

RISK ASSESSMENT: EXPECTATIONS AND REALITIES

—by Louis F. Cicchinelli

It has become apparent that risk assessment as a construct can easily serve as the basis of a more structured case management and assessment strategy, with the potential to substantially alter how child protective services are delivered and managed in this country.

The emergence of risk assessment models

Although the roots of current risk assessment models and practice can be traced to much earlier literature on decision making, case classification, and the prediction of child maltreatment behaviors (Starr, 1982), the beginning of the risk assessment movement is often cited as 1982, when Illinois implemented the first model formally used by a state child protective service (CPS) agency. Since then the use of risk assessment has evolved into a nationwide movement. In 1991, Berkowitz reported that as many as 48 states had definitions of risk assessment and 42 states were using some type of assessment instrument.

Like many of the nationwide efforts to restructure other major systems—deinstitutionalization in mental health, the health care revolution, and the recent focus on public education reform—changes in the CPS system quickly gained momentum and were often implemented before the possible impacts could be adequately analyzed; in fact, before the supporting research base and the processes themselves were well established. It is not surprising, therefore, that cautions emerged in the literature with regularity. Generally the authors issuing these cautions have suggested that the methods and expectations of risk assessment models should be re-examined in the more realistic light of recent field experiences. Despite the concerns raised, it has become apparent that risk assessment as a construct can easily serve as the basis of a more structured case management and assessment strategy, with the potential to substantially alter how child protective services are delivered and managed in this country. In short, risk assessment models have the potential to improve CPS practice and

outcomes, but the use of risk assessment models needs to be continually validated on the basis of an empirical foundation (Cicchinelli & Keller, 1990; Johnson, 1993; Marks et al., 1989; Pecora, 1991; Wald & Woolverton, 1990).

Impetus for developing risk assessment strategies

Among the most salient deficiencies in child welfare systems that encouraged CPS agencies across the nation to develop or adopt risk assessment models and assessment strategies were: 1) the lack of a rational basis for making decisions regarding the future of abused and neglected children and their families; 2) subjective and inconsistent decision making across cases; 3) ineffective intervention options and inefficient resource allocation; 4) a lack of agency accountability; and 5) insufficient worker training and on-the-job support.

Traditionally, a central goal of child welfare agencies has been the protection of children from abuse and neglect. In the context of today's complex social service and legal systems, this basic tenet is realized through an array of investigative and other case management actions available to CPS workers. Actions such as mandating participation in treatment, assuming temporary custody of a child, making out-of-home placements, restricting perpetrator access through court orders, and terminating parental rights are all typically justified on the basis of risk of further harm to the child. A consistent method for documenting the perceived risk to a child is needed to support these difficult decisions.

It is often a caseworker's task to deal realistically and effectively with the sometimes conflicting goals of child protection and family preservation. Historically, the assessment of risk in CPS cases has been conducted informally based on a combination of broadly defined policy and practice guidelines and, ultimately, on individual caseworker expertise. Unfortunately, the literature on human information processing and decision making strongly suggests that personal judgment is often influenced by contextual factors such as the representativeness of the case, the availability or vividness of information, and the presumed relevance of the available information to the decision being made. Without guidance, these subjective influences can easily result in decisions that do not accurately reflect the likelihood of future child maltreatment in a given case or that are not consistent across different cases involving similar circumstances and client populations. Presumably risk assessment models and protocols can help bring objectivity to these decisions across a wider range of cases.

The speed with which the concept of risk assessment and the accompanying models, checklists, and continuums have been embraced in states across the nation is not as much an indicator of the quality of the assessment approaches available as it is an indication that CPS agencies are under ever-increasing scrutiny. CPS agencies must accommodate demands from both outside and inside the child welfare system. Media attention focused on child fatalities and severe instances of child maltreatment, increased agency and worker liability for actions and inactions, and the need to maintain credibility with the general public have all converged to highlight the importance of accountability for CPS agencies. Child welfare agencies must have established criteria against which the appropriateness of decisions made can be assessed. These assessments in turn can provide the basis for improved internal monitoring of supervision and organizational functioning as well as for demonstrating increased accountability to those outside of CPS agencies. Well-defined risk assessment protocols, screening strategies, and priority assignment

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models offer just the tools needed to improve agency practice and enhance accountability.

Changes within CPS agencies themselves have also encouraged administrators and workers to search for more efficient management and practice methods. Funding levels have remained constant or decreased in recent years, while reports of child maltreatment increased well over 200% since 1976 (American Humane Association, 1988). There is little question that in the future limited agency resources must be better allocated and utilized than in the past. Recidivism must be reduced to conserve agency resources and demonstrate the effectiveness of service interventions. Further, parent and child education as a means of prevention must be emphasized if the rising tide of child maltreatment reports is to be turned. Risk assessment methods have the potential to offer a strategy for more efficiently allocating scarce agency resources.

If this challenge were not enough, most agencies find that their goals must be attained with fewer qualified and trained workers. Clearly, innovative ways to train new workers must be devised to ensure that a qualified pool of child welfare workers is available in years to come. Equally important, however, is the need to provide on-the-job support and training for all workers in an attempt to reduce worker burnout and high staff turnover rates, reported to be 18% nationally (Hornby, 1987), and as high as 40% in some states (Torti, 1988). Virtually all states have acknowledged the need to improve worker training and provide increased on-the-job support.

Expectations of risk assessment methods and models

Of course, both practitioners and researchers generally understand that risk assessment models cannot and will not substitute for more effective service alternatives, adequate funding, more qualified workers, reduced caseloads, and better service coordination. These system problems must be addressed directly and not sidestepped by the adoption of a risk assessment model. From this vantage point the use of risk assessment models is best viewed as a strategy to help CPS agencies cope with the changing conditions under which services must be delivered. That is, risk assessment methods might help guide practice, optimize the use of available resources, and document service and client outcomes. The anticipated benefits of using risk assessment models have been outlined by virtually all states that have adopted models and are summarized in previously published reports (Schene, 1987; Schene & Bond, 1989; McDonnell and Associates, 1985). They include the following points.

Organizational benefits

- A philosophical shift in the focus of investiga-

tions—from policing activities to family assessment activities, and from case substantiation to appropriate services planning—will be encouraged.

- The standard of child welfare practice will improve through more informed and consistent decision making and by ensuring a closer relationship between client needs and services.
- High- and moderate-risk cases will be targeted for CPS intervention, particularly when caseloads exceed agency resources.
- A framework will be provided for training, policy development, evaluation, caseload controls, and new worker job assistance.
- A basis for reduced worker and agency liability as well as overall legal vulnerability will be provided.
- Morale will be improved, caseloads will be reduced, and burnout will be avoided by explicit standards that help balance workers' desire to assist families with the constraints of the system.

Case management benefits

- Worker attention will be focused on the most important risk factors—a comprehensive review of a case will be encouraged.
- Guidance will be provided for the decision to refer, investigate, open, or close a case.
- A forum will be provided for case discussion among agency (or interagency) personnel, thereby improving communication among professionals involved in a case.
- Workers will be helped to keep an objective perspective on cases and reduce the influence of personal bias on actions taken.
- Guidance for decisions regarding a child's safety (e.g., court petition, temporary removal, permanent placement, termination of parental rights, reunification) will be provided.
- The process of case documentation will be more structured to enhance internal and external accountability.
- Available case documentation will be improved in all cases.

Services benefits

- The emphasis on past maltreatment and its severity will be reduced and the focus will become the future of the child.
- The extent and type of services to be provided will be established.
- The effectiveness of services will be determined by assessing the level of risk reduction achieved.

It can be argued that this is a rather substantial list of expectations for a proven innovation—let alone an emerging concept such as risk assessment.

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It is little wonder that as the field of risk assessment has matured there have been periods of disillusionment among administrators, practitioners, and researchers alike. While the adoption of risk assessment models cannot be expected to remedy all of a child protective service system's ills, in many instances it can help illuminate problem areas and possible solutions. As states experiment with various models and objectives and new research findings emerge, some common themes are surfacing that link many of the items on the list of expectations. Comprehensive, high-quality practice conducted by competent and dedicated workers who are able to justify their decisions and actions is certainly a noble and attainable goal

Overview of models in use

Purpose and use

The prediction of the likelihood of *future harm* is most often cited in the literature as the purpose of risk assessment models (Cicchinelli & Keller, 1990; Palmer, 1988). However, about 62% of states using risk assessment models have indicated that risk of *immediate harm* is the first priority in the application of risk assessment methods (Berkowitz, 1991). It is just such discrepancies of purpose that continue to fuel the controversy over the adequacy and best use of the currently available models.

In fact, depending on the model and the state in question, the assessment of risk focuses on a varied set of risk-related issues. These include the risks of immediate harm, serious injury, re-report, future maltreatment, and placement. Risk assessment models are also being used to guide an equally broad range of decisions. Again depending on the state in question, the models are being used to screen out reports; to decide whether to open or close cases, remove children, or reunify families; to plan services; and to establish workload standards.

While most states report the use of a risk assessment model, they may mean quite different things. The state CPS laws may have been changed, local policies and procedures may have been revised, the use of an instrument may be mandated, demonstration studies may be underway in selected jurisdictions, or a

state may simply have made a risk assessment instrument available and recommended its use on a voluntary basis. Further, it is possible that risk assessment is used only for certain types of cases or at selected points in the case management process. In general, however, intake and investigation remain the stages at which most risk instruments are consistently used by workers, and most states encourage a second assessment, at least at case closure.

Relatively few states can actually claim state-

wide adoption and use of a single model and method. Considerable evidence suggests that even in jurisdictions where the use of risk assessment is mandated, not all users are adequately trained, clearly understand the purpose of using a risk model, are committed to its use, or use the model and process as intended (e.g., Colorado, Virginia). In some states, particularly those where counties have administrative control, variations of a single model or altogether different models are sometimes in use (e.g., Pennsylvania, Wisconsin). It is fair to say that in many states risk assessment models are not yet being used to guide casework practice. Instead, the assessment is completed only to comply with regulations and to document the actions already taken and the services already provided.

Characteristics of models

In general terms, risk assessment models are formalized methods that provide a uniform structure and set of criteria for determining risk. These can include checklists, coding forms, or assessment processes. Nearly all models in use today can be traced to one of the following source models: Illinois, Oregon, Washington, Child Abuse Risk Fields (i.e., ACTION for Child Protection model), or Family Risk scales and/or Child Well Being Scales. To simplify the discussion of the array of models currently in use, classes or types of models should be considered rather than the individual variations developed—which in many instances are not functionally different. There have been a number of attempts to create such a taxonomy of models. One approach, used in a federally sponsored comparative analysis study (Cicchinelli & Keller, 1990), is to consider the primary purpose of the model. This strategy resulted in the following typology of models: *case prioritization models*, such as the original (1981) New York State system, Washington State's sufficiency screen, Alameda County's (California) instrument for directing services to those most in need, and Colorado's intake screen; *investigative models*, such as the original Illinois model and the Kentucky model, which are essentially checklists of factors to consider during intake and investigation; and *family assessment models*, such as the ACTION for Child Protection model, the current New York State model, and the Texas model, which are more comprehensive in the issues considered and case decision points to which they apply.

As an alternative, a distinction among models is often made on the basis of how a model was developed. Model classification using this scheme is fairly straightforward: Is the model empirically derived or consensus developed? This scheme highlights the fact that only a few models are considered to be empirically based (e.g., Alaska, Alameda County in California, and Michigan). It should be noted, however, that while most other models were

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developed by consensus, they also include some of the factors shown to have predictive validity. To summarize, the models in use today:

- Focus on multiple case decision points
- Consider 13 to 45 factors
- Are empirically or consensus based
- Allow for worker input and overrides
- Typically do not relate a total risk score to specific actions required
- Are supported by separate information recording forms or other case documentation
- Employ three or four risk levels for each factors considered
- Address a similar set of case components; i.e., maltreatment, child, caretaker, family, and environment

Realities of risk assessment practices

Prediction of human behavior must be based on probabilities, and prediction is not an exact science. Certainly as more is understood about the factors that influence behavior and how these behaviors can be recognized, it will be possible to predict case outcomes more accurately. The challenge facing child protective workers is to maximize the accuracy of their judgment by applying risk models that have known and acceptable levels of reliability and validity.

Consider that if risk assessment models are based in large part on a consensus of professional opinion, and if the validity and reliability of these models is in doubt, then so is the adequacy of current practice. Risk assessment has brought into remarkable focus the fact that many of the factors considered when making judgments and decisions about child abuse and neglect cases may or may not be valid and may or may not be reliably applied across case types, clinicians and caseworkers, and culturally

diverse client groups (English, 1991; Horejsi & Pablo, 1992; Pecora & English, 1993).

Limitations of current models

The limitations of currently available risk assessment models are often cited and discussed by researchers and practitioners. Wald and Woolverton (1990) and Pecora (1991) provide perhaps the best summary of these concerns, many of which are incorporated here.

Lack of clear definition and purpose

The array of current risk assessment models certainly embodies varied definitions, purposes, methods, and applications. In general, however, the term *risk assessment* should be reserved for predicting future events using currently available information. Even then the exact nature of the event to be

predicted must be defined. While risk assessments are based on probability, it must be recognized that the possibilities of immediate harm, future harm, and future serious harm can have different probabilities of occurrence even in the same case. Using this prediction-oriented definition of risk assessment, the determination of the seriousness of a current injury or substantiation of a report are not valid purposes for risk assessment models and methods. Further, risk assessment and needs assessment should not be confused since different, nonpredictive factors may be important in deciding which interventions will most benefit a family or child.

Depending on the definition adopted, only some of the decisions CPS workers need to make can be based on the results of a particular risk assessment model, and different subsets of factors are likely to be relevant to different decisions. For example, parental cooperation may not be an important factor when deciding about immediate removal of a child, but may be a major consideration when deciding about family reunification. In the absence of agreement across states on the definition and use of risk assessment methods (and there is no reason to believe that complete agreement is desirable), it seems advisable that states and other jurisdictions clearly articulate the assumptions made about the definitions of risk and the intended uses that underlie the model(s) they choose to develop or adopt.

Factor and measurement limitations

To be useful a risk model must include factors that a worker can actually measure with some degree of certainty. Most risk assessment systems can only rank cases, generally along a continuum of risk. The models do not specify how much risk is represented by *low*, *medium*, or *high* ratings, or the implication of these levels for case outcomes. Certainly it would be better to have the research base to establish valid risk levels for each factor and combination of factors. Nevertheless, the application of risk assessment models will always result in some cases being missed and some inappropriate intervention in other cases. Risk assessment models highlight this problem but do not create it; this is exactly what occurs now in CPS units that do not use risk assessment approaches.

Very few of the factors included in current risk models have been demonstrated to accurately predict risk of reabuse (Baird, et al, 1991; Johnson, 1991; Johnson & L'Esperance, 1984). Only the Alameda County and the National Council On Crime and Delinquency models (used in Alaska and Michigan) rely solely on predictive case factors. Most factors included in current models have been selected on the basis of worker consensus, or from the literature that examines the difference between abusers and nonabusers. Wald and Woolverton (1990) argue that findings from these studies cannot be

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generalized to the reabuse situation where all families are known abusers. There is little question that to rely only on factors that are known to be predictive would be best, but an adequate supporting research base does not yet exist. Further, it is important to note that knowing that a factor is predictive of reabuse does little to suggest the likely outcomes in light of client involvement in specific service interventions.

Finally, based on the few predictive studies available, factors that do have some predictive validity are clearly not equally valuable in predicting future outcomes, and the relationship among factors (correlation) is not usually considered in risk models. Therefore, models that merely add up the number of high-risk factors may not reflect the true level of risk present in a case. Workers may be overrating the likelihood of reabuse or risk in these instances. This criticism is

not easy to address even with additional research. The potential combinations of relevant case factors (and levels) is virtually endless. Just as clinical judgments are based on an implicit level of acceptable risk, explicit definition of acceptable levels of risk will be necessary to develop even the most rudimentary statistical risk assessment model.

Inconsistent applications

Most studies of reliability conducted to date suggest that many models do not result in consistent risk scoring by different workers, especially in neglect and sexual abuse cases. Researchers argue that this is caused by the poor selection of items, the lack of clear definitions, and the lack of measurement guidance. It is also true, however, that any two workers rarely agree on the meaning and importance of information collected in a case, or on its implications for services. This lack of consistency as well as concern about the limited pool of qualified workers are precisely some of the issues being addressed, at least in part, by the use of risk assessment models. The danger of overreliance on risk models seems minimal if workers recognize that models are not substitutes for clinical judgment and experience. This potential danger exists for all workers, but especially for new workers. There is no evidence, however, to indicate that this is actually happening in the field. In fact, more often workers adjust the risk ratings in view of their own judgments.

Current directions

The current trends and thinking with regard to risk assessment can be summarized as follows.

Models

- In recent years many states have revised their original models. There is a tendency to move away from the early checklists toward models that are more comprehensive.

- Composite risk scores that dictate specific actions are not used in current models.
- More states are experimenting with alternative models and tailoring these to state requirements and needs.

Risk factors included

- Many now recognize the importance of including an assessment of family strengths as well as its weaknesses when assessing risk.
- Using factors that have predictive validity is emphasized more.

Training

- Initial training is important to the success of adopting a new risk model.
- Provision for ongoing training is important to allow for refinement of models and support for a workforce that probably did not encounter risk assessment concepts in traditional educational settings.

Implementation

- Successful adoption of risk assessment depends on both state-level and worker-level support. Neither alone is sufficient.
- Virtually all users agree that risk assessment is an ongoing process to be repeated at key decision points throughout a case.
- It is fairly well understood that risk assessment models must be integrated into current casework practice and documentation protocols if they are to be successful and used.
- Time to complete risk assessment instruments and protocols is an important consideration. Risk assessment is being related to workload standards with increasing frequency.
- Risk assessment is a process, not a task to be completed in the course of casework. Only when this is realized do the true benefits accrue.

Benefits accrued

In its present form, risk assessment is clearly not an alternative or new approach to be adopted by CPS agencies. Instead it provides a way to organize, synthesize, and apply the case information available to inform clinical judgment. Therefore, risk assessment adds little to the content of a case file; rather it encourages the integration and analysis of available information. As understanding about the causes and dynamics of child abuse and neglect has evolved over the past 30 years, the amount of information that must be collected and factored into child protection decisions has approached massive proportions. A system for organizing that information so that it can be effectively examined and used to improve the effectiveness of CPS services must be viewed as an important step forward.

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It seems reasonable, therefore, to seize the opportunity afforded by risk assessment to systematically examine agency policy and practice, worker decision-making behavior, service intervention strategies, and case outcomes.

It is this next logical step—using the risk models to guide how the information is interpreted and acted upon—that raises concerns and draws criticism from both practitioners and researchers. It has been repeatedly pointed out that research has not yet demonstrated a consistent relationship between most risk factors, items and scales, and future maltreatment behaviors; the effectiveness of many interventions is not yet well understood and the appropriateness of specific interventions in specific circumstances is not always clear

Although not yet perfected, risk assessment models do offer a unique opportunity to develop a database of longitudinal case information that will allow researchers to address important and complex research and practice questions that require longer periods of time to investigate (e.g., impact of services, recidivism, intergenerational trends). Never before has it been possible to record the same set of information in a consistent format for so many cases and locations. With or without risk assessment models, case decisions affecting the children and families involved in reported cases of child abuse and neglect will continue to be made. It seems reasonable, therefore, to seize the opportunity afforded by risk assessment to systematically examine agency policy and practice, worker decision-making behavior, service intervention strategies, and case outcomes.

Interesting too, is the potential for risk assessment models to provide the framework needed to bring technology into the CPS workplace. Computer-based case management and decision-making support systems would do much to reduce the burden of paperwork, provide on-the-job training and support, integrate policy and practice, improve the accessibility and sharing of needed information, and allow the more efficient use of staff and financial resources

A concluding note

Implementing risk assessment models is a means, not a end. That is, predicting recurrence is not the goal of CPS. Preventing maltreatment, reducing the likelihood of recurrence, and breaking the cycle of maltreatment are the objectives of service intervention. Risk assessment should be considered a vehicle by which agencies and workers can improve their ability to protect children and rebuild families.

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