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APA GUIDELINES FOR PSYCHOLOGICAL EVALUATIONS IN CHILD PROTECTION MATTERS

REVISION BY:

Working Group to Revise the Guidelines for Psychological Evaluations in Child Protection Matters
Committee on Professional Practice and Standards of the American Psychological Association

INTRODUCTION

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27 Given the “seemingly countless number of important issues that psychology touches,” our primary
28 challenge as a helping profession is not “identifying issues to which psychology can contribute,” but rather
29 “ensuring we remain focused and committed to make a difference” (APA, 2023, p. 4). Nowhere could this
30 focus and commitment be better placed or more consequential than in the arena of child protection.
31 Children continue to suffer abuse and neglect by parents and other caregivers in alarming numbers,
32 despite a general downward trend in maltreatment suffered by other populations (United States
33 Department of Health and Human Services, 2023). Devoting our full attention and expertise to this
34 ongoing crisis is an inevitable extension of psychology’s deep investment in all “cultural, economic,
35 systemic, historical, environmental, relational, and occupational contexts that influence health status,
36 wellbeing, and functioning across the lifespan” (APA, 2022, p. 1).

37 Child protection laws emphasize that every child has a fundamental right to protection from abuse and
38 neglect. Because of threats to family stability (Johnson-Motoyama et al., 2023), concerns regarding justice
39 and equality (Watt & Kim, 2019), and tensions between parents’ rights and States’ interests in child
40 protection circumstances, the role and practices of child protective services (CPS) agencies have evolved
41 since the 1970s. Some of the resulting developments across the practice landscape include changes in
42 differential response protocols on the part of various parties and agencies, greater prioritization of kinship
43 involvement, efforts to mitigate racial disparities in removals, discussion of public health approaches
44 (Family First Prevention Services Act, 2018; Lindell et al., 2020), and greater utilization of psychological
45 science and services. Challenges remain, such as child trafficking, barriers to equitable servicing for youth
46 and families, racial disproportionality, and debates over the Indian Child Welfare Act (ICWA, 1978). Also,
47 new issues have emerged, such as migration/displacement, and parental misuse of prescribed
48 medication.

49 Psychologists are positioned to contribute significantly to decision making in child protection matters, and
50 their role has become increasingly prominent. Psychological data and expertise may provide sources of
51 information and a perspective not otherwise available to courts regarding the functioning of parties,
52 positively informing decisions by courts, state agencies, and others.

53 ***Purpose***

54 The overall purpose of these Guidelines is to promote sound practice using evidenced-based and
55 psychologically informed methods in conducting child protection evaluations. These evaluations address
56 the impact of such factors as child maltreatment, parenting capacity, risk management, and the nexus
57 between a parent’s (in)action and any significant harm or imminent risk of harm to a child. The Guidelines
58 are dedicated to keeping pace with research and legal developments on an increasingly wide range of
59 evaluation issues.

60 ***Scope***

61 These Guidelines offer broad suggestions for psychologists who want to improve their awareness,
62 expertise, and capabilities in conducting child protection evaluations. These Guidelines pertain to
63 evaluations of children as to any psychological harm/risk of harm by parents or caregivers, including by
64 foster parents, guardians, and agencies that act in place of parents. Additionally, these Guidelines apply
65 whenever a child is being evaluated as to harm/risk of harm by parents or other familial/institutional
66 caregivers as a psycholegal issue.

67 The child protection evaluation may occur at different points and stages during the child welfare process
68 and may demand a different focus as a result. That process consists of a series of determinations such as
69 whether abuse or neglect occurred, the quality of parenting capacity, the need for treatment services, the
70 necessity of supervised parenting or out-of-home care, the viability of placement options, and if
71 reunification can safely occur (Child Welfare Information Gateway, 2020). Child protection agencies and
72 attorneys (including guardians *ad litem*) often advance opposing arguments regarding these
73 determinations that frequently rest upon mental health concepts with legal significance.

74 The psycholegal questions central to these determinations call for appropriately designed psychological
75 evaluation services. For example, in response to a report of child maltreatment, the State may determine
76 that a CPS investigation is unnecessary. In such cases, psychologists' evaluations inform determinations
77 concerning the family's needs, recognizing that evaluations could be used in support of a future CPS
78 investigation, administrative finding, or legal ruling.

79 During CPS investigations, psychologists may provide forensic mental health assessments regarding risk
80 management and the nexus between a parent's (in)action and any significant harm or imminent risk of
81 harm to a child. The State could request this information to inform its administrative findings concerning
82 emotional abuse or neglect. Psychologists strive to be aware of the potential role of these evaluations in
83 litigation concerning the alleged maltreatment.

84 In other cases, psychologists may conduct forensic mental health evaluations to inform the court's finding
85 concerning abuse or neglect, its disposition concerning risk management and services, a parent's
86 competence to stipulate to a finding (such as surrender of parental rights), and a parent's ability to benefit
87 from intervention. Throughout these Guidelines, the use of the word "parent" designates a variety of
88 caregivers, including foster parents, grandparents, other kinship relationships, and daycare providers,
89 among others.

90 When a case remains open before the court, psychologists may inform the court's determination
91 regarding visitation, ongoing supervision of parenting time, reunification, the appropriate services for
92 children and parents, and the termination of parental rights. The State may also seek psychological
93 evaluations regarding the fitness of pre-adoptive parents, or to determine the child's preparedness for
94 independent living. In some jurisdictions, parents have opportunities as well as resources to commission
95 independent evaluations.

96 Requests for child protection evaluations may arise in the context of child custody proceedings, but child
97 protection evaluations are not child custody evaluations. Even though these evaluations frequently touch

98 on custody-related topics, custody matters fall outside the purview of these Guidelines. See “APA
99 Guidelines for Child Custody Evaluations in Family Law Proceedings” (APA Working Group, 2022) for
100 resources from professionals on child custody assessments.

101 ***Users***

102 Consistent with previous versions, these Guidelines are intended for use by psychologists conducting
103 forensic evaluations related to child protection matters. In addition, these Guidelines may assist others
104 with an interest in child protection assessment and services, including attorneys, judges, various mental
105 health providers, and consumers. These Guidelines are not intended to pertain to routine psychological
106 treatment or other interventions (e.g., psychotherapy and counseling) provided to families, children, and
107 adults, or to address the activities of psychologists who are consulting or acting as non-evaluating
108 investigators in child protection cases.

109 ***Documentation of Need***

110 Researchers, advocates, policy makers, and practitioners continue to impact the child welfare system in
111 unique ways. Child protection evaluations are a primary touchpoint between specialists in forensic
112 psychology and the child maltreatment field. Families involved in the child welfare system are at risk for
113 disrupted lives, with potentially life-long impact.

114 The last Guidelines for Psychological Evaluations in Child Protection Matters were published in 2013. State
115 laws have changed considerably since then (e.g., regarding marriage equality). There has been
116 considerable development in research pertinent to this field, regarding implicit bias, the link between
117 domestic violence and child maltreatment, sexual orientation, gender identity, gender expression, sexual
118 health, sexual behavior, sexuality, diversity, traumatic attachment, substance abuse, cultural competency,
119 low income and economic marginalization, trauma-informed practice, and psychological testing.

120 Psychologists conducting child protection evaluations are facing contemporary dangers to children,
121 including social media with dangers such as exploitation and use and overuse affecting psychological
122 health, group-phobic (including homophobic, transphobic, and others) child abuse, children forced into
123 gang membership or sex trafficking, emancipated children, while staying abreast of risk-management
124 issues, such as changes in mandated reporting requirements, conducting remote evaluations, and
125 navigating interjurisdictional practice. Telepsychology (including tele-visitation, tele-forensic
126 interviewing, and other remote services) ascended into prominence as a result of recent public health
127 emergencies.

128 Psychologists with varying levels of supervised experience are asked to conduct child protection
129 evaluations. Many training programs offer some forensic exposure to family law. Child protection
130 evaluations are a domain of forensic psychology that requires skills, training, knowledge, and
131 competence in the assessment of children, adults, and families. Child maltreatment and parenting
132 capacity evaluations may have a significant impact on people’s lives and involve public scrutiny and trust.

133 These Guidelines aim to give psychologists who are asked to conduct child protection evaluations insights
134 and guidance to achieve and optimize the highest standards of practice.

135 **Framework: Legal Context for Child Welfare in the US**

136 The child welfare system in the United States is largely built upon the *Child Abuse Prevention and*
137 *Treatment Act (CAPTA)* and the *Adoption and Safe Families Act (ASFA)*.

138 *CAPTA* is a federal policy that incentivized states to create mandated reporting rules for abuse and neglect,
139 and to adopt definitions of child abuse and child neglect that meet or surpass federal definitions. As a
140 result, states (at a minimum) generally define *child abuse* and *child neglect*, which are collectively referred
141 to as *child maltreatment*, as “any recent act or failure to act on the part of a parent or caretaker, which
142 results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to
143 act which presents an imminent risk of serious harm” (*CAPTA Reauthorization Act of 2010*, 42 U.S.C. §
144 5101, Note § 3(2) (2010)).

145 *ASFA* was designed to promote the timely, permanent placement of children who have been removed
146 from homes. Under *ASFA*, parents have a finite period to either address the safety issues preventing
147 reunification with the child(ren) or face a *termination of parental rights (TPR)*, i.e., a cessation of
148 reunification efforts and parental rights – legally freeing the child for adoption (*ASFA*, 42 U.S.C. § 629
149 (1997)).

150 Those critical of *ASFA* and *CAPTA* have raised concerns about the resulting financial incentivization of
151 expeditiously moving towards *TPR*, systemic oppression, racial disproportionality, inattention to social
152 determinants of health, and the impact of these policies on children reared in impoverished (as opposed
153 to neglectful) home environments (Williams-Butler et al., 2020).

154 Reform efforts have addressed differential CPS responses, prioritization of kinship networks, and the
155 *FFPSA* (2018). The *Indian Child Welfare Act (1978)* is a reform effort that encourages adoptions that result
156 in placement of children in homes that reflect the unique values of Indian culture but has also been
157 criticized for contributing to racial disproportionalities in children aging out of the foster care system.

158 **Framework: Psychosocial Context**

159 Individuals and families experiencing child maltreatment are embedded at the intersection of various
160 social and physical domains that are highly interrelated and mutually interactive, within what
161 Bronfenbrenner (1979) termed the “ecological system.” Evaluators consider these domains to avoid
162 missing the contextual variables present in child maltreatment, and also to promote resilience and future
163 healing. Evaluators also benefit from understanding how ableism, oppression, inequality, and unearned
164 privilege interact with demographic factors, particularly in the context of childcare and parenting.

165 Income and social status are important factors in conceptualizing child maltreatment. Middle-class
166 intensive and competitive parenting may impact parenting as negatively as lack of resources and
167 economic marginalization. Developmental and trauma models inform perspectives on child-parent

168 relationships and family dynamics, from a family-specific cultural framework that includes attachment
169 processes and losses.

170 **Terminology**

171 Child protection proceedings may involve parents, grandparents, stepparents, guardians, and other adult
172 caregivers. As noted previously, these Guidelines apply the term *parents* generically when referring to
173 persons who hold *in loco parentis* rights over the children who become the focus of child protection
174 evaluations.

175 Parenting *capacity* refers to the potential for parenting in a “good enough” manner on a long-term basis,
176 specific to the needs of the children in question. An individual may currently possess parenting *ability* for
177 short periods of time in specific circumstances, but without the necessary skills to parent effectively in the
178 long term (Zumbach & Oster, 2021; Pasquale & Rivolta, 2016). *Competent* parenting involves adaptability
179 to the changing requirements and circumstances of a particular child (Aunos & Pacheco, 2020).

180 Parenting capacity may vary at different points in time, depending on the circumstances parents and
181 children face. Child protection evaluations provide a means by which to identify and understand a person’s
182 functional abilities, as well as deficits in need of remediation, relative to their role as parent.

183 Research on Adverse Childhood Experiences (ACEs) and *polyvictimization* supports expanded
184 conceptualizations of harm and child maltreatment outcomes beyond the short-term consequences.
185 According to the Children’s Bureau (2021), more than thirty-eight percent of children reported more than
186 one instance of victimization, and almost eleven per cent reported more than five instances of
187 victimization. Children with more severe and varied histories of victimization have significantly higher
188 levels of distress.

189 Many child protection evaluation orders contain specific *referral questions*, whereas other orders merely
190 designate the scope or focus of the evaluation. Different jurisdictions may prefer one approach over
191 another, and psychologists need to be aware of the jurisdiction’s practices. For the purposes of these
192 Guidelines, the term *referral questions* will also encompass the scope or focus as designated in the court
193 order.

194 Psychologists also receive referrals to conduct psychological evaluations solely on children, who may be
195 unaccompanied immigrants, unhoused, hospitalized, detained, or institutionalized. These children’s
196 wellbeing is often compromised by neglect, serial abuses, exploitation, and systemic mistreatment by
197 institutional caregivers. In these cases, the agency or institution has been acting as a caregiver and may
198 have rights *in loco parentis*. Referral questions for these evaluations reflect the court’s desire to learn
199 more about ways to protect children through placement, treatment, identification of needed resources,
200 and other services. These evaluations may end up in other courts (criminal, immigration) for proceedings
201 beyond what family or dependency courts address.

202 Terms such as *abandonment, domestic violence, failure to protect, serious harm, battered parent,*
203 *substantial bodily injury, safety, parenting capacity, and imminent risk* may be jurisdictionally defined or
204 otherwise clarified in legal decisions. Terms such as *medical child abuse, intrafamilial child torture, and*
205 *psychological maltreatment* are defined in professional literature. There is consensus around some terms,
206 for example medical child abuse—a form of child maltreatment perpetrated by parents who make efforts
207 for a child to receive unrequired and potentially harmful medical care (Yates & Bass, 2017). Differing
208 definitions for intrafamilial child torture (Macy, 2019), psychological maltreatment (Baker et al., 2021),
209 and other terms are still emerging in the literature.

210 ***Development Process***

211 The last Guidelines for Psychological Evaluations in Child Protection Matters (APA, 2013b) were reviewed,
212 found in need of revision, and sent out for public comment to solicit further evaluation, all in accordance
213 with Association Rules 30.8 and APA policy on Guidelines. In the spring of 2018, a Working Group was
214 formed under the auspices of the Committee of Professional Practice and Standards (COPPS), in
215 consultation with the Board of Professional Affairs, with the charge to revise the Guidelines for
216 Psychological Evaluations in Child Protection Matters (APA, 2013b).

217 The eight (8) members of the Working Group were selected for relevant and distinguished areas of
218 expertise and levels of experience in conducting child protection evaluations.

219 Representing a range of African-American, Latinx, Native American, and White personal backgrounds, the
220 Working Group was equally composed of female and male members whose professional backgrounds
221 were typically focused upon service provision to diverse and marginalized populations. The Working
222 Group benefited immeasurably from soliciting review by various APA boards and committees, as well as
223 by ethnic psychological associations, students, early career psychologists, related stakeholders, other
224 professional organizations, and other communities of interest.

225 The Working Group began meeting during the summer of 2020, initially communicating via monthly
226 conference calls. In the spring of 2022, weekly and bimonthly calls were initiated, and a two-day, in-person
227 meeting was conducted in February 2023. Various suggestions were proffered by individual members,
228 after which the Working Group refined these suggestions with an eye toward maintaining requisite
229 Guidelines format and content. In February 2024, the proposed revision document was submitted for
230 legal review and review by the Board of Professional Affairs, followed by review by APA Boards and
231 Committees, and a 60-day public comment period, in accordance with APA policies and procedures,
232 including Association Rules 30.8.

233 The document was revised in response to feedback, and a final revision was submitted for risk
234 management review by the APA Board of Directors and a substantive review by the APA Council
235 Leadership Team (CLT) followed by review and action by the Council of Representatives. Thereafter, the
236 document was approved and adopted as Association policy, posted, and disseminated broadly in
237 accordance with APA policy and procedures.

238 ***Selection of Evidence***

239 The Working Group conducted a broad review of the literature through their own study and discussion of
240 professional and scholarly resources and a review of the public comments. The Working Group received
241 suggestions for additional citations and references from various collegial sources throughout the
242 development process. The literature reviewed and cited in the text of these Guidelines by the Working
243 Group is as inclusive, representative, seminal, relevant, empirically based, and current as feasible. The
244 introductory and guidelines sections are explicitly informed by the Ethical Principles of Psychologists and
245 Code of Conduct (APA, 2017a) (hereafter referred to as the “APA Ethics Code”), as well as additional APA
246 Guidelines, policies, and reports.

247 ***Distinction between Standards and Guidelines / Compatibility with APA Ethics Code***

248 As noted above, these Guidelines are informed by the APA Ethics Code (2017a). The term “Guidelines”
249 refers to statements that suggest or recommend specific professional behavior, endeavors, or conduct for
250 psychologists (APA, 2015). Guidelines differ from standards, in that standards are mandatory and may be
251 accompanied by an enforcement mechanism. Guidelines are aspirational in intent. They are intended to
252 facilitate the continued development of the profession and a high level of practice by psychologists.
253 Guidelines are not intended to be mandatory or exhaustive, and they may not be applicable to every
254 professional situation. They are not definitive nor intended to take precedence over the measured,
255 independent professional judgment of psychologists (APA, 2015). It is not possible for these Guidelines to
256 identify every course of action that a child protection evaluator might be encouraged to pursue or avoid.
257 For these reasons, it would not be accurate for legal and other advocates to assume that these Guidelines
258 offer a comprehensive and definitive overview of all relevant issues. In addition, psychologists should
259 refrain from using these Guidelines as an exclusive blueprint for conducting child protection evaluations;
260 instead, psychologists should acquire from other sources the requisite knowledge, skill, education,
261 experience, and training for doing so.

262 ***Conflict of Interest***

263 The Guidelines developers did not receive external support for this project. No external funding was
264 received to assist with the preparation of these Guidelines or for conducting the underlying literature
265 review. No funds, grants, or other support was received in support of this project other than what was
266 allocated in support of APA boards and committees to meet and develop guidance. The Guidelines
267 developers complied with APA’s policy on conflicts of interest.

268 ***Expiration***

269 These Guidelines are scheduled to expire ten (10) years from August 2024. After that date, users are
270 encouraged to contact the APA Practice Directorate to determine whether this document remains in
271 effect.

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ORIENTING GUIDELINES

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277 **1. Psychologists conducting child protection evaluations aspire to recognize how families' opportunities**
278 **and disadvantages may have been socially or systemically determined.**

279 **Rationale:**

280 Systemic problems and social determinants create inequalities in healthcare delivery, improvements in
281 population health and health equity, wages, education, involvement with law enforcement, and other
282 environmental areas (APA, 2019b; APA, 2021b). Children may experience risks when families are
283 oppressed by these obstacles and disparities, and disproportionalities may subsequently occur in the child
284 welfare system (Feely & Bosk, 2021; Kim & Drake, 2018). When these systemic and social considerations
285 are excluded from efforts to understand and manage risk, it may be to the detriment of justice and may
286 prevent delivery of the most advantageous child protection interventions and forensic psychology
287 services.

288 **Application:**

289 Psychologists conducting child protection evaluations are encouraged to acquire an understanding of
290 disproportionalities and disparities within the child protection system, such as those concerning race
291 (APA, 2019a; Middel et al., 2022), indigenous heritage (Children's Bureau, 2021), ableism (Slayter &
292 Jensen, 2019; Lightfoot, Zheng, & DeZelar, 2021), population and health equity (APA, 2022), immigration
293 status, sexual diversity, the underrepresentation of White and Asian youths, and other demographic
294 factors. Psychologists strive to understand how individual and contextual factors (Vial et al., 2020),
295 including structural determinants of child neglect (Feely & Bosk, 2021), relate to a family's entry,
296 participation, and needs within the child protection system (APA, 2013). Psychologists conducting child
297 protection evaluations are informed by these realities and attempt to avoid propagating the
298 marginalization of families based on systemic inequities, social determinants, ableism, internalized racism,
299 bias, and other types of discrimination (APA, 2021a; APA, 2022; Feely & Bosk, 2021).

300 **2. Psychologists strive to remain aware of the complexity of legal and administrative issues in child**
301 **protection, and how psychological science applies to child protection matters.**

302 **Rationale:**

303 Each jurisdiction has statutorily defined authority over the care and protection of children. This process is
304 complex and addresses such considerations as whether abuse or neglect occurred or is likely to occur, the
305 necessity of supervised or out-of-home care, the viability of placement options, and prospects for
306 reunification (Child Welfare Information Gateway, 2020). Child protection agencies, guardians, and
307 attorneys may advance opposing arguments concerning these determinations that frequently rest upon
308 psychological concepts. A psychologist's understanding of the child protection system and diligent

309 application of psychological science are crucial to the ability to provide effective and useful evaluations
310 (Cross & Risser, 2022).

311 **Application:**

312 Psychologists attempt to become familiar with applicable statutes, regulations, case law, and court rules.
313 Psychologists may pursue various training opportunities, such as those offered by state professional
314 associations, locally focused continuing education sponsors, or regional child protection agencies.
315 Psychologists may also seek peer consultation to further their understanding of these issues.

316 Psychologists conducting evaluations in child protection matters seek to understand the relationships
317 between federal guidelines and mandates and the implementation of jurisdictional procedures, such as
318 the relationship between the Adoption and Safe Family Act (ASFA, 1997) and the requirement of specific
319 findings by the local court. Psychologists are mindful of understanding the ways in which the
320 psychologist's evaluation, opinion, and wording of a report may affect the case outcome.

321 Psychologists endeavor to understand and apply evidence-based and scientifically supported
322 developmental models when assessing child-parent relationships and family dynamics. Their
323 understanding of a cultural framework relevant to the family is a means of avoiding biases when providing
324 recommendations for permanency (APA Ethics Code 2.04, 9.02(a)(b)(c)).

325 **3. Psychologists strive to obtain jurisdiction-specific, specialized knowledge regarding types of child**
326 **maltreatment and the characteristics of children and families reported to child protective services.**

327 **Rationale:**

328 Jurisdiction-specific definitions and systems are established to receive and address allegations of child
329 maltreatment (Lloyd Sieger & Rebbe, 2020), including physical abuse, neglect, sexual abuse/exploitation,
330 and emotional abuse. With the goal of keeping children safe, courts, agencies, and other entities rely upon
331 psychologists to make a considerable contribution to competent practice that reflects specialized
332 scientific and professional knowledge of child maltreatment (Bunger et al., 2021).

333 **Application:**

334 Psychologists strive to obtain an understanding of how child abuse and neglect are defined in their own
335 jurisdictions (Child Welfare Information Gateway, 2019), as well as federal laws that affect these
336 definitions, such as the Child Abuse Prevention and Treatment Act (CAPTA; 2010) and the Adoption and
337 Safe Families Act (ASFA; 1997). Psychologists seek to learn the statutes and regulations regarding the child
338 welfare process in their jurisdictions, such as mandated reporting, differential responses, tiering of
339 investigative findings, and termination of parental rights.

340 Psychologists are encouraged to develop relevant knowledge and skill sets concerning the evaluation of
341 children and families reported to child protective services. They endeavor to familiarize themselves with
342 studies on polyvictimization (Haahr-Pedersen, 2020) and the research that addresses the prevalence,

343 effects, risk factors, protective factors, and risk-management strategies for various types of child
344 maltreatment.

345 Psychologists strive to remain aware of research concerning how reports and substantiations of abuse
346 and neglect relate to the capabilities and experience of service providers (Bosk, 2020; Jent et al., 2011;
347 Lwin et al., 2022). Relevant examples include the characteristics of children (including age, race, disability)
348 and parents (including age, functioning, history of CPS involvement during childhood and adulthood).
349 Additional examples include the characteristics of families (for example, family size, single parent families,
350 and domestic violence) and communities (e.g., concentrated disadvantage, deficient support, and limited
351 resources).
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ACQUIRING COMPETENCE

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4. Psychologists seek to gain competence in conducting child protection evaluations through an optimal combination of education, training, experience, consultation, and peer supervision.

Rationale:

Child protection matters are consequential proceedings for all parties involved. Courts, agencies, and other entities rely upon psychologists to make a considerable contribution through competent practice that reflects specialized scientific and professional knowledge.

Application:

Psychologists who provide forensic services strive to develop relevant knowledge and skill sets. This competence may be reflected in the psychological evaluation of such overlapping phenomena as intrafamilial violence, child abuse and neglect, children's trauma and intergenerational transmission of trauma, multicultural aspects in the field, as well as developmental psychopathology throughout the lifespan.

Psychologists seek to establish, maintain, and augment their capabilities through a range of resources and experiences. Graduate education, continuing education programming (Ng et al., 2022), peer supervision (Danzi et al., 2020), and collegial consultation (Miu et al., 2022) may constitute valuable opportunities for ongoing professional development. Psychologists are encouraged to seek out scientific and legal literature concerning child protection on an ongoing basis.

5. Psychologists strive to remain aware of personal biases, societal prejudices, and the need for culturally competent practice.

Rationale:

Personal biases include but are not limited to those related to age, gender identity, sexual orientation, race, ethnicity, national and cultural origin, disability, language, socioeconomic status, and immigration/naturalization status (APA Ethics Code 3.01). Such biases may interfere with the ability to provide non-judgmental services. The ways in which psychologists employ language in the course of interviews, report writing, and testimony may reflect unidentified bias. These concerns may compromise the ethical integrity as well as the legal and administrative acceptance of evaluation conclusions and recommendations, making it crucial that psychologists seek to remain impartial throughout the duration of the evaluation. Cognitive, confirmatory, implicit, allegiance, systemic, and other evaluator biases may interfere with the validity of an evaluation and may also erode the confidence of courts, litigators, parties, and the public concerning the contributions of psychologists to the child protection process.

Application:

Psychologists remain aware of the effects of bias and actively take steps to minimize the effects of such biases on assessment outcomes (Brodsky, 2023). They also remain aware of the stigma that may be

389 associated with cognitive, mental, and physical disabilities (Char & Bogart, 2022) and seek to avoid
390 overgeneralizations and stereotypes concerning such characteristics and phenomena as race, indigenous
391 heritage, culture, gender identity, sexual orientation, immigration/naturalization status, single-parenting,
392 low income, neurodiversity, and actual or perceived disability status (APA, 2019a).

393 **6. Psychologists are mindful of maintaining a fair and impartial approach to child protection**
394 **evaluations.**

395 **Rationale:**

396 Child protection evaluations may inform consequential opinions on a range of relevant issues, including
397 the potential presence of abuse and neglect, subsequent treatment options, conditions of parental access
398 plans, and termination of parental rights. Family strengths and challenges may be influenced by different
399 cultural norms, values, and traditions. Differences in the balance of power and equality in various ethnic
400 and multiethnic backgrounds (Liu et al., 2022) may impact parenting, particularly if parents live within a
401 similar community. Evaluation methods or reasoning that disrespect any party's rights and dignity
402 undermine the scientific and professional bases of child protection evaluations (APA Ethics Code,
403 Principles C, D, E; APA Ethics Code 2.04, 9.06).

404 **Application:**

405 Psychologists strive to understand the effect of diverse backgrounds and cultures on developmental
406 expectations, child rearing practices, family relationships, gender roles, expectations for children,
407 discipline, and disability, among others. The more prevalent the cultural differences between the
408 evaluator and the evaluatee, the more essential for psychologists to endeavor to find information related
409 to cultural variations and their impact in the family context, the working relationship, and the power
410 differential between the psychologist and the examinee (Overall et al., 2022). Psychologists are
411 encouraged to ensure that persons with disabilities are also given objective evaluations with accurate
412 opinions (APA Ethics Code 2.01). Optimally designed and conducted evaluations seek to determine what
413 aspects, if any, of a particular disability are relevant to parenting, with due consideration of the role that
414 stigma may play in the psychologist's own work and that of others involved in the case.
415

PREPARING FOR THE CHILD PROTECTION EVALUATION

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418 **7. Psychologists endeavor to understand the court's referral questions, the scope of the evaluation, the**
419 **anticipated use of the findings, and the expected timeline.**

420 **Rationale:**

421 The court's referral questions determine the scope of the evaluation, the methods used to conduct the
422 evaluation, the analysis of the data, and the communication of the findings. A reasonable understanding
423 of jurisdictional requirements and definitions of terms is essential when responding to the referral
424 question and conducting the evaluation.

425 **Application:**

426 Child protection evaluations may involve child, adult, and family assessments to address the court's
427 referral questions. If the psychologist does not have the requisite expertise to address the court referral
428 questions, then the psychologist endeavors either to decline the referral or to seek consultation. If
429 alternative resources are not available, the psychologist strives to take steps to advise the court of the
430 possible limitations and to seek the court's direction and approval for continuing the evaluation.

431 In each case, the forensic psychologist strives to translate the referral question (e.g., opining about a
432 child's safety needs) into forensically relevant issues, including but not limited to parental mental health,
433 parenting capacity, parent-child relationships, or developmental and attachment concerns (Zumbach &
434 Volbert, 2021).

435 Psychologists endeavor to use an evaluation strategy and methodology that will allow the scope of the
436 evaluation and the court's referral question to be addressed. Responding to the court's referral questions
437 is the primary goal of the evaluation. The psychologist strives to avoid administering tests, interviewing
438 evaluatees, or seeking collateral information when such services are not relevant to answering the court's
439 inquiries. They recognize that going beyond the referral questions does not aid the court's decision-
440 making process. When an evaluation involves translations of tests into other languages, psychologists
441 seek appropriate norms. The use of a translator may be necessary (see Guideline 17).

442 **8. Psychologists are encouraged to determine the methods that are appropriate to address the referral**
443 **issues.**

444 **Rationale:**

445 Psychologists, based on their training, their experience, and their knowledge of research, evidence- based
446 methods, and professional literature, are trained to determine the methods to address evaluation referral
447 issues and questions appropriately within the context of the referral.

448

449 **Application:**

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451 Psychologists strive to choose methods that are appropriate to the individuals and to the context of the
452 evaluation, thus maximizing relevant information and leading to strongly supported opinions (APA Ethics
453 Code 9.02).

454
455 Psychologists providing child protection evaluations recognize that the courts and other referring parties
456 may not be familiar with current psychological science, leading to ill-informed or inappropriate requests.
457 Psychologists strive to resist pressures to employ methods that are not required to answer the referral
458 question. When psychologists receive such requests, they seek to provide clarification to the referring
459 party concerning why the methods being requested could be extraneous and might not contribute to
460 incremental validity.

461
462 **9. Psychologists providing child protection evaluations strive to avoid role conflicts and multiple**
463 **relationships that may compromise objectivity, competence, or effectiveness.**

464 **Rationale:**

465
466 Role conflicts and multiple relationships may impair psychologists' abilities to conduct impartial and
467 competent evaluations and may otherwise risk harm or exploitation concerning the person or the
468 identified client (e.g., court, state child protection agency). Such variables may decrease the usefulness of
469 information obtained, including opinions and recommendations or guidance to involved entities.

470
471 When role conflicts or multiple relationships are present, they may undermine the basis for reliable
472 testimony (APA Ethics Code 3.05, 3.06). Persons or entities seeking or receiving evaluation services in child
473 protection cases may not always reliably distinguish between clinical and forensic roles and may not
474 recognize other potential role conflicts or multiple relationships that may arise.

475
476 **Application:**

477
478 Psychologists recognize that there are numerous factors that potentially pose role conflicts or involve
479 other biases. Evaluators are aware of the potential for allegiance bias (Sauerland et al., 2020) and how to
480 address this issue. Psychologists are mindful of the need to maintain professional boundaries, and they
481 seek to be sensitive to the special considerations that may be of concern when unique situations arise.
482 Examples include examining multiple parties, moving from an investigative role to a parental rights
483 termination role, or navigating the complications presented when experts assess successive generations
484 of a family.

485
486 Psychologists strive to recognize and disclose potential conflicts to the court and the parties at the time
487 of retention. This can help to ensure that conflicts are properly addressed. Psychologists may consider
488 declining the referral once conflicts are identified, and they endeavor to communicate with referring
489 parties and family members in a manner that prevents misperceptions of their role.

490
491 Psychologists generally avoid conducting child protection evaluations when serving in a therapeutic role
492 for the child or the immediate family, conducting a custody evaluation for the family, evaluating the
493 alleged abuser for criminal court, or otherwise being involved in a fashion that may compromise their
494 objectivity. (APA Ethics Code 3.05). When psychologists face extraordinary circumstances, such as when
495 a clinical emergency arises, or when they are serving rural populations or persons with specialized needs
496 for which adequate alternative services are not available, psychologists seek to resolve the situation
497 consistent with APA Ethics Code 3.05(c).

498

CONDUCTING THE CHILD PROTECTION EVALUATION

499
500
501
502 **10. Psychologists strive to obtain informed consent from adult participants, and informed assent from**
503 **child participants as appropriate.**

504
505 **Rationale:**

506 Explaining assessments, fees, the involvement of third parties, and the limits of confidentiality, while both
507 inviting questions and providing answers (APA Ethics Code 3.10), enhances valid participation. Obtaining
508 informed consent furthers the legal and scientific goals of fundamental fairness (APA, 2021a).

509 **Application:**

510 Psychologists endeavor to have all capable adults participating in the evaluation sign an informed consent
511 form (APA Ethics Code 3.10) that meets not only ethical standards but also legal requirements of the
512 jurisdiction.

513 At the outset of the evaluation the psychologist seeks to explain procedures (including electronic
514 recording of the process), the examiner's professional role, specific referral questions, the nature and
515 sources of fees, release of records, limits of confidentiality, anticipated use of the information, and
516 possible consequences of not participating. Psychologists are mindful of including in their informed
517 consent an explanation of mandatory reporting obligations, such as those triggered by other allegations
518 of child maltreatment, elder abuse, child trafficking, or other legally defined circumstances (APA Ethics
519 Code 9.03).

520 Psychologists strive to explain informed consent matters in an accessible fashion, and to convey a
521 willingness to answer questions. Some persons may require accommodation(s) because of literacy
522 concerns, language issues, cultural values, or disability. Consent, when required by law, may be obtained
523 from a legally authorized third party when an adult is incapable of providing informed consent (APA Ethics
524 Code 3.10). When an evaluation is court ordered, informed consent may not be necessary (APA Ethics
525 Code 3.10; APA, 2013c).

526 Similarly, psychologists aspire to give children an age-appropriate explanation of the purpose of the
527 evaluation, consistent with each child's cognitive abilities and verbal skills, in order to obtain assent
528 (Calloway & Lee, 2021). Psychologists consider that legal guardians may have the right to provide consent
529 on children's behalf in the absence of a court order, or otherwise pursuant to state law.

530 Psychologists aim to provide collateral sources with information that might reasonably be expected to
531 inform decisions by those sources about participating, including who has retained the psychologist, the
532 intended use of the knowledge obtained, and the limits of confidentiality and privacy (APA, 2013c;
533 Goldenson et al., 2023).

534 **11. Psychologists strive to use multiple and complementary methods of data gathering.**

535
536 **Rationale:**

537 The complex issues and far-reaching implications of child protection decisions warrant thorough
538 assessment techniques. Multiple methods of data gathering serve to increase the breadth of information

539 obtained, increase validity and reliability of conclusions and recommendations, and limit biases (Melton
540 et al., 2018). Collecting information from multiple sources leads to a comprehensive formulation, enabling
541 the development of more nuanced hypotheses and support for the psychologist's findings.

542 **Application:**

543 Psychologists strive to base the opinions contained in their recommendations, reports, and diagnostic or
544 evaluative statements, including forensic testimony, on information and techniques sufficient to
545 substantiate their findings (APA Ethics Code 9.01).

546 Methods utilized in child protection cases may include interviews, psychological testing (including for
547 cognitive ability, personality functioning, psychopathology, dissimulation, and other relevant issues),
548 forensic assessment instruments (such as parenting measures), and other specialized assessments for
549 such topics as substance use, neuropsychological functioning, or violence risk. In addition, psychologists
550 strive to observe parent-child interactions, to review records, and to conduct collateral interviews.

551 **12. Psychologists conducting evaluations in child protection matters are mindful of the ways in which**
552 **their contact with the child and other involved parties may affect the individuals' memories and event**
553 **reports.**

554 **Rationale:**

555
556 While improper child interviewing techniques may negatively affect the reliability of children's memory
557 and event reports, the use of proper interviewing skills can elicit accurate information from even very
558 young children (Lamb et al., 2018). The use of proper child interviewing techniques in child protection
559 evaluations helps to ensure that the information obtained is reliable and that the interviewer's
560 questioning style does not influence the interviewee's memory or event reports.

561

562 **Application:**

563
564 When interviewing children, psychologists conducting evaluations in child protection matters seek to use
565 evidence-based interviewing techniques to preserve accurate information from interviewee (e.g., Newlin
566 et al., 2015; APSAC, 2023). Regardless of a child's age, the use of broad, open-ended questions may allow
567 the youth to provide accurate information without restriction based on the interviewer's questioning
568 style. The use of more focused questions, including multiple-choice and Yes/No formats, may produce
569 more information, but at the expense of accuracy (Lamb et al., 2018).

570

571 The psychologist's interviews of the child and of collateral sources may include inquiries regarding the
572 number of times the child has been questioned about issues related to the child protection services (CPS)
573 involvement, with whom has the child discussed the issues, and other sources of information or
574 misinformation about the circumstances of CPS involvement and the current psychological evaluation.

575

576 Psychologists are mindful of the potential impact on the child's memory of even seemingly innocuous
577 communications from parents or other salient individuals in the child's life and may explore the extent to
578 which the child's relationships and contacts with others may have contributed to the child's reports
579 (Principe & London, 2022).

580

581 Many children who are being evaluated in child protection matters have been or are currently receiving
582 psychotherapy. Psychologists strive to assess the potential impact of therapeutic techniques on the
583 accuracy of children's memories (Branaman & Gottlieb, 2013).

584
585 **13. Psychologists strive to identify and interview parents based upon the evaluation's purpose and legal**
586 **context.**

587 **Rationale:**

588 Interviewing parents can provide contextualizing information about a parent's functioning, test scores,
589 caregiving skills, strengths, limitations, openness to engagement, and access to potential resources. This
590 source of information may also clarify child safety, potential interventions, a child's functioning, as well as
591 risk and protective factors. Such interview data inform a variety of legal and administrative determinations
592 in child protection proceedings.

593 **Application:**

594 Psychologists endeavor to structure and carry out their parent interviews while paying close attention to
595 considerations of bias management, relevance of culture, language proficiency, disability status, age,
596 cognitive ability, socioeconomic status, gender identity, and sexual orientation. Psychologists strive to
597 focus the interview on factors relevant to specific legal issues as well as to the stage of the legal process.
598 Examples may include prognosis, treatment amenability, risk, degree of adherence to court directives,
599 progress toward goals, or allegations of harm.

600 Based upon scientific support and psychological knowledge, psychologists may structure parent
601 interviews to address social, educational, legal, housing, economic, health, substance use, and child
602 maltreatment history (as a parent or child victim). Psychologists may also consider the parent's
603 expectations of the child, recognition of the child's unique needs, disciplinary strategies, skills, attitudes,
604 routines, parenting stress, and perceptions of the parent-child fit. Other topics may include, but are not
605 limited to, self-care, social support, problem-solving capacity, family dynamics, intimate partner violence,
606 goals, and role models (Aunos & Pacheo, 2021; Houston, 2016; Johnson et al., 2014; Wolford & McWey,
607 2020).

608 In addition, psychologists may consider assessing social and communication skills, emotional expression,
609 behavioral control, attentiveness, hygiene, and other clinically relevant issues while interacting with
610 parents during these interviews. To enhance the valid use of this information, psychologists strive to
611 prioritize cultural humility and to seek alternative hypotheses that could influence a parent's
612 presentation, such as systemic obstacles, stereotype threat, involuntariness, fear, misunderstanding, and
613 impression management.

614 **14. To clarify and supplement other data, psychologists seek records, media sources, and collateral**
615 **informants with information relevant to the child protection evaluation.**

616 **Rationale:**

617 Solely relying upon a parent's or child's self-reports could obscure risk and potential child safety issues, as
618 well as other concerns. Historical information concerning the examinee, family members, or prior system
619 involvement may not be obtainable through parent or child interviews.

620 Application:

621 Before gathering third-party information, psychologists strive to ascertain what is relevant, such as
622 information regarding the child’s development, safety, trauma, socio-emotional functioning, conduct,
623 medical history, school performance, and family interactions. Psychologists seek appropriate permissions
624 (Specialty Guidelines for Forensic Psychology (SGFP) 8.03) and gather relevant data from various
625 authorized sources (Melton et al., 2018; Wright, 2020), such as case workers, childcare providers,
626 teachers, physicians, mental health providers, family members, and other collateral informants.

627 Psychologists are encouraged to seek, review, and integrate child protective service, legal, substance
628 abuse, mental health, criminal, medical, educational, as well as other records, images, and recordings, as
629 relevant. Publicly available social media postings may also offer useful information, provided that
630 psychologists acquire informed consent and document the precise source (Pirelli et al., 2018).

631 When considering whether to participate, third-party informants may benefit from the psychologist’s
632 provision of “information that might reasonably be expected to inform their decisions about participating”
633 (SGFP 6.04). This information may include the retaining party, the nature, purpose, and intended use of
634 the collateral interview data, in addition to limits on privacy, confidentiality, and privilege (APA Ethics
635 Code 3.10).

636 Psychologists are encouraged to remain alert to their own potential biases as well as those of others (APA
637 Ethics Code 9.06). For example, records or collateral interview data may be influenced by allegiance bias,
638 other biases, poor recollection, misunderstanding, inaccuracy, or racism (individual or institutional) (APA
639 2021b). Therefore, psychologists are mindful of remaining aware of the subjectiveness of certain collateral
640 data, and of focusing upon direct observations and factual experiences reported by collateral
641 interviewees.

642 **15. When conducting child protection evaluations, psychologists strive to observe parent-child
643 interactions if this can be accomplished in a safe and secure manner for all.**

644 Rationale:

645 Functional competency is an aspect of parenting that may be more directly evaluated through
646 performance based functional assessments than by testing and interviewing. The observation of parent-
647 child interaction may reveal bidirectional dynamics between parental functional capacities and child
648 demands, which can foster more persuasive opinions, predictions, and recommendations. However, the
649 obligation to avoid or minimize harm (APA Ethics Code 3.04) makes child safety a primary consideration.
650 Observations of parent-child interactions are not in and of themselves “attachment” evaluations (i.e., the
651 quality of the organization of the parent-child relationship), which require specialized training and
652 settings.

653 Application:

654 To avoid potential harm to the child, psychologists strive to take reasonable measures before starting a
655 parent-child interaction observation, such as confirming the parent's safety and mental status, the child's
656 vulnerabilities, and the dyad's history. Upon conducting parent-child interaction observations,
657 psychologists aspire to observe systematically for parenting skill deficits, harshness, relationship problems
658 (Ananda et al. 2021; Cañas et al., 2022), overreactions, praise, responsiveness, affect, controlling behavior,
659 negative verbalizations, anger, warmth, and developmental appropriateness, amongst other factors
660 (Cañas et al., 2022; Zumbach, et al., 2021). Additionally, psychologists are encouraged to note the child's
661 verbal and nonverbal reactions to the parent (Cañas et al., 2022). Psychologists may also document the
662 parent's opportunities and willingness to act, and their demonstration of certain abilities, while
663 considering cultural factors (APA, 2019b), the effect of being observed, and other variables.

664 Psychologists strive to employ appropriate methods of documenting these interactions. They aim to
665 document, for example, how they endeavored to overcome administrative obstacles that prevented
666 observations of parent-child interaction, such as scheduling, location, technology, school, transportation,
667 supervisor, or foster parent related issues. They also strive to share the limitations associated with
668 foregoing such data that may affect the reliability and validity of their opinions (APA Ethics Code 9.02;
669 SGFP 10.02). They seek to overcome systems-level barriers with reasonable and documented efforts, such
670 as clarifying the validity, and occasional necessity, of a parent-child interaction observation to answer
671 certain referral questions; and psychologists refrain from offering opinions about the parent-child
672 relationship without a sufficient basis in data (APA Ethics Code 9.01).

673 **16. When determining whether to add telepsychology components to child protection evaluations,**
674 **psychologists strive to consider the implications for confidentiality, reliability, validity, test security,**
675 **equity, access, and other elements of scientifically, legally, and ethically sound practice.**

676 **Rationale:**

677 Judges, attorneys, parties to litigation, and fellow forensic evaluators may experience varying levels of
678 familiarity with telepsychology. The psychologist's concern for basing opinions upon sound scientific and
679 professional knowledge may be amplified when techniques are employed that invite heightened levels of
680 scrutiny and challenge.

681 **Application:**

682 Reasons for adding telepsychology to child protection evaluations may include daunting travel distances,
683 crisis conditions, restrictive deadlines, and financial constraints. Telepsychology may make a significant
684 contribution when used responsibly (Daffern et al., 2021; APA, 2013a), and with an appropriate
685 understanding of whether telepsychology is permissible under relevant state law and court rules.
686 Psychologists strive to consider the effects of telepsychology on test security (Wright et al., 2020) as well
687 as the safety and privacy for the examinee (Recupero, 2022). When writing reports and providing
688 testimony in child protection matters, psychologists are mindful of how such considerations may have
689 affected their proffered opinions (Wright & Raiford, 2021).

690 Having committed to the use of telepsychology in a given case, psychologists consider the examinee's
691 "access to a to a suitable electronic device with internet access," and whether the device in question has
692 "video and audio capabilities sufficient to use the video conference platform" with "the capacity to
693 maintain the device's power through the duration of the evaluation" (Batastini et al., 2023, p. 259). The
694 ability to describe such precautions and their implementation can become particularly important when
695 cross-examining attorneys attempt to assert that the psychologist "did not adequately understand the
696 technology and therefore might not have applied the appropriate safeguards" (Recupero, 2022).
697 Psychologists may seek the opportunity to attain at least a limited view of the physical environment, and
698 to confirm the examinee's physical address or location, with an eye toward safety concerns.

699 Usual concerns regarding the presence of third-party observers, including such notions as violations of
700 test security, coaching, and threats to both reliability and validity (Glen et al., 2021), may be heightened
701 when the psychologist is unable to determine who else may be attending outside the visual frame of the
702 electronic device. Such issues may warrant specific inquiry by the psychologist both before and at the
703 outset of the examination, including a full visual scan of the space where the examination is occurring.
704 Psychologists may consider rescheduling or canceling an examination when they are "unable to resolve
705 observation issues to their satisfaction" (Committee on Psychological Tests and Assessment, American
706 Psychological Association, 2022, p. 4).

707 **17. When utilizing language interpretation services, psychologists strive to take reasonable steps**
708 **toward appropriately selecting and working with qualified interpreters.**

709 **Rationale:**

710 Interpreter-mediated interviews in child protection evaluations may be required when the psychologist
711 lacks sufficient fluency in the examinee's native language (APA, 2017b). The competence and performance
712 of psychologists and interpreters in these matters can affect the protection of the examinee's rights, the
713 child's safety, and the reliability of the evaluation (Hale et al., 2019).

714 **Application:**

715 Psychologists strive to identify the examinee's preferred language, and to consider the examinee's literacy
716 level for oral and written communication, in order to inform the need for interpretive services during
717 interviews and approved foreign language translations upon testing. There may also exist an ethical need
718 in some cases for referral to another psychologist fluent in the examinee's primary language. They also
719 strive to remain mindful of the potential limitations of telephone (Powell et al., 2017) and video-link
720 (Doherty et al., 2022) interpretation services, as well as the possible inappropriateness of using family
721 members and other interpreters of convenience.

722 When utilizing professionally trained interpreters, psychologists strive to consider a variety of factors,
723 such as gender, age, familiarity and experience with ethical practice, recognition of confidentiality
724 requirements, understanding of the relevant cultural contexts, and the ability to speak fluently in the
725 language and dialect of the examinee (Hale et al., 2019; Wagoner, 2017). Similarly important may be

726 ongoing availability for the current evaluation, and the ability to establish rapport with the examinee
727 (Tribe & Thompson, 2022). Other considerations may include the interpreter's ability to contextualize
728 messages and utilize their expressiveness to communicate understanding, empathy, and acceptance
729 (Powell et al., 2017).

730 Psychologists endeavor to consult with interpreters in advance of the examination, regarding specific
731 expectations, goals, and strategies, which can be facilitated by providing some information about the
732 examinee and the case (Fennig & Denov, 2021). They may convey the anticipated subject matter (e.g.,
733 child sexual assault) and duration of the interview given the potential for vicarious trauma (Villalobos et
734 al., 2021, Tribe & Thompson, 2022) and mental fatigue (Wang et al., 2022).

735 Psychologists seek to attain and develop an understanding of current issues in interpreter-mediated
736 services, such as word-for-word interpretation, since merely summarizing content may actually lead to
737 misunderstanding (Mulayim & Lai, 2017). Communication may become more meaningful when
738 interpretation is conveyed with the same tone, volume, and emphases as utilized by the speaker (Hale,
739 2019; Hale et al., 2019). Psychologists also endeavor to become knowledgeable regarding such evaluation-
740 related interpreter-mediated skills as expressiveness of style and tone, clarity, thoughtfulness of language
741 use, cultural terms of respect, and self-reflection regarding oral skills (Boser & LaRooy, 2018).

742 **18. Psychologists endeavor to utilize robust, informative, and culturally sensitive psychological**
743 **assessment methods and instruments that are administered in a methodologically sound fashion and**
744 **are relevant to the purposes of the child protection matter.**

745 **Rationale:**

746 Courts rely on evidence that is reliable, scientifically robust, and of informative value. Psychological tests
747 and methodology can help identify relevant issues when properly selected, administered, scored,
748 interpreted, and contextualized. For instance, in the case of parenting capacity, tests may help identify a
749 parent's functional strengths and weaknesses, as well as their potential to benefit from intervention. In
750 the case of child victims of maltreatment, tests can help identify psychological harm and treatment needs.
751 However, no psychological test or assessment method is sufficiently specific and comprehensive, on its
752 own, to determine directly all the capacities and attitudes involved in either parenting capacity, or the full
753 impact of maltreatment on a child victim.

754 **Application:**

755 Psychologists endeavor to use psychological tests and assessment instruments that are relevant to the
756 purpose of the evaluation, the characteristics of the examinee, and the referral questions. Psychologists
757 are mindful of a particular test's potential limitations in assessing certain aspects of parenting capacity.
758 Such situations may merit additional scrutiny when the psychologist draws inferences about test results
759 and their implications. Likewise, when evaluating the impact of child maltreatment, psychologists aspire
760 to understand the potential limitations of tests and instruments to capture the complexity of past, current,
761 and future effects on a child's overall development and functioning.

762 Psychologists recognize that test data are only one source of information, that some information required
763 to answer the referral questions may not be obtainable through testing, and that test data are optimally
764 considered in conjunction with other information. Psychologists strive to incorporate and cross validate
765 test data with other findings from multiple sources, such as, but not limited to, collateral interviewees,
766 structured and semi-structured interviews, records, and observations. They seek to use this analysis to
767 test their hypotheses and to reach supported conclusions. Psychologists strive to incorporate relevant
768 sources of information while affording each source the consideration that it merits.

769 When assessing parents, psychologists seek to focus on parenting contexts, attributes, and behaviors,
770 including strengths and weaknesses from a functional perspective, and attempt to identify areas for
771 potential intervention, remediation, or risk depending on the referral question. When assessing children,
772 psychologists seek to obtain information about the child's cognitive, emotional, behavioral, and social
773 functioning; the nature of the child's connection with caretakers, persons in the child's kinship network,
774 and community members; the child's history of adversity, trauma or losses; and the child's special needs,
775 including but not limited to those reflecting educational, behavioral, or medical issues.

776 For a variety of reasons, children, adolescents, and adults who are being evaluated in the context of child
777 protection procedures may engage in impression management during the evaluation (Rogers & Bender,
778 2018). Such efforts may affect the accuracy and utility of obtained data, thereby decreasing the validity
779 of the conclusions. Psychologists strive to incorporate response style measures, and to include stand-
780 alone instruments, embedded scales, or both when appropriate as well as feasible. Psychologists strive to
781 remain aware that the utility of these and other instruments may differ with cultural and cognitive
782 variables as well as age and maturity.

783 Psychologists strive to remain familiar with the normative populations used in assessment measures, as
784 well as evidence-based adaptations and modifications of such measures for use with additional groups.
785 Evaluating parents or children from another culture requires special considerations, as emphasized in the
786 APA Ethics Code (9.02). Psychologists are mindful of being transparent when acknowledging potential
787 limitations in assessment instruments.

788 When conducting psychological examinations in child protection proceedings, they endeavor to create a
789 practice that is neutral, respectful, accessible, equitable, and open to cultural and individual differences.
790 Psychologists seek to assess children in a safe setting and within a climate that facilitates comfort and free
791 communication (APSAC, 2023).

792 **19. When conducting child protection evaluations, psychologists strive to ensure that their forensic**
793 **opinions are based on sufficient data, current psychological knowledge, and evidence-based practice.**

794 **Rationale:**

795 Forensic psychological opinions and recommendations are considerably more well-regarded and effective
796 when they reflect properly collected and objectively analyzed data. Courts are more likely to admit and
797 consider evidence that is supported by the use of appropriate procedures and properly applied scientific

798 principles. Opinions not supported by such evidence may reflect unacceptable professional compromises
799 and may fail to enable just legal outcomes.

800 **Application:**

801 Psychologists strive for transparency regarding the bases of their opinions. This goal can be furthered by
802 linking each opinion directly to the data that support it (Neal, et al., 2022; Otto, et al., 2017). This approach
803 can help the court to understand and make its own best use of the information employed. Psychologists
804 aim to ensure that the data underlying their opinions, and the inferences derived from these data, are
805 supported by sufficient data, current psychological knowledge, and evidence-based practice (APA Ethics
806 Code 9.01(a)). They attempt to ensure that their opinions reflect due consideration of response style as
807 well as cultural and situational factors.

808 Multiple methods of data gathering serve to increase the breadth of information obtained and to enhance
809 the reliability and validity of conclusions and recommendations. Psychologists remain aware, however,
810 that some conclusions may involve individual assumptions that can result in limitations (Neal et al., 2022).

811 Under circumstances in which necessary sources of data are unobtainable, psychologists strive to
812 acknowledge this limitation and its impact upon their opinions (APA Ethics Code 9.01). For example, as
813 described in GL 13, assessing parenting is optimally informed by knowledge of the parent, knowledge of
814 the child, and observation of the parent and child interacting (DiPasquale & Rivolta, 2016). When
815 psychologists are unable to have access to one or more of these sources of data, they endeavor to limit
816 their opinions regarding parenting capacity.

817 **20. Psychologists endeavor to integrate and interpret assessment data within the cultural and**
818 **situational context of each participant being examined.**

819 **Rationale:**

820
821 A core element of competent and ethical assessment practice is the integration and interpretation of
822 evaluation data with due recognition of the effects of racial, cultural, language-based, ability, and other
823 identities endorsed by the examinee. Legal and administrative systems rely upon psychologists to provide
824 antiracist (APA, 2021a), contextualized (Vial, et al., 2020; Feely & Bosk, 2021), and culturally informed
825 opinions and recommendations. These evaluations are advantageous for legal and administrative systems
826 responsible for family preservation and reunification efforts, leveraging family strengths, addressing
827 cultural barriers, optimizing resources, reducing disparities and disproportionalities, and protecting
828 children while respecting individual rights (Children’s Bureau, 2021).

829 **Application:**

830 Psychologists strive to interpret data accurately when assessing for risk and protective factors. Using these
831 factors, psychologists may opine on the likelihood, imminence, duration, and potential severity of harm
832 to a child. Psychologists may also describe if evaluation data are more consistent than not with possible
833 answers to psycholegal questions. At each step of this process, psychologists are encouraged to explore

834 the effects of cultural, situational, and socially and systemically determined variables, as well as, for
835 example, their own unconscious biases, political views, sociocultural histories, and religious beliefs.

836 Psychologists consider situational variables, such as single versus multiple parenting, intimate partner
837 violence, and the child's functioning, kinship, and peer group. Psychologists also strive, in recognition of
838 the relevance of intersectionality, to consider the examinee's socially and systemically determined
839 realities, such as poverty, community disadvantage, and inaccessible childcare, housing, insurance, and
840 social services. Examples of cultural considerations include faith, immigration status, linguistic factors,
841 help-seeking behavior, family dynamics, culturally constructed understandings of distress, and definitions
842 of psychological problems. Sexual orientation, sexual characteristics, gender identity, and gender
843 expression are factors that merit particular attention, sensitivity, and recognition of implicit and explicit
844 bias.

845 Psychologists endeavor to assess the functional characteristics of cultural and situational issues of
846 relevance. For example, psychologists may assess how stable, controllable, visible, concealable,
847 oppressive, or privileging a factor like immigration status might be for an examinee in different contexts.
848 Psychologists also strive to consider how such factors affect child maltreatment risk and risk management,
849 as well as the examinee's collaboration, participation, and overall presentation in the evaluation.

850 Psychologists attempt to avoid overidentifying or underidentifying risk when addressing cultural
851 variations in parenting. For example, they seek to recognize when physical discipline is distinct from
852 physical abuse (APA, 2019b). Psychologists are mindful of proceeding with cultural sensitivity, cultural
853 competence, and cultural humility when addressing such issues (APA Ethics Code Principle E; APA Ethics
854 Code 2.01b; APA, 2021a). When considering the appropriateness and potentially optional nature of their
855 recommendations, psychologists are informed by laws defining child maltreatment (CAPTA; Child Welfare
856 Information Gateway, 2020) and people's rights more generally (APA Ethics Code Principle E).

857 Psychologists strive to be guided by their understanding of the legal system (SGFP 2.04), by psychological
858 science, and by additional research on disproportionalities in the child welfare system (Children's Bureau,
859 2021).

860 **21. When conducting child protection evaluations, psychologists strive to create, develop, maintain,**
861 **secure, convey, and dispose of records in accordance with legal, regulatory, institutional, and ethical**
862 **obligations.**

863 **Rationale:**

864
865 Psychologists have a professional and ethical responsibility (APA Ethics Code 6.01) to develop and
866 maintain records (e.g., paper, video, and electronic) in a fashion that facilitates the provision of services
867 and that enhances appropriate compliance with the law. Child protection evaluations benefit from
868 thorough documentation because the data obtained may be used as evidence in these and other legal
869 proceedings and are subject to jurisdictional requirements regarding the maintenance of such evidence.
870 Accurate record keeping enables the psychologist to organize and interpret the data obtained, thereby

871 ensuring greater accuracy of and support for the psychologist's opinions. Properly securing records
872 protects the confidentiality of the examinees and their materials.

873 **Application:**

874
875 Psychologists strive to be aware of various requirements (APA Ethics Code 6.01) regarding record
876 retention, privacy, security, and record release. They consider how records are stored, the security of the
877 records, the preserved readability of the records, and future access to the records. Since child protection
878 evaluation records may be complex and may involve multiple parties, it is suggested that records be stored
879 in a manner that allows release of one individual's records without compromising the confidentiality of
880 other parties' records (APA, 2007). This may include, but is not limited to, test data, interview recordings,
881 notes, and correspondence, as well as legal, clinical, medical, educational, and occupational records.

882 Digital formats may enhance access and reduce the necessity for physical space. Difficulties with digital
883 storage may arise, particularly if format or system incompatibility occurs in the future and if changes in
884 digital systems are beyond the psychologists' control, such as in institutional settings. Psychologists
885 endeavor to anticipate such problems in digital storage, including corruption or degrading of the data.
886 Because many child protection evaluations contain personal health information (PHI), the evaluator seeks
887 to be aware of HIPAA-compliant systems that will protect against breach of confidentiality in the storage
888 of such data (Scropo, 2020; Lustgarten et al., 2020).

889 Psychologists endeavor to ensure that any release of records is covered by and consistent with informed
890 consent documents (APA Ethics Code 3.10) and meets legal requirements. Release of records in child
891 protection evaluations often requires a legal process, such as subpoena or court order (SGFP 8.02), to
892 protect the examinee and related records. Psychologists seek, when feasible, to ensure that those with
893 whom they are actively collaborating (including other involved health providers, translators, and support
894 staff) address record keeping issues in a similar fashion.
895

COMMUNICATING RESULTS

896

897

898 **22. Psychologists strive to remain available to provide feedback to evaluatees when appropriate.**

899 **Rationale:**

900 The subjects of child protection evaluations have an important interest in the psychologist's answers to
901 the court's questions and are likely to be privy to reports and testimony provided by the psychologist.
902 Direct feedback about assessment results may assist families to gain a fuller understanding of evaluation
903 results and to make optimal use of the court's guidance. Psychologists may be in a better position than
904 others to explain their findings to these persons.

905 **Application:**

906 As an element of informed consent, psychologists attempt to convey that they will provide feedback to
907 evaluatees (or their guardians or legal representatives) when appropriate (APA Ethics Code 9.10; SGFP
908 10.05). Psychologists seek to limit such feedback to clarifying the court's referral questions, describing
909 how they reached their conclusions, and to the results that were conveyed to the court.

910 Psychologists conducting child maltreatment evaluations have a great ability to influence the response
911 and management of a case. They remain aware that although the interests of the child are at the center
912 of the evaluation, family attitudes and behavior—informed by accurate and appropriate feedback—will
913 determine in large part whether the court's direction ends in success or failure.

914 **23. When providing reports or testimony, psychologists strive to communicate in a manner that is clear,
915 accurate, culturally informed, and sufficiently supported by the data that were obtained during the
916 course of the evaluation.**

917 **Rationale:**

918 Courts require focused answers to specific questions and are likely to discount a child protection
919 evaluation that does not address those questions directly and fully. Psychologists often identify additional
920 issues of considerable importance to child safety that may lead to supplemental recommendations that
921 can also be considered by the court.

922 **Application:**

923 Psychologists recognize the importance that may be placed on their reports and testimony. They seek to
924 maintain transparency by including documentation of data sources and procedures that were employed.
925 Psychologists also strive to present these data with an awareness and acknowledgment of the cultural
926 context in which the information was obtained.

927 In presenting information to others, psychologists seek to separate facts from opinions, and to provide a
928 clear rationale for the latter. Psychologists also strive to avoid including information that is irrelevant to

929 the referral question(s), and they endeavor to acknowledge both the presence of data that may lead to
930 different conclusions and the reasons that certain hypotheses may have been discarded.

931 Psychologists recognize that assessment results are likely to be reviewed by multiple individuals (including
932 therapists, faith leaders, teachers, relatives, friends, and others) with varying levels of education and
933 experience.

934 When psychologists identify limitations and contradictions to information provided, they strive to
935 acknowledge these concerns in their reports and testimony (APA Ethics Code 9.02; SGFP 10.02). If
936 additional relevant information becomes available after the submission of the report, psychologists may
937 seek the opportunity to provide supplemental communications that incorporate this input.

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