents).

2. *What harm occurred?* This question prompts inquiry into whether the conduct of the perpetrator *caused or allowed* harm to the child. This includes a description of the functioning of the child before and after the onset of maltreatment. Forensic assessment must go beyond clinical assessment to specifically link the maltreatment to specific clinical and functional problems suffered by the child as a result of the maltreatment.

Evaluators must take particular care to consider potential confounding variables when linking the clinical presentation of a maltreated child to conduct of a perpetrating parent. For example, a child who has been in one or more foster homes following removal due to alleged child abuse but prior to forensic assessment may also have been exposed to maltreatment in the foster care setting or may be distressed by the multiple transitions. A description of vulnerabilities and developmental needs of

the child currently and by history constitutes a critical component in assessing continuing needs for protection.

3. *What can the parent(s) do to help?* This question focuses on current *parental fitness* and the *match* between parenting capacities and the needs of the child. Even when there has been past maltreatment, the evaluation must reflect the need of the courts to find *current* or *continuing* inadequacies in parenting. This includes assessment of a parent's ability to address any special needs or vulnerabilities of the child that arise from earlier maltreatment, as well as to support the general developmental needs of the child. It also includes assessment of the likelihood that the parent will not maltreat the child in the future. Specific parenting strengths and weaknesses relevant to the individual child must be characterized. If there is more than one child or parent involved in the forensic assessment, an analysis must be made of the parenting capacity of each parent and the effectiveness of the sum "parenting unit" for each child.

Obstacles to adequate parenting should be described and specifically linked to the needs of each child. Obstacles may involve individual factors (e.g., impairment of parenting due to limited cognition, mental illness, or substance abuse), interactive issues (e.g., one parent might be adequate but for the violence or negative influence of the other parent), or systemic problems (e.g., the resources or interventions that might otherwise prove helpful are not available). *It is critical that obstacles to adequate parenting be explicitly linked to risks to the child or the needs of the child.* For example, clinical findings of parental alcohol abuse alone may not be sufficient for a court to find an impairment of parenting. Rather, the alcohol abuse should be linked to specific parenting problems, such as neglect due to intoxication, dissipation of family funds, or physical abuse related to disinhibition or irritability due to alcohol consumption.

If interventions are recommended, the evaluator should also explicitly link the intervention to specific parenting deficits. For example, recommendations for the treatment of a parent's depression should be described in terms of how the untreated depression has impaired parenting. A recommendation for psychotherapy for a maltreated child should not only describe how successful treatment would remediate individual needs within the child but also, when possible, improve the ability of the parent to care for the child. Whenever possible, information should be provided regarding how to access the recommended intervention, the likelihood of success, and the time required to determine whether the recommended intervention is actually effective.

The court may need to limit or structure, at least temporarily, access by the parent(s) to the child. This necessity may result in placing the child in temporary custody or issuing visitation orders pending further evaluation or litigation. In child protection cases, the court may issue orders regarding state custody of the child and contacts between the child and parent pending efforts to "reunify" the family or further evaluation or litigation.

4. *What hope is there for the future?* This question focuses attention on the *longer-term disposition* of the case. The ability of one or both parents to adequately parent the child over time is of central concern. In divorce custody cases, this involves findings on the "best interests" of the child and enduring orders governing legal and physical custody and visitation issued as part of the final divorce order. In child protection cases, the legal standard concerns the child's need for protection and whether "parental unfitness" bears on ultimate reunification of the family or termination of parental rights.

Forensic evaluation at this stage again assesses *current* or *continuing* impairments, as well as *prognosis* for parental ability to provide adequate care and protection, given the specific clinical and developmental needs of the individual child. It includes assessment of the likelihood that a parent would respond to interventions, and if so, over what time frame.

STANDARDS FOR FORENSIC ASSESSMENT

A number of professional organizations have produced guidelines or practice parameters for evaluations of children and their parents in the context of child protection matters. Among the organizations with published guidelines are the American Psychological Association (Committee on Professional Practice and Standards of the American Psychological Association, 1999), the American

Academy of Child and Adolescent Psychiatry (1997) and the American Professional Society on the Abuse of Children (1995, 1997b). Organizations have published guidelines directed at assessments in child protection matters, as well as standards for more specific forms of maltreatment, including parameters for conducting assessments of sexually abused (American Professional Society on the Abuse of Children, 1997b) or emotionally maltreated (American Professional Society on the Abuse of Children, 1995) children and adolescents.

A review across practice guidelines reveals the following key similarities in the statements of purpose. The evaluation is undertaken to provide relevant and professionally sound information and to render scientifically supported opinions with the well-being of the child as paramount. The evaluator should aim to maintain a professional and unbiased stance. The burden placed on the evaluator is great due to the potentially serious consequences of the evaluation for both the child and the parents.

A systematic approach to the process is clearly advocated, and multiple methods of data gathering are strongly recommended. Central among the recommended methods are (a) careful history taking; (b) review of all relevant and available documentation of health, mental health, and parenting practices, child protective documentation, family and marital assessments; (c) interviews and observation; and (d) psychological testing. The evaluation must produce sufficient substantiation for the findings and opinions offered to the court.

It is essential that record keeping is sufficient to allow the court and authorized others an adequate ability to review the bases for the report conclusions. Informed consents must include discussions about confidentiality, with special attention to informing participants about the absence of confidentiality for court-ordered evaluations. For example, it is important to inform clients that, because the evaluator is working for the court under appointment, the report will be sent directly to the court (unless ordered otherwise) and will become the property of the court. It will be available for release only as ordered by the court. Financial arrangements and other relevant issues as part of an informed consent should be clarified and agreed on before beginning the assessment.

Special care is recommended in reporting results and offering opinions, as the over- or underinterpretation of findings has the potential for serious consequences. The evaluator should be careful to not exceed the limits of his or her expertise.

CLINICAL DIMENSIONS OF A FORENSIC PARENTING ASSESSMENT

Before undertaking an evaluation of parenting capacity, an evaluator must consider the developmental and conceptual underpinnings of the assessment. In reality, the evaluator will be observing just a fraction of the child's interaction with his parents and significant others. The same is true of the information-gathering process with the parent(s) and the interaction with them over several assessment contexts.

Several authors have suggested theoretical frameworks for understanding parenting. Thomas Grisso (1986) published one of the first forensic papers that offered constructs for considering parenting capacity. He described seven areas of focus: (1) nurturing and physical care; (2) training and channeling of psychological needs (for example, those required in toilet training, weaning, provision of solid foods); (3) teaching and skill training to facilitate care and ensure safety (in areas such as language, perceptual skills, physical skills, self-care); (4) orienting the child to the immediate world of kin, neighborhood, community, and society; (5) transmitting cultural and subcultural goals and values and motivating the child to accept them for his or her own; (6) promoting interpersonal skills, motives, and modes of feeling and behaving in relation to others; and (7) guiding, correcting, and helping the child to formulate his or her own goals and plan his or her own activities.

In a 2001 article, Richard Barnum builds on Grisso's (1986) model to enumerate parenting capacities that he divides into two major categories: protection and care. Intervention on the part of the state occurs only when the minimal standards for protection and/or care for a child are not met.

Protection encompasses the parent's attention to safety as well as his or her role as advocate for the child. In terms of safety, parents are responsible for making reasonable efforts to keep their children safe from foreseeable harm. Parents are

expected not only to protect their children from others but also to model positive and caring roles in the context of protection. Issues of discipline and conflict resolution fall under this heading. Although models of both correction and support may vary culturally, the child should be protected from hurt or "harm." Such harm includes both physical and emotional injury, as well as educational and social mistreatment. From the strength perspective, the parent serves not only as a safe base from which the child can explore and learn but also as an active and supportive spokesperson for the child's interests in the world.

In order to fulfill these criteria of "protection," parents are expected to have some understanding of their children's individual needs and habits and to make reasonable and consistent efforts to provide for these needs. For example, if a child has a mental or physical handicap or disability, the parent is expected to recognize the difficulty and to provide assistance to the child directly and through support from others in the community. It is important to document patterns of care, as well as critical incidents that might illustrate inadequate parenting, in the context of this interplay between the child's needs and the parent's anticipatory assessment and response.

The second domain of parenting capacity described by Barnum (2001) is that of care, which he defines as "the complex processes of socialization." These are processes that are essential to the nurturing and teaching functions of parents, aimed at promoting the child's growth and development. Included in this category are cognitive development and skill building, supervision and discipline, and emotional support, nurturance, and direction. Cognitive development and skill building involve exchanges between parent and child that include teaching, modeling, supporting independent learning, and reinforcing the learning process. At the core of the skill-building relationship is the parent–child interaction that allows for the balance between age-appropriate autonomy and support. The assessment of the child's individual needs and capacities and the fit between parent and child are critical.

Another parental skill is the ability to find or take advantage of existing opportunities for the child to learn. These skills include support and encouragement in the areas of language, self-care skills, and school and vocational functioning. Problem-solving skills across domains are enhanced through assistance and an understanding of the child's ongoing learning process. Over- or underinvolvement can be problematic.

Supervision and discipline serve not only to protect but also to teach. Parents have a responsibility to promote good habits and ways of living by teaching, modeling, and shaping the child's environment through their supervision and their selection of others to supervise the child when they are unavailable.

An important component of supervision and discipline skills is parental awareness of the child's behavior and emotions, capabilities, and routines. Consistent and appropriate responses to these characteristics build the foundation for supervision and limit setting that systematically reinforce positive behavior and offer negative sanctions for unwanted behavior.

Emotional support, nurturance, and direction are the most important parenting skills. The parents' own emotional and social coping, as well as the ability to meet their own needs, will have a considerable impact on their ability to provide for their children.

Parental mood, frustration tolerance, and anxiety will also be important to assess, especially in the context of the parent–child relationship. If parental coping is dominated by anger and conflict or by serious sadness and lethargy, this can affect even the very youngest child in negative ways (Lyons-Ruth & Jacobvitz, 1999; Shonkoff & Phillips, 2000). Overly critical or rejecting parents, as well as uninterested and emotionally distant parents, fail to establish and maintain critically important attachment relationships with their children that serve as working models for the child's future relationships. Positive emotional interchanges between parent and child represent the most constructive interactions and promote secure attachment in the child that serves as a foundation for positive identity development.

COMPONENTS OF THE PARENTING EVALUATION

All comprehensive parenting assessments should contain a focus on the parent's individual functioning in the context of the family, evaluation of the

needs and abilities of each child, and documentation of interactions between the parent and child, as well as between other caregivers and the child (see Table 20.1). Attention to sibling relationships and relationships with other significant adults may be considered as well. If the request is for assessment of parent–child interactions or attachment, this evaluation must also include assessment of the parent and the child as individuals. In assessing each component, strengths and weaknesses should be outlined by the evaluator. Historical information, as well as current data, should be gathered in each of the three areas.

In assessing the parent individually, the evaluator should consider the parent's role within the family and his or her adult relationships outside the family, functioning at work, and relationship with the child's siblings. The capacity to care for oneself is a precursor to the capacity to care for the child. Therefore, this capacity should be carefully explored prior to assessment of the parent with the child. The assets and vulnerabilities of the parent are analyzed independently from interactions with the child and then as they interact with the child's own assets and vulnerabilities. Areas of focus include cognitive, social, and emotional functioning of the parent. Information on physical health and life experience is also important. Mental illness; cognitive difficulties; educational attainment; work history; history of psychological trauma, including abuse and violence in families of origin; history of substance abuse; adult relationship history; and independent living skills are domains for investigation. For example, it is important to include information about the parent's cognitive capacities, reliability and organizational skills, social supports and adult interactions, family structure and role, marital relationships, and capacity for nurturing. Some of the more salient deficits include mental limitation or disability, depression or other emotional difficulties, substance abuse, involvement in illegal activities, and an inability to maintain stable and positive relationships within the nuclear family, the extended family, or the community.

Assessment of the Child as an Individual

The child's biological, physical, social, and emotional development and functioning are the focus of this component of the assessment. With younger children, the evaluator can assess developmental milestones, cognitive functioning, and social development. With older children, the evaluator can assess school adjustment and performance, peer interactions, emotional health, and peer relationships. With teenagers, the evaluator can assess school and family relationships, peer relationships with attention to issues of risk-taking behaviors, mental illness, substance abuse, violence, and risky sexual behavior. The strengths and vulnerabilities of each assessment category can be summarized.

Assessment of Parent–Child Relationships

Once summary information about individual functioning of the parent and the child is completed, parent–child relationships are explored. This may be done in a number of different ways. Direct naturalistic observation of parents with their children engaged in routine activities at routine times is the most ecologically sound way to obtain information about parent–child interaction. For example, if

Table 20.1 Parenting capacity/best interests assessment process

Parent functioning	Child functioning	Parent–child interaction
1. Social	1. Social	1. Primary attachments
2. Emotional/personality	2. Emotional/trauma	2. Contact frequency
3. Cognitive	3. Cognitive	3. Interaction quality
4. Physical health	4. Physical health	focused parent–child
5. Life experience/trauma	5. Family role	parent–child–sibling
6. Marital role	6. School role	other family members
7. Family role	7. Peer role	other caregivers
8. Parenting role		
9. Community role		

parents routinely visit with their child in foster care, it may be most appropriate for the evaluator to observe, as unobtrusively as possible, one of these routine visits. The use of two-way mirrors is very helpful in this regard but is not imperative to good observational data. If children are not in the primary care of their parents, comparative observations of children with primary caregivers are helpful. Such observations can be augmented by visits in the clinician's office. Office observations are less indicative of the actual routine encounters between parent and child. However, office observations can be helpful, particularly if specific separation, reunion, and interaction behaviors are observed across caregivers in a uniform setting. Some clinicians will ask parents to engage the child in a particular teaching task. This also augments the more naturalistic observations that should precede any specific directed activity request.

Evaluators are cautious to note that observations of supervised encounters between parent and child may not represent the ongoing interaction patterns that are present when parents and children interact privately. Patterns of interaction can be supported by reviewing records of regularly documented encounters in visitation centers or in other supervised settings. The evaluator should always consider the risk of overgeneralization in regard to parenting skills, and conclusions should be offered with caution.

Children's reactions before and after visitation are important to assess, as are each parent's impressions about visitation. Patterns of emotional distress that surround visits should be noted but interpreted with care. Patterns in parenting behavior can be partly determined by comparisons between the similarities or differences in the observed behavior of parents during visits that routinely occur over time. The most robust data are those that are gathered over time through a combination of record review, directed and naturalistic observation, and comparative assessment of the child's interactions with multiple caregivers.

STRUCTURE AND METHODS OF ASSESSMENT

The suggested format of the evaluation is outlined in Table 20.2 using the principles described in the

Table 20.2 Structure of the forensic assessment

1. Identification of information used for assessment —interviews, structured assessments, observations, records reviewed, collateral contacts
2. Process of evaluation and confidentiality limits
3. Purpose of evaluation
4. Summary of history and current issues
5. Individual evaluation of parent
    a. History
        i. Family of origin
        ii. Educational history
        iii. Relational history
        iv. Mental health and substance abuse history
        v. Marital history
        vi. Work history
        vii. Criminal history
        viii. History of parenting
    b. Interviews and observations
    c. Mental status
    d. Psychological testing
    e. Summary of individual functioning
6. Individual evaluation of child
    a. Birth and developmental history
    b. Emotional and social health
    c. Physical health
    d. School history
    e. Placement history
    f. History of maltreatment and exposure to violence
    g. Peer relationships
    h. Substance abuse history
    i. Family relationships
    j. Summary of child's individual functioning
7. Parent–child interactions
    a. History of interaction and contact
    b. Observations—parent–child, caregiver–child, sibling–child
    c. Summary of parent–child interactions in the context of the child's attachment relationships
8. Summary and Conclusions
    a. Parenting fitness/capacity
        i. Cognitive support and problem solving
        ii. Supervision and discipline
        iii. Emotional support and nurturance
        iv. Protection and advocacy
    b. Child's best interests
        i. Child's functioning, including special needs
        ii. Child's maltreatment history and impact
        iii. Child's placements and options for continuity of positive attachments
    c. Risks and benefits of reunification compared with most likely alternatives

three components of the evaluation. Each report should contain sections on data gathering, record review, and collateral contacts; on interviews and observations; and on standardized psychological testing or assessment and a summary of these findings in the context of the parent's individual functioning, the child's individual functioning, and the nature and quality of the parent–child interaction. Finally, the components of parenting capacity may be used to summarize this process for the court. Paragraphs that address protection and care, including sections on cognitive support and problem solving, supervision and discipline, emotional support and nurturance, and protection and advocacy can help organize the summary of assets and vulnerabilities of each parent. Summaries of how the cognitive, social, emotional, and relational needs of the child are met over time provide a clear picture of the potential to impede the child's development in the future. In this context, continuity of attachments, relationships with family and siblings, and the child's individual special needs should be summarized to support the opinions of the evaluator.

Issues to Consider in Developing the Evaluation

An accurate and detailed history of the child's maltreatment is the foundation for the evaluation. Documentation of the facts at the time of the juvenile court involvement and augmentation of this information with additional history since the allegations should include information about duration and chronicity of the child's maltreatment, the continuity and episodic nature of its occurrence, and the interventions, past and present, that address the impact of the particular trauma on the child.

It is important to gather documentation about the child's victimization from the primary sources if at all possible. For example, consider the 5-month-old infant with a broken arm. The father states that while picking up the child, he accidentally hurt her. The Department of Social Services describes the young parents as pleasant and cooperative. The worker understands that the injury was accidental based on the father's story. The forensic evaluator requests the medical records that describe the child's injury as a transverse fracture of the humerus. The medical record indicates that the description of the injury is not compatible with the father's story. The forensic evaluator calls the physician and asks directly about the force needed to cause this fracture. The physician understands that considerable force was necessary to cause the injury and that the father's account of lifting the baby from the bed is quite unlikely to have caused the child's fracture. The evaluator, at this point, is in a position to ask the father for further details about the child's injury. When confronted with the incompatibility of his story, the father admits that he was angry and intoxicated. He admits more involvement than simply lifting the child.

Knowing the child's risk and protective factors at the time of victimization is also helpful in determining impact and context that may assist in assessing future risk to the child (Cicchetti & Lynch, 1993). Domestic violence, history of past maltreatment of this child or siblings, parental history of maltreatment, serious mental illness, substance abuse, significant trauma experiences and losses, and criminal activity are essential risk factors to consider.

Of equal importance are parental strengths and supports. Information about the parents' families, in particular their stability and willingness to help, is crucial in considering the risk to the child. The parents' individual resilience represents an important assessment factor, including the ability to admit mistakes, to work with professionals, to maintain stable housing and employment, and to engage in healthy adult relationships.

Family routines, customs, and cultural and religious beliefs should be explored in the context of the evaluation. Parents require evaluation by culturally competent professionals with knowledge of relevant language and cultural practice. Risk and protective factors for the child may be culturally determined. For example, in a case of a Puerto Rican extended family, parents and paternal grandparents wanted their grandchild raised in Puerto Rico and were willing to engage in long-term integrated therapy. Therefore, the grandparents were given guardianship, with the stipulation that they would participate with their daughter-in-law and son in the treatment process and would remain a part of the monitoring system for the child when he returned home. This commitment included

participating in family therapy, writing detailed reports of progress for the courts, and undertaking training to supervise visitation. Without these grandparents, reunification would have been impossible. Because of the cultural values within this family, the process seemed natural and quite acceptable to all.

In thinking about children's needs, it is valuable to also consider the history of services they have received, both in their biological homes and in alternative placements. The evaluator should request in writing documentation about focused treatment services for parents with mental health, cognitive, or substance abuse problems. Conversations with key providers are also helpful. In addition, it is often advisable to ask whether services have been coordinated and whether case management has taken place. The parent's history of response to services is often very telling. At times parents may have difficulty staying in treatment, and it is necessary to determine whether this is due to parental or agency issues.

Service plans for the family developed by departments of social services are required in almost every state. The goals of the service plan should be considered in terms of the evaluation findings in order to ensure that the elements of the service plan are consistent with the intervention needs identified in the evaluation. The compliance of each parent should be documented, as should extenuating circumstances when goals in a plan are not reached. The degree of success or failure in response to services should be noted in the report, along with an explanation of the underlying factors responsible for each type of outcome.

In assessing the child's best interests, the evaluator should consider the findings in the context of whether or not there is a proposed permanent plan or an alternative to reunification. There are a number of choices for the child, depending on his or her age and circumstances, including the following:

1. Adoption, guardianship, substitute care, or independent living. In a number of cases, some of these options have been explored by the mandated agency. At times the child may be placed in a preadoptive home. In order to comment on the child's best interests, it is necessary to know about possible alternative placements.
2. Continuing, tapering, or ending contact with parents. If adoption or guardianship is being considered, will this be an open or closed adoption? What are the guidelines for such arrangements? What about sibling or extended family contact? Issues of culture are also raised if the potential adoptive family does not share the child's ethnic heritage. The answers to these questions will allow the evaluator to explore realistic options and their impact on the child.

Table 20.2 outlines general sections of the individual parent assessment. This assessment should include information about the parent's own upbringing, with attention to his or her family life during childhood, exposure to violence or other abuse, and stability or discontinuity of care during childhood and adolescence. Current relationships with family, friends, and intimate partner should also be explored. Exploring these relationships helps the evaluator to determine the extent of the parent's social support system and to identify any disruption in the parent's current interactions. Ultimately, the issues are about each parent's ability to meet basic needs for self and the child and his or her parenting capabilities.

In talking to parents it is important to ask them to elaborate on their parenting experience. What is their understanding of the child? Are there specific developmental needs of the child in the areas of safety and socialization? How does the parent recognize these? How can they be addressed? A second set of questions relates to parenting style and discipline. What are the parent's attitude and beliefs about discipline? Does the parent have alternatives? Are the parent's practices age-appropriate? In addition to discipline, it is helpful to know about ways in which parent and child enjoy each other. Do they have favorite times or activities?

In some cases, standardized psychological testing may be helpful to further delineate a parent's cognitive, learning, and personality functioning. Cognitive testing typically consists of a screening or diagnostic measure that reflects a range of the individual's cognitive abilities. For example, the Wechsler Adult Intelligence Scale-III (WAIS-III; Wechsler, 1997) is one of the most commonly used structured tests of cognitive ability. It contains a variety of subtests that assess verbal and nonver-

bal cognitive functioning and compares each individual's performance with those of a group of age-matched peers. Achievement tests and specific tests that address neuropsychological functioning may be helpful if there are specific questions about the individual's learning or neuropsychological functioning (see Wills & Sweet, chapter 16, this volume, on neuropsychological assessment). Tests in the cognitive domain are often helpful in differentiating cognitive deficits from psychological difficulties. Cognitive assessment in parents with specific learning difficulties may identify specific deficits and lead to suggestions for more effective strategies for intervention. Cognitive testing may also clarify why strategies for intervention are not working or indicate the potential for change in self-care and parenting domains.

Standardized personality assessment is thought to reflect an individual's current stress management and coping style, approach to problem solving, thought content or thought process, affective features or other symptoms, perceptions of the world, and overall personality structure. Objective testing, such as the Minnesota Multiphasic Personality Inventory—2 (Regents of the University of Minnesota, 1989) is one of a group of a paper-and-pencil, forced-choice tests that provides an objective assessment of major personality characteristics that affect personality and social adjustment. A person's scores are compared with those of a normative sample to evaluate the degree to which the person shares a given set of characteristics. Objective personality assessment is generally considered more accurate than subjective methods of assessment to the extent that the individual responds in an honest and straightforward manner.

Projective testing is a method whereby ambiguous stimuli are presented to the test taker and he or she is asked to respond to the stimuli. Responses are thought to reflect the above-mentioned features of personality functioning. One such test, the Rorschach, is scored and interpreted using an empirically based system (Exner, 1991). Thus it provides normative information about all elements of the individual's responses.

Standardized testing can significantly enhance a forensic assessment but should never be used except in conjunction with the other components of the individual evaluation. It can be particularly helpful in elucidating questions that relate to the parent, including cognitive abilities, personality organization, and attitudes relevant to parenting. It can also help in the detection of serious mental illness. All of these areas of assessment may help the evaluator understand the parent's functioning in connection with his or her parenting capacity.

The individual assessment of the child includes attention to development, emotional status, relationships with adults or peers, and school performance. The evaluator should explore the child's experiences of family life in his or her biological home and/or alternative placements, including relationships with siblings and peers. Attention should be given to the child's placement history, continuity of care, and any disruptions to care. Some assessment of the past and current attachments between child and parent should be included, with attention to any special needs. The specific nature of the child's maltreatment or other trauma or victimization should also be evaluated.

In considering the child's relationships, extended family may be interviewed, especially if they are currently acting as caregivers or if they have been proposed as caregivers. The extent of the investigatory function of the forensic evaluator in this regard will depend on the court's request and the status of the child in the dependency process. If family members are being considered as possible permanent guardians, the assessment of the parents should be applied to them.

When applicable, another source of primary information about the child can be obtained from the current custodians, who may be relatives, a foster family, or a putative adoptive family. Current caregivers should be assessed for their basic capacities to care for and nurture the child, their ability to deal with a child who has experienced abuse trauma, and the synchrony or nonsynchrony of their ethnic and cultural values with those of the parent.

Another critical component of the evaluation is a focus on interactions between each parent and each child, as well as comparisons of these relationships with any other relationships the child has with current or potential alternative caregivers. This component is often executed through a series of observations of the child in a variety of contexts. To avoid directing the process, it is usually

advisable to move from the least structured observations to those that are more structured. Observations of routine encounters between parent and child are usually the place to begin. Evaluators often observe parents during their scheduled visits. Parents and children may be seen in school settings, engaged together in after-school activities, or in the evaluator's office. Seasoned evaluators use both structured and unstructured observations. Some evaluators opt to include a structured teaching task so that they can compare the child's interactions across caregivers in the same context. Some evaluators will use a two-way mirror, and some will videotape the encounter for review. These decisions are often made after considering issues such as intrusiveness and rapport.

The final portion of the report is reserved for conclusions. The issues to be considered include the risks and benefits of reunification compared with other likely alternatives. In reviewing the factual basis of the opinions, the evaluator should consider the nature and etiology of the child's maltreatment, including attention to possible recidivism, the adequacy of the parent's capacity to meet the child's current needs, the prognosis for remediating parental deficits if declared "unfit," interventions and resources required for restoration, and the time frame required for safe reunification.

A second set of considerations includes the availability and adequacy of the most likely alternatives to reunification with parents. For example, the evaluator can consider substitute care, including adoption, kinship care, and residential care. The structure of the permanent plan, in regard to the child's contact with the parent (open vs. closed adoption), and reflection of the risks and advantages in the context of the child's best interests must also be considered. One way to describe the child's best interests in this final section of the report is to outline what would characterize the most likely and optimal developmental course if reunified with the parent versus the most likely and optimal developmental course if an alternative other than reunification with the parent occurs.

In writing a summary about parental fitness and/or factors associated with the child's best interests, it is important that the evaluator use caution to not overstate or understate opinions. One of the ways to check this process is to make sure that each opinion is carefully defended by the information gathered in the body of the report. A second technique that assists the author in constructing a balanced report is to use the summary section to restate the findings in the body of the report that have lead the evaluator to reach the conclusions offered.

Several additional issues are often raised in the development and execution of these evaluations. The first relates to handling ambiguities in information. It is imperative that the evaluator indicate where there may be "holes" in the data. It is advisable to consider ambiguous data with great care and to draw conclusions from clear, converging information. This does not mean that the evaluator cannot raise an issue or suggest that further investigation might be necessary to answer a given question.

A second admonition to evaluators is that they practice only within their areas of expertise. In the life of every experienced evaluator, there comes a time when he or she is faced with an area of expertise that is out of his or her knowledge base. In this case, the evaluator can seek assistance and consultation from an expert. However, if the referral question requires expertise beyond those of the evaluator, he or she may need to return the referral to the court or at least clearly state in the report that further consultation is necessary for specifically identified questions. Examples of problems that require specialized expertise include "shaken baby" or "battered child" syndromes and Munchausen-by-proxy cases. Other specialized topics include burns, head injuries, and sexual abuse cases, especially in preschool children (see other chapters in this volume).

Standards for practice typically require a period of supervision and specialized education before evaluators are able to perform forensic evaluations independently. Even the most experienced evaluators may require periodic consultation regarding difficult or complex cases. In some particularly difficult cases, several clinicians will work as a team, utilizing expertise across different professions when possible, synthesizing the information into a jointly authored report. Such multiprofessional assessments can help to reduce bias. It is also a good way to support the learning of a junior colleague in the field who is paired with a more senior partner.

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