

Assessing Children's Competence to Take the Oath

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sample (above-average abilities) makes clear that five is a fair age at which to presume that children are capable of taking the oath.

Even more important than their use to establish age norms, our procedures can be used by professionals in and out of the courtroom as a means of assessing young children's competence to take the oath. At the very least, professionals should avoid asking children to define or explain the difference between the truth and lies. It is also probably unwise to ask a child to give an example of a lie (although we did not directly test this approach), both because the child is forced to generate information and because the question may be perceived as a request that the child tell a lie. If an identification question is asked, the professional should be aware that such phrases as "if I said" or "if you said" might trigger motivations in the child to simply deny that a lie was told. In our study, we asked "if somebody said," and our four-year-olds were nevertheless reluctant to acknowledge lies as such. A forced choice between fictional characters—one who lies and one who tells the truth—appears to be the most sensitive means of assessing understanding.

The oath is likely to remain an important component of trial procedure. As long as the oath exists, competence evaluations will continue, making it necessary for professionals to understand the best means by which children's competence to testify can be evaluated. In addition to the advice offered here, we would be happy to share our testing materials with interested professionals, in the hope that children's competence can be assessed most accurately.

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CHILD PROTECTIVE SERVICE

Caseworkers, Computers, and Risk Assessment: A Promising Partnership

—David A. Sheets

Just as child protective services (CPS) professionals at long last are beginning to accept computers as useful tools that can support their work with clients, a new, more challenging vision is emerging. Reinoehl (1990) suggests that we view computers in human services as "moving beyond being a tool, to becoming intellectual partners in learning and thinking" (p. 167). "Partnership" is a term currently used to characterize the relationship caseworkers have with families they serve or the relationship two or more agencies have with one another. It is not how we commonly think of computers... yet. The current revolution in the scope and power of computer applications creates unprecedented opportunities for adapting current as well as new technologies to help CPS caseworkers make the difficult decisions they face every day.

To capitalize on these opportunities requires that we incorporate the concept of partnership into future development of CPS decision-support technologies such as risk

assessment instruments (RAIs). A comprehensive approach to this effort will consider: 1) the decision technology (the risk assessment instrument itself); 2) the decision environment (aspects of the caseworker's job); and 3) the decision maker (the nature of human information processing and decision making).

The decision technology

It might be thought that after 15 years of collective national experience in developing, researching, and implementing risk assessment models, many of the fundamental problems and issues related to these models would be resolved. Yet even now caseworkers still struggle to establish a relationship with the technology of risk assessment instruments as they apply these instruments in their practice and documentation systems. Hornby and Wells (1989) report the reaction of one worker to implementation: "The introduction of risk assessment has produced considerable resentment among many staff, most notably

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the experienced ones. The resentment can be analyzed at two levels: first, more paperwork, more requirements; second, an erosion of worker judgment" (p. 53).

Consider the caseworker's reality. In conducting an investigation she is thrust into the volatile and dynamic environment of the lives of abused children and their troubled families, with the attendant and highly charged emotions of anger, pain, grief, and hurt, for her as well as for the family. Returning to the office, the caseworker is asked to reduce the *gestalt* of this rich and intense experience into a few factors on a checklist. The checklist is supposed to tell her whether or not there is risk. Is it any wonder that staff become frustrated with this process? One worker expressed it this way: "They are reducing our work to a form. Our assessment is what our professionalism is all about. We feel uncomfortable putting things in numerical terms. People resent that others are trying to quantify what we do" (Hornby & Wells, 1989, p. 30).

Many factors may contribute to these problems: inadequate implementation, problems with integration of the model into the overall workflow, the cumbersome nature of some models, the fact that caseworkers tend to fill out risk instruments after they have made their decisions, and the fact that the models sometimes are perceived by staff to add workload (Hornby & Wells, 1989; Keller et al., 1988; Doueck et al., 1993; English & Pecora, 1994; Sheets, 1992). One might speculate that another factor is the design of the models themselves. How much do they really *add* to the decision-making process? Practice-based models represent a somewhat straightforward, systematic structuring of current practice, while empirical models may appear to oversimplify the complexity of the dynamics to be considered in the decision.

In either case, caseworkers tend to incorporate the risk factors into their intervention and interviewing process and to fill out the instrument after interviews with clients (Hornby & Wells, 1989; Sheets, 1992). This may contribute to a feeling that the instrument itself is redundant and unnecessary to decision making. While some might view this as evidence of an inadequate incorpora-

tion of the model into practice, it may in fact represent just the opposite. Certainly if we think of the risk model primarily as the *instrument*, we could say that the model has not been successfully incorporated into practice. If, on the other hand, we view the risk model as part of the overall *process* of decision making and, moreover, view the caseworker as the primary actor in the decision, then we might say that the risk model has even somewhat successfully been incorporated into the casework process. Obviously, further work from both points of view is needed to improve the utility of the instrument itself.

Does this signal a failure of this technology? Far from it. The fact that we have any models at all with empirical predictive ability is a major step forward for CPS practice, and represents the beginning stages in the development of a decision-support technology that is *objective* (i.e., external to the private deliberations of the clinical practitioner and therefore observable and measurable). Here lies the promise of future partnership between human judgment and technology. As the sophistication of risk models continues to develop, this technology will increasingly become a tool with which caseworkers *interact* in making decisions. That is to say, the technology will become a contributing partner in decision making, and caseworkers will need to accommodate and relate to it. This will be particularly true as the technology is translated into the more interactive and intelligent medium of computers.

The decision environment

We need to adopt a more flexible notion of what it means to incorporate risk models into practice, and this entails a more detailed examination of the decision-making environment itself. CPS investigators, for example, call for caseworkers to make "on-the-spot" decisions about the risk to children. We might call this *interactive* risk assessment or decision making, because it occurs during the process of the caseworker's interaction with the client.

As each new piece of information emerges, the caseworker makes a judgment—a risk assessment—as the basis for asking the next question or for taking the next case

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action. It is perhaps asking too much to expect a caseworker to fill out a risk assessment instrument during or even immediately after a stressful client interview. Moreover, the sensitive and sometimes precarious nature of the CPS worker-client relationship makes the introduction of a structured questionnaire into the interview process a liability to the flow of dialogue and to the establishment of a helping relationship, thus potentially further endangering the child's safety. This particular aspect of the caseworker's reality, interactive risk assessment, calls for us to support risk assessment not by designing a better manual or electronic instrument, but rather by more thoroughly training the caseworker staff to help them incorporate the model into their practice. When she is with a client, the caseworker is the risk assessment system.

Caseworker judgment is not only a critical factor in interactive risk assessment but also in gathering the information needed to fill out the risk instrument later. In a study of three risk models, Doueck et al. (1993) noted that "these models cannot replace a competently trained staff. In fact, the three models reviewed require a staff that is trained and knowledgeable in human growth and development, parenting practices, the causes and effects of mistreatment, and family dynamics" (p. 449).

All risk instruments call for very sophisticated and skilled psychosocial assessments of the children and families in question because they include factors such as the presence of spouse abuse or drug abuse, the quality of the marital relationship, the adequacy of the parental relationship with the child, and the presence of psychological or emotional problems. The act of determining that any of these risk factors is present, or the degree to which it is present, is a sensitive assessment process involving "unstructured" but highly trained human judgment. Complicating this issue is the fact that over the past 30 years or so, our knowledge of the characteristics and dynamics of the various types of

abuse and neglect and of other problems contributing to risk has expanded to such a degree that it is perhaps impossible for any one individual, no matter how highly trained, to competently assess all of the families and children she encounters in her practice.

The growth of the multidisciplinary decision-making model within CPS practice can, at least in part, be attributed to this need for a wide range of expertise. It now takes the participation of experts from several professional fields to make competent decisions in many cases. In addition to multidisciplinary teams, CPS staff often seek support for critical decisions through "staffings," meetings of staff having several different perspectives

to give input on a direction for a particular case. Both of these processes are useful to staff because, among other things, they offer a decision maker access to multiple points of view and to several decision-making styles—in other words, options.

A given risk model, on the other hand, embodies a particular point of view and usually drives the caseworker in a linear and undeviating manner toward a single conclusion. From a caseworker's point of view, this may not be enough. Having several types of models available for a caseworker to consult would increase decision-making information and options, provide a greater sense of empowerment, and enhance the accuracy of the decision.

This is an area in which computer-based applications offer a great deal of promise for assisting CPS staff. Currently, when a caseworker encounters a type of case with which she is unfamiliar, few training or consulting resources are available or accessible in a timely enough manner to be of assistance in her intervention. In an automated environment, however, a caseworker in this situation could immediately access and interact with a computer-based training program or expert system on the specific topic needed. Such a program could incorporate research and

As the sophistication of risk models continues to develop, this technology will increasingly become a tool with which caseworkers interact in making decisions.

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knowledge from several experts on the topic and could present this information in a multimedia format, blending text, audio, graphics, animation, photographs, and video. Further, the program could test the caseworker's learning and could offer corrections and suggestions for courses of intervention. Using the "staffing" approach as a paradigm, future development of risk assessment technologies should concentrate upon developing a flexible array of decision models.

In 1990, the Texas Department of Protective and Regulatory Services and the four graduate schools of social work in Texas formed the CPS Training Institute to expand and enrich the training resources available to department staff. A technology group was formed within the Institute to demonstrate the potential value of using computer-based technology for staff development and performance support.

The first product was a computer-based training (CBT) program developed by Dick Schoech, a professor at the Arlington Graduate School of Social Work, University of Texas. The program, called "Keisha," employs graphics, photographs, text, and sound to provide self-paced, interactive instruction for CPS staff on how to investigate and assess failure-to-thrive cases. Keisha was pilot tested as part of the beginning job skills training course at the CPS Training Academy in Dallas, Texas, and the reaction from staff using it was favorable.

A second CBT program on social work interviewing skills was developed by Patrick Leung, a professor at the University of Houston Graduate School of Social Work. It was pilot tested at the Houston CPS Training Institute, again with positive staff reaction. Other products developed or currently in development include a text and video-interactive program for measuring supervisor competency, and CBT programs on worker safety and cultural competency.

The positive experience with these prod-

ucts provided the department with sufficient knowledge of and confidence in the value of computer-based training to choose it as the cornerstone of the training strategy for statewide implementation of its automated Child and Adult Protective Services System (CAPS). Developed in partnership with Andersen Consulting, CAPS will be implemented in the summer of 1996. Now firmly committed to the use of technology to enhance staff development and to make it more efficient, the department has formed a training technology task force to plan for the ongoing development of computer-based products and for their integration into training and work environments.

The decision maker

"The underlying problem with computerization in social work practice is the apparent lack of a system in the thinking and practices of clinicians" (Brodzinski et al., 1994, p. 15). Starr (1993) makes observations in a similar vein about caseworker decision making with reference

to risk assessment. He points out that people, including caseworkers, often use shortcuts, or "heuristics," rules of thumb that are easily used to solve problems. In discussing human information processing as it applies to clinical situations, Carlson (1985) concluded that computers, on the other hand, are designed to effectively process all of the

information they receive. How can these seemingly divergent approaches to information processing be reconciled? The answer may lie in the direction of forging a partnership between them. Carlson expresses this well:

The compromise approach is to organize computerized information in a manner that will support rather than inhibit human information processing strengths. . . . The key is to make maximum use of human information processing supplemented by machine

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processing, not the other way around.
(p. 62)

Certainly, computer-based decision models, by virtue of their structured and analytical approach, can serve to correct or overcome some of the inherent "deficiencies" of human decision making. But this approach, by itself, is lacking. The lives of the families and children with whom we work in CPS stubbornly refuse to fit themselves neatly into the well-crafted categories and protocols of our risk models. Some of the more untidy facts and details spill over the categorical edges, while others simply find no place at all in these models. What is needed is to identify and develop the "human processing strengths" that Carlson suggests.

It is time for us to entertain the idea that there may be an essential dimension of human knowing that is inherently nonsystematic and yet makes a unique contribution to decision making. Gowdy (1984) summarizes this view, "There are many ways to learn and many ways of knowing, the scientific methodology of technical rationality is but one" (p. 364). Caseworkers certainly know this. They call it a "gut" feeling, which arises when conclusions supported by the observable facts in a certain case do not "add up" to the worker's feelings about the case. In a study of risk assessment implementation in three states one worker noted, "Even with risk assessment you need value judgments. The human factor makes it a flawed tool. The factors may be high, but the worker still may not view the child as at risk. Sometimes there are intangibles" (Hornby & Wells, 1989, p. 15).

Over many years of piloting and developing risk assessment systems in Texas we have become wary of overreliance on strictly analytical approaches to risk assessment, and have adopted a healthy respect for staff's need to grasp the *wholeness* of case situations. We have found that risk assessment models tend to partialize and fragment information about families and that this makes it more difficult for supervisors, for example, to understand and get a "feel" for the case situation. Interestingly enough, it was when we reemphasized case narrative as an essential component of risk assessment documen-

tation that staff found it easier to understand cases and to make decisions (Sheets, 1992). Somehow, the act of experiencing a family situation through the device of the case narrative helps a supervisor to know a family in a way that the risk factors alone cannot convey.

Perhaps the philosopher Paul Ricoeur's ideas on the difference between explanation and understanding can shed some light on this phenomenon: "In explanation we explicate or unfold the range of propositions and meanings, whereas in understanding we comprehend or grasp as a whole the chain of partial meanings in one act of synthesis" (Ricoeur, 1976, p. 72). With their range of factors, risk assessment models can *explain*, but to *understand*, a decision maker must be able to grasp the situation as a whole.

Can technology help? As long as risk models remain document-based, fixed, as it were, in a two-dimensional medium, data fragmentation will be a significant problem. Words on paper cannot talk back to us in a dynamic way. But computers can. With their ability to present a depth and breadth of information in a holistic, three-dimensional, multimedia format and their ability to "think" and even to "learn" from new information, computers show promise of providing a decision-support technology that fits the CPS decision-making environment well and acts as a useful partner for those beleaguered decision makers, us.

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Editor's Note: To help increase communication among professionals regarding the assessment of abused children and their families, the APSAC Advisor will begin a new section devoted to the use of assessment and measurement tools in child abuse practice. Each quarter in this column, a specific assessment procedure or instrument will be featured. The measure will be clearly described, including explanations of the constructs it measures, psychometric properties (e.g., reliability and validity), normative and comparison information available, appropriate populations for its use, administration considerations, cost, and how to obtain it. In addition, the procedure or instrument will be critically reviewed and its strengths and weaknesses discussed. Our goal is to provide readers with information that will both facilitate the task of choosing reliable, valid, assessment devices and help readers employ those measures in a responsible manner. Perhaps this new section will also stimulate research on new methodology.

Elizabeth Letourneau will serve as editor of the Measurement and Assessment section. Suggestions should be directed to her at the address indicated on the masthead. This first article introduces an important new database of standardized measures: CANDIS

As the field of child abuse and neglect matures and its scientific knowledge base grows, the use of standardized measures as part of a comprehensive approach to assessment is evolving as a standard component of practice. Child abuse professionals view the assessment of abused children as a multidimensional process; the use of standardized measures is an important part of that process. The increasing national scrutiny of the assessment and intervention procedures used by child abuse professionals has also encouraged greater use of standardized approaches. Standardized measures can be used to enhance the full assessment process by helping professionals assess risk and traumatic history as well as determine the current functioning of children, family members, marriages, and family relationships. The use of standardized measures can be of great help in customary tasks such as developing intervention plans, constructing treatment goals, tracking treatment progress, and making decisions about visitation and family reunification. Results from standardized measures can thus be helpful to child abuse professionals in many disciplines, including mental health, child protection, medicine, and law.

Standardized assessment procedures involve the use of norm-referenced measures,

interviews, observations, and interview assessments (Sattler, 1988). The primary strength of standardized measures is their consistency and generalizability over time, client, and examiner. The results of properly administered and interpreted standardized measures can be compared across various populations, and consistent conclusions about their meaning drawn. Standardized measures are less susceptible to outside influences than nonstandard approaches and offer more reliable and valid results.

Obviously, many standardized measures developed for use with general populations are being used in cases of child abuse and neglect. Most of these are instruments originally developed for use in mental health settings that are now being applied to child abuse victims and their families. In addition, several measures have been developed specifically for use in child abuse and neglect cases: the Children's Impact of Events Scale-Revised (CITES; Wolfe, Gentile, Michienzi, Sas, & Wolfe, 1991), developed to assess problems with sexual abuse victims; the Child Sex Behavior Inventory (CSBI; Friedrich, Grambasch, Damon, Hewitt, Koverola, Lang, Wolfe, & Broughton, 1992), developed to assess sexual behaviors of children and widely

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MEASUREMENT AND ASSESSMENT TOOLS

New Section— Introduction

Introduction to CANDIS: A Database of Standardized Measures

—Elizabeth J.
Letourneau and
Benjamin E. Saunders