

New Jersey Department of Children and Families

**Guidelines for Expert Evaluations in
Child Abuse/Neglect Proceedings (Mental Health)**

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Commissioner Allison Blake, PhD LSW

Guidelines for Expert Evaluations in Child Abuse/Neglect Proceedings

Child Abuse and Neglect Mental Health Evaluation and Treatment Advisory Group Member List

Chair: Debra Lancaster

Director
Office of Child and Family Health
NJ Department of Children and Families

Karen Baldoni

Director
Office of Contract Administration
NJ Department of Children and Families

Mary Beirne, MS, EdD, MD

Chief Child/Adolescent Psychiatrist
NJ Department of Children and Families

Lauren Carlton

Assistant Attorney General
NJ Division of Law

Nancy Carre-Lee

Assistant Director
Division of Child Protection & Permanency
NJ Department of Children and Families

Anthony V. D'Urso, Psy.D.

Section Chief and Supervising Psychologist
Audrey Hepburn Children's House
Associate Professor - Graduate Clinical Psychology
Montclair State University

John Esmerado

Assistant Prosecutor
Union County Child Advocacy Center

Amanda Farley

Program Support Specialist
Office of Child and Family Health
NJ Department of Children and Families

Jeffrey Guenzel

Deputy Commissioner
NJ Department of Children and Families

Kristin Huddy

Program Support Specialist
Office of Contract Administration
NJ Department of Children and Families

Adrienne Jackson, MSW

Executive Coordinator
NJ Task Force on Child Abuse & Neglect

Walter Kalman, MSW, LSW

Executive Director
National Association of Social Workers, NJ Chapter

Barry A. Katz, Ph.D.

NJ Psychological Association

Anthony P. Kearns, III

Prosecutor
Hunterdon County Prosecutor's Office

Julie Lippman, Psy.D.

Evaluation Services Director
CARES Institute

Keri Logosso-Misurell, Esq.

Board Member
New Jersey Children's Alliance

Joseph Ribsam Jr., Esq.

Assistant Commissioner
NJ Department of Children and Families

Brian Ross, Esq.

Assistant Director
Office of Policy and Regulatory Development
NJ Department of Children and Families

Aileen Torres, Ph.D.

Past-President
Latino Psychological Association of New Jersey

Kara Wood

Director
Division of Child Protection & Permanency
NJ Department of Children and Families

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Guidelines for Expert Evaluations in Child Abuse/Neglect Proceedings

I. Introduction

This is the Department's first comprehensive effort to address the use of expert evaluations in child welfare and child protective services proceedings. These guidelines lay out best practices for forensic evaluations and assessments that may be needed during child welfare investigations, to assist with permanency planning, or during litigation of guardianship complaints.

Child abuse and neglect cases are often complex. Expert consultants are frequently used to assist caseworkers, attorneys, law guardians, judges, and parents in making determinations, case planning, and decision making. The experts' services are often in the form of forensic evaluations of the mental health status and/or capabilities of the parents of dependent children. In addition, an evaluator may assess a child's behavioral functioning or developmental status as well. CP&P and the courts often rely on these evaluations and recommendations for effective case planning and to guide the court's decision making process.

In developing the guidelines that follow, the Department reviewed and analyzed professional guidelines and the work of other states, and convened an interdisciplinary group of experts to form DCF's Advisory Group on Child Abuse and Neglect Mental Health Evaluation and Treatment.

The role of the Advisory Group was to assist in formulating a framework that is flexible enough to accommodate differences in disciplines while providing clear practice guidelines that address the questions to be asked, the information required, the tools necessary to inform the evaluation, the credentials and qualifications of the evaluator, and the essential components of the evaluation itself.

The guidelines that follow are intended to improve the quality of expert forensic evaluations provided for CP&P and the courts, as well as the ability of stakeholders involved in child welfare proceedings and child protective service matters to make better use of them. It is clear that representatives of different disciplines with differing philosophical orientations will have varying approaches to the task of providing a forensic assessment. Each unique discipline will organize their work in a way that reflects their individual expertise. These guidelines are not meant to supplant the professional judgment of evaluators regarding their response to the unique features of each case.

The first sections of this document are general guidelines, followed by more specific recommended practices.

II. Definition/Application

For the purpose of these guidelines, a forensic evaluation in child welfare proceedings and child protective service matters is an evaluation necessary to assist the court and/or CP&P in case planning, or to resolve a case. A forensic evaluation may be requested by CP&P, by another party to a proceeding, or the court. Any evaluation that may reasonably be expected to be submitted to the court is termed forensic. Although forensic evaluations may contain treatment

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recommendations, the primary function of the forensic evaluation is to inform the parties and to assist the court in rendering decisions in child welfare cases.

These guidelines do not cover evaluations or assessments obtained primarily for mental health treatment purposes, substance abuse, anger management, psycho-sexual evaluation, or domestic violence, although any or all of these issues may be addressed in a forensic evaluation.

These guidelines recognize that, in child welfare cases, the emphasis is on the safety, permanency, and well-being of the child.

III. General Principles and Guidelines¹

1. The Role and Function of Forensic Evaluations in Child Welfare Matters

The primary function of an evaluation is to provide a report that contains relevant, professionally sound observations, results and opinions in matters where a child's health and welfare may have been harmed or placed at risk of harm. To ensure the reliability of the evaluator's conclusions all opinions that are rendered must be given within a reasonable degree of medical/psychological/clinical certainty. The specific purposes of the evaluation generally will be determined by the referral questions and/or concerns provided to the evaluator by the referring party or parties. When the child already has been found by the court to be at risk of harm, the evaluation of the parent(s) generally identifies interventions intended to reduce future risk to the child, and often focuses on rehabilitation recommendations designed to protect the child and help the family. An additional purpose of such an evaluation may be to make recommendations for interventions that promote the psychological and physical well-being of the child, and, when appropriate, facilitate the safe reunification of the child with the parent. Consistent with State law, evaluators appreciate the value of expediting family reunification, when possible and safe, while they also understand the value of other permanent plans when reunification is not possible.

The evaluation addresses the particular psychological, behavioral, and developmental needs of the child and/or parent(s). Relevant issues may include, but are not limited to, abuse or neglect of the child, safety, parental capabilities, or reunification or other permanency plans. In considering psychological factors affecting the health and welfare of the child, evaluators may focus on caregiver capacities in the context of the psychological and developmental needs of the child. This may involve an assessment of:

- The adult's capacities for parenting, including those attributes, skills, strengths and abilities most relevant to abuse and/or neglect concerns;

¹ Washington State Supreme Court Commission on Children in Foster Care. "Guidelines for Expert Evaluations in Child Welfare Proceedings." Washington, 2007. Available online at, [http://www.courts.wa.gov/committee/pdf/Guidelines%20for%20Expert%20Evaluations%20in%20Child%20Welfare%20Proceedings%20\(2007\).pdf](http://www.courts.wa.gov/committee/pdf/Guidelines%20for%20Expert%20Evaluations%20in%20Child%20Welfare%20Proceedings%20(2007).pdf)

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- The psychological functioning, behavioral, and developmental needs of the child, particularly with regard to vulnerabilities and special needs of the child, as well as the quality of the child's attachment to the parent(s) and the possible developmental and emotional effects of separation from the parent(s), siblings, extended family members, and other caregivers;
- The current and potential functional abilities of the parent(s) and, when necessary for resolution of the case, other relatives, to meet the needs of the child; and/or
- The need for and likelihood of success of clinical or other interventions for identified problems, which may include recommendations regarding treatment modalities and objectives, frequency of services, specialized interventions, parent education, and the child's placement.

2. General Competencies of Expert Evaluators

Evaluators should gain and maintain specialized competence. Expert evaluators in child protection matters are aware that special competencies and knowledge are necessary for the undertaking of such evaluations. Competence in performing expert evaluations of children, adults and families is necessary but not sufficient. Education, training, experience and/or supervision in the areas of forensic practice, child and family development, child and adult psychopathology, the impact of separation on the child, the nature and consequences of different types of child abuse and neglect, and the significance of human differences may help to prepare evaluators to participate competently in expert evaluations in child protection matters.

Evaluators:

- Use current knowledge of scholarly and professional developments, consistent with generally accepted clinical and scientific practice, in selecting evaluation methods and procedures² and are aware of evidence-based practices.
- Strive to become familiar with applicable legal and regulatory standards and procedures, including local State and Federal laws governing child protection issues. These may include laws and regulations addressing child abuse, neglect, and termination of parental rights.
- Describe the scientific basis for their judgments or recommendations, and state when their judgments or recommendations may expand on, or not be fully supported by, currently accepted clinical and scientific practice.
- Are aware of, and develop their knowledge and special competencies for, evaluation of specific populations including, but not limited to, issues related to literacy, the needs of persons who do not speak English, sensory impairment, psychological disorders, and developmental impairments.
- Should be fluent in the child's/parent's native language, when possible (have experience using a court appointed interpreter, if language presents a difficulty).

² Note: Examples of standard setting organizations include American Psychological Association, the National Association of Family and Conciliation Courts, The American Academy of Child and Adolescent Psychiatry and others.

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- Have appropriate qualifications to conduct an evaluation and/or to testify at court, including language, cultural competency, and other qualifications specified in CP&P contracts.
- Should be competent in the cultural norms of the child/parent being evaluated.
- Utilize language and culturally correct testing.
- Have expertise in working with relevant clinical populations, including:
 - Children;
 - Sex offenders;
 - Domestic violence victims and batterers;
 - Persons with developmental disabilities; and,
 - Persons with psychiatric/neurological/neuropsychiatric diagnosis.
- Have expertise with the instruments employed, including psychological and intellectual tests that will need to be interpreted by a licensed psychologist, who is familiar with the norms and the uses of that test with the relevant population.
- Are experts in the use of appropriate interview techniques.
- Must not serve as an expert evaluator if they are the treating professional.

Evaluators must be aware of personal and societal biases and engage in nondiscriminatory practice. Evaluators engaging in expert evaluations in child protection matters consider how biases regarding age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, culture, and socioeconomic status may interfere with an objective evaluation and recommendations. Evaluators should be aware of the potential for defensiveness on the part of participants, given the circumstances, and must take this into account when conducting the evaluation and upon making recommendations. Evaluators recognize and strive to overcome any such biases. If unable to overcome his or her own biases, the evaluator will either withdraw from the evaluation or seek assistance in completing the evaluation. When interpreting evaluation results, evaluators must be aware that there are diverse cultural and community methods of child rearing, and consider these in the context of the existing local State and Federal laws. Also, evaluators should use, whenever available, tests validated with populations similar to those being evaluated.

Evaluators avoid multiple relationships to maintain objectivity. In conducting expert evaluations in child protective matters, evaluators avoid multiple role relationships. Evaluators generally do not conduct forensic evaluations in child protection matters in which they have provided clinical services for the child or the immediate family, or have had other involvement that may compromise their objectivity. Providing clinical services to the child or other participants following an expert evaluation is discouraged. A treating professional can be called to testify, but should NOT recommend a permanency plan.

3. Procedural Guidelines: Conducting an Evaluation

Evaluators and referring parties understand that forensic evaluations in child welfare and child protection matters may present a wide variety of legal and/or ethical considerations. Evaluators and all parties appreciate the need for timeliness in child protection matters (e.g., response to evaluation referral, scheduling appointments, completion of reports).

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The purpose of the evaluation should be clear upon referral and should outline the specific questions to be addressed by the evaluation. In all cases, the referring party or parties should clearly state the purpose of the evaluation in writing and pose specific questions to be addressed in the evaluation.

Based on the nature of the referral issues and questions, the scope of the evaluation is determined in the referral or by the court, in consultation with the evaluator. Once the referral questions and scope of the evaluation have been accepted by the evaluator, the expert evaluator chooses appropriate methods with which to address the questions. Evaluators may also identify relevant issues not anticipated in the referral questions that could enlarge the scope of the evaluation; these should be conveyed to the parties as early as possible. For issues outside the scope of the evaluator's competency, the evaluator considers recommending additional services or evaluations.

Evaluators inform participants about the disclosure of information and the limits of confidentiality.

- When an evaluation is court ordered, it is not privileged and the evaluator informs the individuals of the nature of the evaluation and that the evaluation will be distributed to other parties as provided by court order. Evaluators conducting an evaluation in child protection matters ensure that the participants, including the child (to the extent feasible), are aware of the limits of confidentiality for the evaluation results. If the public agency or court is paying for the evaluation, the evaluator so informs the individual.
- When an evaluation is not court ordered, evaluators performing evaluations in child protection matters should obtain informed consent from all adult participants, and children and youth consistent with their developmental capacity to understand.
- When an evaluation is obtained by a party in an abuse/neglect or termination proceeding without the apparent knowledge or consent of the child welfare agency, guardian ad litem, and/or the court, the evaluator should advise the party being evaluated of the need to obtain and review appropriate and relevant information from the child welfare agency, guardian ad litem, and/or the court.

Evaluators use multiple methods of data gathering. Evaluators generally use multiple methods of data gathering, including, but not limited to, clinical interviews, observation, and/or psychological testing that are sufficient to provide appropriate substantiation for their findings. Evaluators should review relevant reports (e.g., information from child protection agencies, social service providers, law enforcement agencies, health care providers, child care providers, schools, and institutions). In evaluating parental capacity to care for a particular child or the quality of the parent-child interaction, evaluators should make reasonable efforts to perform formal observations of the child together with the parent, unless such observation is not necessary to respond to the questions posed in the evaluation or to support the recommendations and conclusions of the evaluator. Evaluators in some circumstances may rely on formal observations conducted by other neutral and competent professionals. It is recognized that in some circumstances, parent-child observations may not be necessary. Also, in some

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circumstances, it may not be advisable to require parent-child contact for purposes of the evaluation. For example, in cases where the safety or well-being of the child is clearly in jeopardy or parental contact with the child has been prohibited by the court. In such cases, the evaluator should note explicitly the reason(s) that a parent-child observation was not included. Evaluators may also interview extended family members and other individuals, when appropriate (e.g., caregivers, grandparents, and teachers). However, these should not be considered as substitutes for formal observation.

Evaluators are able to provide clarification and answer questions relating to the evaluation(s) completed. Once an evaluation is completed, the evaluator must be available to speak with CP&P staff such as the assigned caseworker if there are any questions or concerns regarding the evaluation.

IV. Best Practices for Expert Forensic Evaluations

Forensic evaluations may be needed at any point in time during the lifespan of a child protective services case. The need for a forensic evaluation may emerge during the course of an investigation to assist with developing understanding or seeking clarity around the allegations of child abuse/neglect. More commonly, mental health evaluations may be required to contribute to the decisions by the court of the Division made about placement, reunification, permanency, and visitation. Finally, forensic evaluations are typically required for guardianship (termination of parental rights) litigation.

1. During an Investigation

The Role and Function of Forensic Evaluations during an Investigation

During an investigation, evaluations may be needed to assist CP&P and the Courts in assessing whether abuse and/or neglect occurred. These evaluations are meant to assist in clarifying or gathering additional information for investigative purposes with the lens of an expert. When sufficient evidence or clarity about the case has been achieved through the investigative work of the CP&P caseworker via interviews and collateral review, or teamed efforts with law enforcement or others involved in the investigative process, it is often not necessary to engage the services of an expert for an evaluation during an investigation

Forensic evaluations during the investigatory phase of the case may be warranted as part of the investigative efforts conducted by CP&P (and law enforcement). These situations most often include allegations of sexual abuse and emotional abuse/neglect. In addition, an evaluation during the initial involvement with a child may assist CP&P in determining the impact of an event on a child's psychological functioning.

Evaluations that may be required during the course of an investigation are almost always time sensitive matters. Thus, it is recommended that referrals be made as close to the point in time of the allegation or the occurrence of the alleged incident as possible:

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- Evaluators should receive referrals within 10 working days of the report.
- An appointment by the evaluator should be granted within 10 working days of the referral.
- CP&P shall provide available background materials by the time of the evaluation.
- Evaluators should complete their reports and provide them to CP&P within 10 working days following completion of the evaluation.

These guidelines recommend that no more than 45 days pass between the initial referral to a provider for an assessment, to the date the written report, with recommendations, is provided to CP&P for review.

The Forensic Evaluation Process during an Investigation

In consultation with supervisory staff, and the DAG if litigation is contemplated or a complaint has been filed, CP&P caseworkers should select a provider who has the appropriate credentials to perform the evaluation. In many cases, child protection staff should access their Regional Diagnostic Treatment Center to conduct these evaluations. CP&P requires licensed individuals to conduct evaluations. In most cases, these will be licensed psychologists. When the impact of physiological factors, medical illness, medication, neurological, or psychiatric disorder is complex, an evaluation by a psychiatrist or physician may be necessary. In limited circumstances, an assessment by a LCSW may be appropriate.

The purpose of the evaluation during the investigatory phase of a case must be clear and should outline the specific questions to be addressed by the evaluator. Confirm with the evaluator the purpose of the evaluation. It is particularly important to limit the number of interviews or evaluations a child experiences for both validity reasons and to avoid re-traumatizing a child.

Investigation Evaluation Referral Questions:

- Is this child's presentation consistent with the allegation?
- To what degree has the child been harmed or traumatized by the event?
- Is this child able to participate in court proceedings?
- Other questions relevant to the specific case.

Evaluators should use multiple methods of data gathering.

The evaluator should be provided with certain background information, which includes:

- CP&P investigation report (or summary report) that is current/up to date;
- Existing prior psychological and psychiatric evaluations of the child and biological parent(s);
- Available law enforcement records including police reports; criminal charges and convictions; taped interviews, if available; and Promis/Gavel history of offenses;

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- Prior CP&P history, including all prior referrals, with a finding for each allegation/investigation; investigative summaries;
- Complaint filed in court; and,
- Known mental health, substance abuse, or domestic violence history.

If a child is to be evaluated, the CP&P caseworker assigned to the case should accompany the child to the evaluation to support the child, to be available to provide any additional information and to hear directly from the evaluator any initial findings or recommendations. Whenever possible so as to best inform the evaluation, the investigative worker should accompany the child. Whenever possible a trusted adult should also accompany the child.

During the clinical interview, an evaluator:

- Establishes “Ground Rules” between the evaluator and the child.
- Explains to the child, in age appropriate and developmentally appropriate terms, the nature and the scope of the evaluation.
- Establishes the child’s developmental and cognitive ability to participate in the evaluation.
- Establishes the child’s competency. Does the child know the difference between the truth and a lie, real or pretend?
- Obtains the child’s version of the incident.
- Notes the child’s affect upon describing the incident.
- Asks questions to gather past history.
- Determines family relationships.
- Determines peer relationships.

Once the evaluation has been completed, the summary and report should include:

- Reason for the report – summary background;
- Nature of the allegation;
- Prior history;
- Documentation including a summary of the interview and direct quotes by the person being interviewed;
- Clinical finding and explanation;
- Any formal diagnosis;
- Clinical determination – indicate whether supported/not supported; and,
- Recommendations.

2. During Permanency Planning/Hearings

The Role and Function of Forensic Evaluations during Permanency Planning/Hearings

At the time of referral and over the course of a child or adolescent’s time under CP&P custody, mental health evaluations may be required to contribute to the decisions made about placement,

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permanency, and parental rights. During permanency planning and hearings, evaluations are often used for:

- Interim Evaluation: The interim evaluation is meant to guide reasonable efforts for reunification.
- Ten Month Conference: The ten month conference is used to prepare a permanency plan for the child or youth in out-of-home placement. Before moving forward, any previous reports should be reviewed. It would be useful if the evaluator from the interim evaluation was also utilized at this point.
- Periodic Evaluation – Evaluation of Imminent Concerns Arising during Placement: An evaluation of imminent concerns is used to assess any risks or challenges that the child may incur during the course of the protective services or guardianship litigation. Examples include:
 - Disruption of the current placement;
 - Acute crisis (e.g., psychiatric hospitalization, severe medical illness, runaway, arrest, school disruption); and
 - Significant change in response to visitation.

Forensic Evaluation Process during Permanency Planning/Hearings

The purpose of the evaluation should be clear and should outline the specific questions to be addressed by the evaluation. The following referral questions should help to guide forensic evaluations at each of the stages identified for permanency planning/hearings:

Interim Evaluations Referral Questions:

- What services are needed for reunification?
- What impact has the abuse/neglect history had on the child?
- What are the risks that need to be addressed?
- Is the parent fit and able to parent the child?
- What actions are recommended to address the risks?
- What are the strengths that can be built upon?
- What visitation can be safely afforded between parents and their child(ren)?

Ten Month Conference Referral Questions:

- What progress has been made towards eliminating the harm?
- What still needs to be done?
- Are there any new areas of need?
- If a home other than the child(ren)'s current placement is being considered, is it in the best interest of the child(ren) to move to another placement if proposed by the parents, or to stay permanently where he or she is residing?

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- Can this child transition back to the biological parents, without experiencing more harm than good?
 - If bonding and attachment are issues, an evaluation by a psychologist is necessary. A psychiatrist may contribute information within his or her area of expertise.
- Have the correct services been provided so far, and is there a need for a reduction, modification, or expansion of services?

It may be necessary to reevaluate the permanency plan. All of the questions above would apply to any such reevaluations.

Evaluators should use multiple methods of data gathering.

For these evaluations, the evaluator should be provided with certain background information, which includes:

- Existing prior psychological and psychiatric evaluations of the child and biological parent(s);
- Existing treatment reports for biological parents and child;
- Known mental health, substance abuse, or domestic violence history;
- Visitation reports;
- Complaint for guardianship, if filed;
- CP&P investigation report (or summary report) that is current/up to date;
- Prior CP&P history, including all prior referrals, with a finding for each allegation/investigation; investigative summaries;
- Most recent CP&P court report;
- Important selected contact sheets from the CP&P case record;
- Available law enforcement records including police reports; criminal charges and convictions; taped interviews, if available; and Promis/Gavel history of offenses;
- Additional information the parent wants to share with the evaluator; and,
- Any further available information requested by the evaluator.

All evaluations should include a review of comprehensive, accurate background information; a clinical interview; and the use of an appropriate assessment tool.

The evaluator should have access to all information he or she deems necessary in order to respond to the questions posed.

Periodic Evaluation – Evaluation of Imminent Concerns Arising during Placement Referral Questions:

- Identify impact of presenting problem.
- What are the recommended services or actions to address the problem?
- Should the permanency plan change?

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For Periodic Evaluations of Imminent Concerns Arising during Placement, documented relevant information is needed as well as all available relevant reports, such as:

- Medical reports;
- Police reports;
- School reports;
- Psychiatric reports; and
- Relevant contact sheets.

3. During Litigation for Guardianship Complaints

The Role and Function of Forensic Evaluations during Litigation for Guardianship Complaints

Guardianship evaluations consist of fitness and bonding assessments during trial preparation after a guardianship complaint has been filed. Ideally, both the fitness and bonding assessments are completed by the same psychologist.

The presumption is that fitness and bonding assessments are required for guardianship litigation. It is recognized that in some circumstances, parent-child observations may not be necessary or advisable for purposes of the evaluation. For example, in cases where the safety or well-being of the child is clearly in jeopardy or parental contact with the child has been prohibited by a prior fitness and bonding assessment, parent-child observations may be bypassed. In such cases, the evaluator should note explicitly the reason(s) that a parent-child observation was not included.

A bonding evaluation assesses the relationship between the child(ren) and the proposed caregivers and other household members as appropriate.

Forensic Evaluation Process during Litigation of Guardianship Complaints

Guardianship Evaluation Referral Questions:

- What progress has been made towards eliminating the harm?
- What still needs to be done?
- Are there any new areas of need?
- If a home other than the child(ren)'s current placement is being considered, is it in the best interest of the child(ren) to move to another placement if proposed by the parents, or to stay permanently where he or she is residing?
- Can this child transition back to the biological parents, without experiencing more harm than good?
 - If bonding and attachment are issues, a psychological evaluation is necessary. A psychiatrist may contribute information within their area of expertise.
- Assess the child's bond and attachment to the biological parent(s).
- What harm, if any, will result if parental rights are terminated?

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- Can the resource family parents mitigate the harm?
- Assess the child's bond and attachment to any proposed adoptive resource parent(s).
- Would severe and enduring harm occur if the child is removed from the proposed adoptive resource parents?
 - Can the biological parents mitigate the harm?

Guardianship evaluations call for specific competencies³ that are referred to in this section.

The evaluator at this stage in most circumstances will be a *licensed psychologist* or a psychiatrist. The licensed professional must be qualified to perform custody/parenting time evaluations and/or termination of parental rights evaluations through education, training, and/or supervision in all of the following categories:

1. Child growth and development;
2. Psychological testing;
3. Parent-child bonding;
4. Parenting skills;
5. Adult development and psychopathology;
6. Family functioning;
7. Child and family development;
8. Child and family psychopathology;
9. The impact of divorce or family dissolution on children; and,
10. The impact of age, gender, race, ethnicity, national origin, language, culture, religion, sexual orientation/identity, disability, and socioeconomic status on custody/parenting time evaluations.

When the following topics are involved, the licensed psychologist or psychiatrist shall have specialized education, training, and/or supervision in the specific topic, or the licensee shall refer to a licensed mental health care provider who has that education, experience, training, and/or supervision. The topic areas include:

1. Physical, sexual, or psychological abuse of spouse or children;
2. Physical and emotional neglect of children;
3. Alcohol or substance abuse that impairs the ability to parent;
4. Medical/physical/neurological impairment that affects the ability to parent; or
5. Other areas beyond the licensee's expertise that are relevant to the custody/parenting time evaluation.

Evaluators may identify relevant issues not anticipated in the referral questions that could enlarge the scope of the evaluation. At this stage, it is important to consider some relevant factors or issues in responding to the bonding and attachment referral questions.

These factors include:

³ N.J.A.C. 13:42-12.2. Available online at, http://www.njconsumeraffairs.gov/adoption/psychado_090710.HTM

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1. Age of the child;
2. The developmental stage of the child;
3. Child's history of abuse and/or neglect;
4. Child's resiliency;
5. Any special needs - medical or emotional - of the child or biological parents;
6. Parenting skills of both sets of parents;
7. Length of time in biological parents' care;
8. Number of placements;
9. Length of time in each placement;
10. Previous failed reunification attempts;
11. Child's wishes, weighted in accordance with developmental functioning;
12. Demonstrated willingness and ability of both biological parents and proposed adoptive resource parents to comply with services;
13. Demonstrated willingness and ability of both biological parents and proposed adoptive resource parents to recognize and meet the child's needs, including issues relating to reunification or adoption;
14. History of child's interaction with both biological parents and proposed adoptive resource parents;
15. Issues that may affect child's behavior during a bonding evaluation; and,
16. Sibling bonds/other attachments.

Evaluators should use multiple methods of data gathering.

Evaluators should be provided with the same background information listed under *Section 2: During Permanency Planning/Hearings*.

All evaluations should include a review of comprehensive, accurate background information; a clinical interview; and the use of an appropriate assessment tool.

The evaluator should have access to all information he or she deems necessary in order to respond to the questions posed.