Journal of Forensic Social Work, 1:37–60, 2011

ISSN: 1936-928X print/1936-9298 online
DOI: 10.1080/1936928X.2011.541200

Routledge
Taylor & Francis Group

Forensic Social Work Practice Standards: Definition and Specification

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Social work practice is coming under increased scrutiny due to increased statutory regulation of practice and promotion of evidence-based practice (EBP). The social work profession has generated minimal, generic practice standards that are not well-suited to modern, specialized practice in social work. Forensic social work is a specialty that is vulnerable to misapplication of generic, minimal practice standards to highly complex clinical situations forensic practitioners face in routine practice. This article defines the various levels of performance expectations (standard of care, practice standards, professional ethics, generally accepted practice, practice guidelines, practice protocols, and best practices) in rank order based on the degree of mandated performance. Issues faced in developing concise and precise performance expectations are explored. The articles concludes with a preliminary generic model of forensic social work practice standards.

Forensic practice of social work has been in existence since the beginning of the social work profession but has historically been a small segment of the profession (Chatfield, 2008; Neighbors, Chambers, Levin, Nordman, & Tutrone, 2000). It was not until the 1960s when the legal system became the remedy for many injustices that were previously individually perceived internally as part of life experience that individuals, families, and lawyers

Dr. Munson is not a lawyer. Any references to legal matters and court opinions in this article are Dr. Munson professional interpretations and are not related to the practice of law. Information in this article is not legal advice. Persons in need of legal advice regarding content of this article should contact an attorney.

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began to seek legal remedies for various problems. The *Federal Rules of Civil Procedure* (Clermont, 2010), which are also used in many state courts systems, mandate that lawsuits be "nonfrivioulous," but courts continue to be overburdened with pressure to intervene in frivolous disputes. Paralleling the increased use of legal remedies was the creation and expansion of professional regulation that mandated more practitioner accountability through documentation and publically supported complaint process. The change is illustrated by the case of Mr. C who was employed as a juvenile probation officer in 1964 after graduating from college. He was assigned to work for a wise and respected judge. The judge took Mr. C into his chambers the first day he was on the job and told Mr. C he would serve as bailiff in the judge's court for the first month and not as a probation officer. The judge explained that if Mr. C was going to work for the court, he had to be aware of the enormous power the court exercised over citizens and, as an agent of the court, Mr. C had to learn the concept of "restraint in use of power" as the judge called it. Mr. C reluctantly accepted the assignment and later came to realize the judge was correct. Mr. C explained that in those days the courts had significant power that was rarely exercised. Lawyers came to court with a yellow legal pad, a pen and a single manila folder with an average of 20 pages of documents. Hearings rarely lasted more than four hours. There were only two attorneys in the courtroom, one for each party. If the parties to a case failed to appear for a hearing, a bench warrant was issued and they were routinely arrested and jailed until a hearing could be scheduled. Expert witnesses were rarely used and were rarely challenged or threatened by attorneys or judges. Mr. C's file contained an average of 20 pages including the social history and court documents. Testimony was brisk and to the point. Social workers rarely testified, and there were no security guards or metal detectors. There were no complaints against experts who were generally considered immune from lawsuits. Mr. C compared the past to the present courtroom scene as much different. Most cases Mr. C appears for have four to five attorneys present. He reported being involved in cases where there were six attorneys and three legal assistants. The records were brought to court in a van daily, and boxes of documents were brought into the courtroom on dollies. The legal assistants would constantly be searching for documents for the lawyers. Hearings are almost always a whole day and some last five days. If a client fails to appear or defies the court, no sanctions are imposed. Mr. C reported one frustrated judge recently stated to a child abuser who had failed to conform to any of the conditions for reunification with the child, "Well I guess the chief function of issuing court orders is so they can be broken." Sentencing guidelines severely limit judiciary discretion. Today Mr. C's typical forensic case files are three to four inches thick and have been as thick as 18 inches. Lawyers frequently attack the expert's ethics as a strategy to undermine them, and many judges consider experts as a necessary distraction and will sometimes disparage them.

Even though the number of forensic social workers has increased in court settings, they remain little understood with respect to credentials and precise areas of expertise. This was not a problem as long as there was not widespread regulation of social work practice. With the advent of licensing boards, regulation expanded but was and continues to be applied to social work practice generically. The main distinction of social workers for licensing purposes is clinical practitioners and non-clinical practitioners. After 40 years of regulation, licensing boards in social work have yet to develop specialty practice regulations even though specializations have expanded significantly over the last 40 years. Forensic social workers are very much at risk in this situation because it is rare that a licensing board contains a forensic member. It is in the midst of this current situation that the following discussion of performance expectations for forensic social workers is discussed.

FORENSIC SOCIAL WORK PRACTICE SPECIALIZATION

There is strong agreement that forensic social work practice is highly specialized and not the same as a general psychotherapy practice. The forensic social work literature is clear that forensic practice is unique and specialized (Barker & Branson, 2000; Brownell & Roberts, 2002; Chatfield, 2008; Maschi, Bradley, & Ward, 2009; Munson, 2002a, 2002b, 2009; National Organization of Forensic Social Work, 1997; Neighbors et al., 2000; Roberts & Brownell, 1999). Hughes and O'Neal (1983) in an early study of forensic social work practitioners pointed out the specialized nature of forensic social work practice:

> The defense of a professional opinion drawn from the combined areas of legal and mental health expertise requires a substantial understanding not only of the nature and diagnosis of mental disorders but also of the content and intent of the applicable laws. Such understanding comes usually not from a general social work education but rather from specific training as an expert witness and as a forensic mental health professional. Such training must, from the authors' experience, deal with issues of what to present. Without a proper preparation in technique, even a witness with a well-considered opinion can be made to look foolish by a lawyer who is skillful at the tricks of examination. (p. 394)

The specialization of forensic social work continues to evolve (Green, Thorpe, & Traupmann, 2005). Forensic social workers practice in a number of areas performing numerous roles and services, including evaluating criminal and civil competency, court-ordered psychotherapy, evaluation of suitability to parent, child and adult custody evaluation, mediation services, probation and parole services, consultant to attorneys, termination of parental rights evaluations, bonding and attachment assessments, correctional services, domestic violence services, international child abduction, and protective

shelters. They also serve as rebuttal witnesses. Given these varied roles it is not understandable why the social work profession has not developed any codified practice standards for this complex area of practice. This article is an effort to promote the development of performance expectations in the form of practice guidelines and practice standards for forensic social work practice.

LACK OF SOCIAL WORK PERFORMANCE EXPECTATIONS

The social work profession does not have specific forensic practice standards (Munson, 2002c). Social work regulatory boards only have generic practice standards, even though in some states the licensing boards are charged with the responsibility to designate specialties within the profession (see Virginia Social Work licensing regulations [Virginia Board of Social Work, 2010]). Some social work statutes/regulations direct the board to establish practice standards for practitioners, but few do. For example, the Maryland statute mandates the Board should be "promoting and maintaining high professional standards for the practice of social work." The Maryland statute also mandates the licensing board is "to develop, control and enforce education and practice standards for social workers practicing in Maryland." The National Organization of Forensic Social Work (NOFSW) has been in existence for 26 years and has a history of sponsoring forensic social work training and a mentorship program, as well as having a code of ethics that is a general statement of performance expectations but is not intended to be a practice standards document.

The National Association of Social Workers (NASW) circulates a document titled *Standards for Social Work Practice in Child Welfare* that is devoted to work in public child welfare and does not mention forensic social work. NASW has published 14 practice standards documents in the areas of substance use disorders, health care, clinical social work, child welfare, continuing education, palliative care, long-term care, adolescents, genetics, cultural competence, personnel practice, school social work and case management, and technology. None of these practice standards relate to forensics. NASW state chapter licensing board websites make no reference to guidelines in the extensive practice areas covered by forensic social work. NASW Press recently published a book (Lewis, 2009) on custody evaluations, but the book is not in the form of guidelines.

Use of Other Professions' Practice Standards

Social work regulatory boards have used other professions' practice standards in deciding issues of practitioner adherence to performance expectations. Forensic social workers frequently use other professions' practice standards and protocols to guide their work in the absence of social work

standards. However, it is not valid to hold a forensic social worker to the forensic or any other practice standards established by other professions such as psychology and psychiatry without advanced notice. If social work licensing boards are going to hold a practitioner to a practice standard beyond what is contained in the licensing statutes and regulations boards have a duty to inform practitioners in that specialty of the expectation and the requirement should be widely disseminated publically. Clearly it is preferred that the social work profession develops its own performance standards rather than using standards established by other professions.

A number of organizations have published practice guidelines for forensic practitioners. For example, one organization (http://kspope.com/licensing.index) has identified 119 sources in the United States, Canada, and Europe of "ethics codes and practice guidelines for assessment, therapy, counseling and forensic practice." Three professional organizations have produced forensic practice guidelines that contain elements that are similar to roles performed by forensic social workers. The three organizations are the American Psychological Association, the American Psychiatric Association, and the Association of Family and Conciliation Courts (AFCC). The AFCC publishes seven practice standards documents in the areas of brief assessment, child custody evaluations, parenting coordination, family and divorce mediation, supervised visitation practice, and two standards for lawyers who represent children and families, as well as "model standards." A review of the relevant standards revealed most of them minimally address the nature of forensic social work. If social work practitioners are expected to conform to the AFCC, American Psychological Association, or American Psychiatric Association guidelines, that expectation should be published and disseminated to practitioners by boards in advance of requiring compliance. It is not possible for a forensic social worker to respond to unspecified allegations without reference to specific practice standards.

There are no regulations that make the American Psychiatric Association, American Psychological Association, or AFCC guidelines mandatory or voluntarily relevant to forensic social work practice or social work practice in general. The professions are substantially different and operate on different models, methods. and principles.

CATEGORIES OF PERFORMANCE EXPECTATIONS

Performance expectations terminology is not generally used when discussing what is reasonable and widely accepted practice activity of social work professionals. The terminology that is more commonly used is practice guidelines and practice standards. *Practice guidelines* are suggested or recommended voluntary pointers for appropriate and acceptable practice. *Practice standards* imply a set of behaviors that are precisely adhered to and mandated. The literature on practice standards generally recognizes that even though they are

mandated, practice standards are aspirational (American Psychological Association, 2009) and are not applicable to every forensic practice situation or event. Also, the term connotes a set of standards that are authoritative and precise. This is far from the case. In some forensic situations there are competing practice standards with contradictory expectations. For example, in the area of child sexual abuse interviewing there are numerous interview protocols that have been developed. In reaction to the variance in practice expectations the term *generally accepted practice standards* has been used (primarily by regulatory boards), but this terminology is less helpful in that no clear guidelines have been developed for establishing what is generally accepted practice. The social work profession does not have a body of research literature that could be used by regulators to determine what is a generally accepted practice standard in a given situation. To recognize the aspirational and exceptions aspects of practice activity, I use *practice performance expectations* (PPEs) as a generic term for the various levels of practice guidelines and practice standards. The traditional terminology under the rubric of practice performance expectations will be used in this article because of their widespread use. There are various levels of these mandated and voluntary performance expectations. It is important to make clear distinctions among the various levels of practice performance expectations. The primary forms of practice performance expectations are standards of care, practice standards, professional ethics, generally accepted practice standards, practice guidelines, practice, protocols, and best practices. These concepts do not have precise definitions and there is much disagreement about the various terms. The definitions below are offered to aid the debate in forensic social work as it struggles to develop a cadre of generally agreed upon performance expectations. Until the forensic practice specialists and the forensic social work organizations develop clearly delineated performance standards for the specialty, it will remain at the mercy of licensing boards and courts. Forensic practitioners cannot expect much help from the courts because there is ample evidence from appellate court cases indicating that courts generally show little interest in professional organization disputes (i.e., licensing board/regulatory board) about what is acceptable practice. The general definitions of the traditional practice performance expectations' concepts are provided below in rank order based on the degree of mandated performance.

Standard of Care

Standard of care is a term that has varying definitions based on use of the term in medical/health care settings and in legal matters. The term stems from the concept "duty of care" and is usually related to medical practice, medical settings, and legal actions (www.wikipedia.com). Standard of care is generally the highest order performance expectation. In medical/health matters the term is defined as "A diagnostic and treatment process that a

clinician should follow for a certain type of patient, illness, or clinical circumstance.'' In legal matters it is defined as ''the level at which the average, prudent provider in a given community would practice.'' It is how similarly qualified practitioners would have managed the patient's care under the same or similar circumstances. There is a requirement in the legal use of the term that it must be shown the specific standard of care has been breached, and in the literature this standard stems from an old legal standard (*Vaughan v. Menlove*, 1837) that linked the clinical and the legal concept (www.medterms.com, Wikipedia.com) to establish liability for professional acts. Social work does not have any codified standards of care exclusive to the profession even though licensing board members and licensing board appointed expert witnesses sometimes refer to standards of care in making judgments. Fortunately the standard of care terminology is rarely used in social work regulatory matters. (For a detailed discussion of the legal definition for standard of care, see Helibrun, DeMatteo, Marczyk, & Goldstein, 2008).

Practice Standards

Practice standards are precise guidelines enumerated in licensing statutes and statutory regulations as procedures that are mandated by a profession or law and carry sanctions if violated. Practice standards should be viewed as directives and as supports for practitioners to use in safeguarding client rights in the context of intervention. Social work licensing statutes and regulations vary widely in the specification of practice standards. For example, some states have specific practice standards by defining general practice standards that are binding on clinical social workers and are labeled as practice standards in regulations (e.g., Virginia licensing regulations). While these practice standards are clearly identified, they are usually generic and do not have any specificity for specializations such as forensic social work. In other states no practice standards are identified in the regulations, but there are grounds for sanctions based on statements that a practitioner can be disciplined for ''not adhering to generally accepted practice standards'' without any specification of what these generally accepted practice standards (GAPS) are (see, e.g., the Maryland licensing board regulations). This sweeping generalization offers no guidance for practitioners as to how they can determine what GAPS are. Boards have no guiding principles for how to apply this form of sanction even though it is often used in resolving complaint cases. Some regulations actually mandate licensing boards to promulgate practice standards (see Maryland licensing board regulations) and to monitor practitioner adherence to practice standards (see Virginia licensing board regulations), but licensing boards rarely engage in this mandated activity. For a detailed discussion that compares the criteria of practice standards and standard of care, see Helibrun et al., 2008.

Professional Ethics

Ethics codes are conduct established by professional organizations to govern ethical behavior within the profession. Professional ethics can carry professional sanction but are not necessarily a criminal or civil offense. Use of ethics codes and application of the codes by licensing boards is variable in that in some states the NASW Code of Ethics is used and in other states the boards have their own code of ethics that is documented and implemented in the formal licensing regulations (see Maryland licensing regulations). Some states in their regulations mandate ethical behavior without having an explicit ethics code identified as specifically applicable to practitioners.

The NASW Code of Ethics (1996), which was last updated 15 years ago, is often mistaken for practice standards. The NASW Code of Ethics can serve as a very broad guide for practice standards, but it lacks the specificity to meet the needs of a diverse practice profession with a vast array of practice specializations that have developed over the last 40 years. The NASW Code of Ethics offers little guidance for forensic social workers. The NASW Code of Ethics does not mention the word *forensic* or the phrase *social work practice in the legal setting*. The only mention of social work practice in relation to forensics in the NASW Code of Ethics is in section 1.07 regarding privacy and confidentiality. The specific item in 1.07 addresses protecting confidentiality of records submitted to courts. Even though the NASW Code of Ethics lacks specificity regarding forensic work, it states:

> The NASW Code of Ethics is to be used by NASW and by individuals, agencies, organizations, and bodies (such as licensing and regulatory boards, professional liability insurance providers, courts of law, agency boards of directors, government agencies, and other professional groups) that choose to adopt it or use it as a frame of reference.

Generally Accepted Practice Standards (GAPS)

GAPS are what the "majority" of practitioners would do or what a "reasonable practitioner" would do in a given situation. These two standards are currently in use. The "majority standard" and the "reasonableness" standard have both been applied in legal matters (Munson, 2007; Reamer, 2006a, 2006b). The test of the "majority" standard is the most comprehensive and becoming more widely used. It holds the practitioner to the standard of asking: "What would the majority of the practitioners in this profession, with this population, in this setting, and this locale do?" The reasonableness standard is an older model and is decreasing in use because of its lack of specificity. The reasonableness standard simply asks: "What would a reasonable practitioner do in this situation?" These standards are aspirational and are often not followed by a majority of practitioners. Lamb, Sternberg, and Esplin (1998) have pointed

out that research indicating most effective methods do not readily become accepted practice standards, which makes it difficult to distinguish what the most effective method and what the majority of practitioners actually do. This state of the situation makes it extremely difficult for licensing boards to determine what are valid GAPS and complicates a licensing board's attempt to evaluate a practitioner's performance, especially in states where the statutes require that the social work boards' statutory duty includes conducting inspections to ensure that licensees conduct their practices in a competent manner and in conformity with the relevant regulations.

There is also much disagreement about what are GAPS in a number of areas of mental health practice and forensic mental health practice. (For example, see the debate over child sexual abuse interviewing protocols in the *Child Abuse and Neglect Journal* (Lamb, Orbach, Hershkowitz, Esplin, & Horowitz, 2007; Lyon, Lamb, & Meyers, 2009; Vieth, 2008).

Practice Guidelines

Practice guidelines are developed to help professionals and clients make decisions about screening, prevention, or treatment of a specific disorder, condition, symptom, problem, or behavior. Practice guidelines are not mandated, and there can be multiple guidelines for the same factor.

Practice Protocols

A protocol is simply a plan for carrying out an intervention process. Protocols vary widely in their sophistication and empirical basis. Some have extensive manuals and others can be a single-page document. Child abuse evaluation/investigation protocols are in this category. In a review of the protocols for forensic child abuse evaluations, I was able to identify 21 protocols in this area (The citations for the most salient protocols are listed in the references section and are indicated by an *asterisk.) The National Children's Advocacy Center (NCAC) has developed a protocol (Carnes, Wilson, & Nelson-Gardell, 1999; Carnes, Nelson-Gardell, Wilson, & Orgassa, 2001) that is widely used and is an example of a practice guideline that is a protocol. The Carnes model is critiqued by Connell (2008) in her co-edited book, *The Evaluation of Child Sexual Abuse Allegations,* and her review is recommended for readers who are interested in criteria for evaluating protocols.

Protocols can be also applied as general descriptions of agency or private practice procedures that can be used for a number of purposes. These descriptions are referred to as *organizational practice protocol plans* and have been uniquely developed in clinical social work practice (see Munson, 2007). An organizational practice protocol plan can serve a number of functions including providing information for clients about services; training and orienting new staff; assisting non-compliant staff; informational guides for reviewers,

regulators, and funding sources; writing grant proposals; supplementing fact and expert witness testimony; and defending against actual and threatened complaints or law suits (Munson, 2002c, 2007). It is recommended that every agency and private practitioner that actively engage in forensic social work have an organizational practice protocol plan that includes information regarding populations served; services provided; general referral sources; office locations; staff organization; primary and secondary client problems that are accepted for service; general description of client demographics; staff capabilities; training and supports provided to staff; explanation of methods used to address staff limitations; general and typical practice procedures; client acceptance for intervention criteria; and theoretical premises and models typically used in providing service.

Best Practices

Best practice, which is also referred to as *best practices* is a method, process, activity, incentive, or reward that is believed to be more effective at delivering a particular outcome. This is a vague term that has been applied to several human service and health care professions, but it is a term that originated from Anglo-American business economics (Oss, 2005). Rarely are best practices based on outcome research or evidence-based practices. Best practices are usually descriptive and highly variable (Hinkle, Fowler, McLlvoy, & Bell, 2005). Some child abuse evaluation/investigation protocols are in this category.

ASPIRATIONAL ASPECTS OF PRACTICE PERFORMANCE EXPECTATIONS

All forms of practice performance expectations defined above are aspirational. *Aspirational* is defined as "a strong desire to achieve something high or great" (Merriam-Webster Dictionary, 2010). The American Psychological Association (2009) has pointed out that:

> Guidelines are aspirational in intent. They are intended to facilitate the continued systematic development of the profession and to help facilitate a high level of practice by psychologists. Guidelines are not intended to be mandatory or exhaustive and may not be applicable to every professional situation. They are not definitive and they are not intended to take precedence over the judgment of psychologists.

Even practice standards are aspirational in that they cannot always be adhered to because of the complexity and variability of practice. There frequently are events that require exceptions to compliance with mandated practice standards. The essential component is for the practitioner to have a documented rationale for any time there is deviation from practice standards.

APPLICATION OF PERFORMANCE EXPECTATION FORMATS

Practice standards are used generally in two contexts. They are used by practitioners to guide their work to ensure efficacy and they are used by regulatory entities (courts licensing boards and professional organizations) to judge the quality and appropriateness of a practitioner's activity. When applying practice standards and generally accepted practice standards, there is much misinterpretation of what level of standards are being applied to a specific situation. There is also a tendency to consider protocols as practice standards. There is use of drawing on several protocols that apply to the same practice situation. This mixed use of protocols usually lacks specificity and results in confusion. For example, there are multiple protocols for investigating child sexual abuse and doing custody evaluations. In some cases protocols have been applied as practice standards. However, this can be problematic because protocols can have varying performance expectations. Child sex abuse forensic investigation protocols have significant variation in expectations, including whether it is appropriate to interview the alleged perpetrator; whether it is necessary to interview the non-offending parent; whether collecting detailed background information is helpful; if there is value in using prior investigation information; use of electronic recording of interviews; and whether detailed developmental information is needed.

Protocols can be very helpful to a forensic practitioner, but certain conditions should be met when using a protocol, and the limitations of a protocol used should be recognized and documented by the practitioner in record keeping. The *National Crime Victims Research and Treatment Center Protocol Report* (2004) summarized the need to be cognizant of the limitations of protocols by pointing out that:

> Any attempt to develop guidelines for treatment must recognize the reality of the child victim clinical world and acknowledge that treatments that have not been through the ideal clinical process are commonly used with child victims, and that empirical support based upon effectiveness studies cannot be the sole criteria for determining acceptable treatments for practitioners in the field.

In the description of the Ohio Pediatric Protocol (Committee on Child Abuse and Neglect of the Ohio Chapter of the American Academy of Pediatrics and the Ohio Department of Health and Ohio Attorney General's Office, 2000), it is stated that "Disclosure of abuse may be a process that occurs over time," and the "evaluators must be conscious not to 'shut the door' when a child begins to disclose abuse." When protocols are used by licensing boards and other entities in judging the work of a given practitioner in a specific situation, a licensing board must take into account the realities of the clinical world and recognize that the ideal laboratory protocol cannot

always be fully implemented in the practice situation due to a myriad of issues. In forensic child abuse evaluations, for example, it must be recognized child sexual abuse is a complex process, and because evaluators often have no control over events as they unfold, there can be no clear definition of the perfect evaluation or interview.

If the protocol has a training manual it should be cited and followed and where deviations from the protocol occur, they should be noted and explained. Research shows that for many children an abuse disclosure is a process not an event (Sorenson & Snow, 1991). Numerous studies have shown that many abused children need time and safety with a professional in order to present facts (Berliner & Conte, 1993; Bourg et al., 1999; Elliot & Briere, 1994; Gonzalez, Waterman, Kelly, McCord, & Oliveri, 1993; Keary & Fitzpatrick, 1994). Forensic interviewing protocols designed to respond to children who are in the active disclosure phase as a process can be misinterpreted by regulatory bodies as therapy. This can be problematic for licensing board members because they may not have the requisite knowledge to make the distinction between therapy and using a therapeutic alliance with the client to elicit forensic evaluative information. DeVoe and Faller (2002; Faller, 2006) have conducted much research in the field of child sex abuse interviewing. The following quotes from Faller and DeVoe's work illustrate the caution that must be taken when applying protocols to child abuse interviewing, but can also be applied to protocols for areas of practice other than forensic practice [the interpretation of the quotes are in brackets]:

- "Questioning technique has been the subject of great debate and some research." (p. 7). [There is no one standard way of doing sex abuse interviewing and there is limited research on the topic.]
- "Much of the research on interviewing has been done with non-abused children and extrapolated to abused children." (p. 7). [DeVoe and Faller's studies use subjects who have been abused and the results using actual abused children may vary significantly from results using non-abused children. Forensic evaluators should be careful to use protocols that are compatible with the population the practitioner is working with and regulatory entities should only apply protocol standards consistent with the situation of the practitioner under review.]
- "Leading interviewer behaviors, despite their frequency," did not appear to affect credibility ratings made by experienced evaluators. (p. 7). [Even when interviewers make inadvertent errors the credibility of the total interview process is not necessarily compromised. Regulatory entities must be aware of the research that impacts credibility and should be careful to not judge minor discrepancies as major faults.]
- Flexible models of evaluation equip the interviewer with an array of question types and strategies that may be employed during the course of the interview, which address the risks of false assertions of abuse and false

negatives. The continuum or phased interview strategies are consistent with professionals mandate to address the protection needs of children who may have been abused. (p. 10). [Regulatory entities should be careful about rigidity applying a singular focus in judging the actions of a practitioner.]

- "... it is unrealistic to expect a substantial proportion of children to provide elaborate narratives of their abuse experiences independent of focused inquiry." (p. 26). [DeVoe and Faller based on their research findings recognize the need for a protocol, but it has to be implemented flexibly.]
- "Despite a concerted effort to follow a standardized interview, significant interviewer differences highlight the difficulties associated with the attempts at standardization, even among trained practitioners." (p. 27). [The recommended practice and the actual real-world practice standards are often at variance making it difficult for practitioners to definitively know what course of action to take and regulatory entities should recognize the wide variation in what is considered "standard" practice.]

CONFIRMATORY BIAS

The concept of "confirmatory bias" is increasingly being used in forensic social work regulatory complaint cases, but there is no scientific literature relating confirmatory bias to forensic social work practice even though there is research done as early as 1929 on this subject (Rice, 1929). This is unfortunate because the term has much to offer us in the guidance of establishing forensic social work practice standards. Confirmatory bias is defined as "a tendency for people to favor information that confirms their preconceptions or hypotheses regardless of whether the information is true" (Wikipedia.com). The research on confirmatory bias is quite complex, and the concept is not as simple as some believe. In one sophisticated study of confirmatory bias (Mynatt, Doherty, Ryan, & Tweney, 1977) the authors found strong evidence for a confirmation bias involving failure to choose environments allowing tests of alternative hypotheses. However, when subjects did obtain explicit falsifying information, they used this information to reject incorrect hypotheses. People tend to test hypotheses in a one-sided way, focusing on one possibility and neglecting alternatives. This strategy is not necessarily a bias, but combined with other effects it can reinforce existing beliefs. Some forensic protocols advocate for hypothesis testing, but the research study shows that when hypothesis testing is used, it predisposes one to confirmatory bias. In order to establish one has committed confirmatory bias, you must determine what preconceived notion, theory, or orientation the person has before the person conducts the interview. For example, in Rice's study he established that interviewers with "socialist" and "prohibitionist" orientations arrived at different attributions for the causes of the interviewees' homelessness (Ceci & Bruck, 1994). One has to provide indications that a practitioner has stated or unstated

preconceived notions that would be a basis of confirmatory bias. For example, it is not sufficient to say confirmatory bias exists because an evaluator did not gather certain information in advance or that an interviewer made similar findings in several different interviews. If a forensic practitioner uses hypothesis testing and a child makes a disclosure of maltreatment during the interview, the evaluator's pre-interview hypothesis formulation has no value because the evaluator is mandated to report the disclosure, and further hypothesis testing could contaminate the subsequent child protective services investigation. If the forensic evaluator had contacted other professionals who had evaluated the child previously and found no evidence of maltreatment, this information may predispose the evaluator to negative confirmatory bias for the abuse disclosure. That is one of the problems with confirmatory bias—it can work both ways. As a result some protocols use prior evaluation information and some do not. There also is no basis to say that because previous evaluators made no findings of abuse that a subsequent evaluator's finding of abuse is necessarily suspect. It is appropriate to use prior evaluation findings after completing one's own evaluation and to use the prior evaluations as evidence of possible limitations to the evaluator's current finding that may be the opposite of previous evaluations. There are no grounds to assert that when there are multiple evaluators, any evaluator is more or less prone to confirmatory bias without documented proof. At the same time it is important to remember that confirmatory bias is not willful unless the evaluator has deliberate malicious intent, and confirmatory bias can occur with any evaluator. Confirmatory bias is not deliberate or conscious. It is a risk factor, and some protocols are designed to minimize the risk of confirmatory bias. Any forensic practitioner making an allegation of confirmatory bias by a client or other practitioner must be prepared to show how the other person's opinion was inaccurate. This explanation is provided to show that confirmatory bias is more complicated than the simple assertions that are often made during lawsuits and regulatory board complaints. Forensic social workers need to address the complex task of establishing practice guidelines and practice standards that address the complexity of confirmatory bias, but the task will not be easy because of the subtle nature of confirmatory bias.

EXPERT WITNESS TESTIMONY AND PERFORMANCE EXPECTATIONS

In forensic cases that involve expert witness testimony there are generally no clearly established practice standards for most professions. The legal system, through appeals cases, has established clear expectations for qualifications of an expert to testify on what is acceptable or admissible testimony. The primary "legal practice standard" in expert witness forensic social work practice derives from what is loosely described as the "Frye test" and the "Daubert test,"

which are based on the U.S. Supreme court cases of *Frye v. United States* 293 F. 1013 (D.C. Cir. 1923) and *Daubert v. Merrell Dow Pharmaceuticals, Inc.*, 509 U.S. 579 (1993). The Frye standard has a long history, is narrowly focused, and gives judges significant discretionary power in making decisions about admission of testimony. The Daubert standard was established more recently and provides more guidance for judges as well as granting judges more liberal discretion. The *Daubert* ruling held that judges are the gatekeepers of expert witness testimony, and at the discretion of the judge such testimony can be admitted into a court proceeding on the basis of whether the testimony and opinions rendered by the expert can be tested, have been peer reviewed, are standardized, there is maintenance of standards, a known accepted error rate, and widespread acceptance. Some states use the Frye test and some use the Daubert test. Forensic social workers who provide expert testimony should become familiar with the standard that applies in the jurisdiction where expert witness testimony is provided. Two additional cases that forensic social workers should be familiar with are *Kumbo Tire Co v. Carmichael*, 2189 (1999). In the case of *Kumbo,* the Supreme Court extended the Daubert rules to all expert witness testimony to include "technical and other specialized expert witness testimony," and it is this ruling that applies the Frye/Daubert standards to forensic social work expert witness testimony. The case of *General Electric Company v. Joiner, 1997* affirmed judges as the "gatekeepers" regarding expert witness testimony with oversight by appeals courts based on "Abuse of Discretion" criteria. The Court held the judge has broad discretion in the admission of expert testimony, and judicial power in this area can only be challenged when it is shown that the judge abused discretionary power in refusing or allowing the expert testimony. A study of federal judges found that the Daubert ruling and the subsequent cases had altered their acceptance of expert testimony and placed limitations on expert witness testimony. Prior to the Daubert decision in 1993, judges excluded or limited expert testimony in 25% of cases, but after Daubert the exclusion rate increased to 41% (Krafka, Dunn, Johnson, Cecil, & Miletich, 2002). A study of state court trial judges presented a much different picture with the Daubert standards having negligible impact on expert witness testimony in psychological syndrome profile cases (Dahir et al., 2005; Gatowski et al., 2001).

Some forensic social workers testify in federal courts related to international child abduction cases and some capital criminal cases, but the majority of forensic social work expert witness testimony is offered in state and local courts where there is much confusion among attorneys and judges about expert testimony. In this context, attorneys act as quasi-gatekeepers as much as the judge because the attorneys determine what experts to offer for the judge to rule on the admission of expert testimony; however, the U.S. Supreme Court has clearly established that the judges are the gatekeepers of what is valid and invalid. The Supreme Court cases cited above give judges' leeway as "gatekeepers" of admitting expert testimony and reports based on

validity and reliability criteria. Under these standards the judge determines what is scientifically credible after hearing the attorney arguments. The courts are not at the mercy of forensic experts and their testimony as sometimes portrayed in licensing board complaints. In *Ryan v. Beisner*, 1992, an appeals court described the court's role in relation to expert participation in the legal process: "The key to admission of opinion is the validity of expert's reasoning and methodology . . . The court's function is to distinguish scientifically sound reasoning from that of a self-validating expert, who uses scientific terminology to present unsubstantiated personal beliefs." If the activity of the forensic social worker clearly meets the Daubert and Frye tests, regulatory boards should avoid "second guessing" judicial decisions in such cases.

The relationship of courts and licensing boards has not been analyzed in the literature, and no literature addresses the issue of what should be the relationship between court decisions and regulatory board actions. Appeals courts generally avoid dealing with regulatory board disputes unless there has been a board violation of civil procedural due process of law. There have been legal challenges to regulatory board complaints that contradict statutory law. A modern, classic case of such a conflict involved Dr. Harold Eist, a Maryland psychiatrist, who was disciplined by the Maryland regulatory board for failing to release records to an attorney in a bitterly contested divorce and custody case. Dr. Eist refused to disclose the records because of statutory privilege of his clients (the wife and her two children), who refused to consent to release of their records. The court, in siding with Dr. Eist, cited the U.S. Supreme Court's decision in *Jaffee v. Redmond 518 U.S. 1 (1996)* about the privileged nature of communications between a psychotherapist and patient. The *Jaffee v. Redmond* case involved a clinical social worker. Every forensic social worker should read the *Jaffee v. Redmond* opinion because of its implications for forensic social work practice and because of the endearing words the Court wrote about clinical social workers.

The development of practice guidelines and practice standards for forensic social work expert witness testimony should be based on Sperling's (1999) view that the role of the expert with respect to bias is, "An expert witness's paramount duty is to assist the court impartially. That duty overrides the expert witness's obligation to the engaging party." Bias in the expert witness role is the person "who manages to overlook contrary findings" (Wrightsman, 2001). The fundamental practice guideline for expert witness testimony is that the expert's obligation in making findings puts the expert in the role of assisting and educating the judge and/or jury.

ELECTRONIC RECORDING

Given the complex and adversarial matter of forensic social work practice, the forensic social worker should consider electronic recording (predominantly

video and audio taping) of interviews as an essential element of recordkeeping. Videotaping interventions, especially when doing evaluations in contested cases, should be a priority. Forensic practitioners want to consider not accepting the case if the client refuses to be videotaped. If the forensic social worker accepts the case when the client refuses recording of the sessions, the forensic social worker should have the client sign a refusal statement.

Electronic recording is recommended by many practice guidelines, but it is not a practice standard in most jurisdictions. There is much controversy about the use of videotaping in forensic cases. In some states photographing or videotaping child abuse victims is prohibited. In Maryland, for example, in 1992 the Legislature refused to enact a bill that would have required videotaping of abuse interviews (personal communication, Senator Donald Munson, 2010). Electronic recording is an area where forensic work differs significantly from other clinical social work practice areas because forensic social workers are at significant risk of accusations of bias and confirmatory bias. Recording interviews can be an effective safeguard against allegations of misconduct.

PROCESS OF FORMULATING PERFORMANCE EXPECTATIONS

Forensic social workers have a large stake in developing practice standards and practice guidelines for the work they perform. The major social work professional organizations should work together in bringing leading forensic social workers together and developing a written consensus of the minimal performance expectations in the social work forensic specialty practice area. Social work forensic practice standards should be formulated in the context of all other applicable practice standards and ethics codes. There should be two levels of performance expectations of practice guidelines and practice standards. The concept of GAPS should be abandoned due to lack of consensus regarding what is generally accepted practice. Practice standards and practice guidelines should be viewed as directives and supports for practitioners to use in safeguarding client rights in the context of forensic intervention. The performance expectations should be developed recognizing the need for latitude and flexibility while safeguarding the best interests of the client. Ethics codes and regulatory board regulations provide fundamental protections to social work clients; however,in areas that do not deal with fundamental rights, the application of general practice standards to the forensic setting can be harmful to the client as well as the forensic practitioner (e.g., when a parent makes spurious allegations against a forensic practitioner to circumvent an evaluation by blaming the child victim and alleging a child may have been coached). The guidelines and standards should be careful to not stifle creativity in the forensic practice setting and not foster the "manualization" of practice and "statisticalizing" of clients, especially in the absence of evidence-based literature and nonexistent outcome studies.

MODEL PERFORMANCE EXPECTATIONS

The following social work forensic performance expectations are offered based on the author's experience and research. The performance expectations can serve as preliminary general forensic social work practice standards and can be used by organizations that implement, apply, or regulate forensic social work practice. The recommended standards will not universally apply to all settings, but most of the standards are general enough to have broad applicability.

- Upon initiating communication with a potential client, a case record should be established that contains written, legible entries providing a clear statement of how the client initiated contact with the forensic social worker and a statement of any prior contact with the potential client.
- The forensic social worker should gather general information before agreeing to accept a case and explore possible areas for conflict of interest before accepting a case.
- The forensic social worker should establish a letter of agreement with the client specifying what services the forensic social worker will provide and what is expected of the client. The agreement letter should include the financial agreement and projected timeliness and time frames of the service provision. The agreement letter should be signed by the client and the forensic social worker.
- The forensic social worker should be knowledgeable about local jurisdiction statutes related to the issues present in cases the practitioner is involved in.
- The forensic social worker should provide the client an informed consent document that includes at least the following information:
  1. Statement of the service that will be provided.
  2. Projected duration of service.
  3. Statement of confidentiality and its limitations (e.g., child abuse reporting, payer documentation, submitting of court reports). The informed consent should not imply or state that confidentiality is absolute.
  4. Statement of payment agreement and what action may be taken by the forensic social worker if the client does not meet the financial agreement (e.g., terminating service, using a collection agency, petitioning the court to intervene). If a client falls into significant arrears, service should be formally suspended until arrearage payment is made.
  5. Statement of record security and policy on discarding records.
- A formal chart (record) should be established that contains all documents relevant to the case.
- Chart entries should be legible and sufficient to justify clinical practice activity, written report interpretations, conclusions, and recommendations.

- The forensic social work record should be stored in a secure location, and the forensic social worker's practice protocol should specify the records security safeguards the forensic social worker has in place.
- The forensic social worker should always be clear about whether the role performed is that of a therapist or evaluator. The two roles should not be combined or applied at different times with the same client.
- The forensic social worker should not testify in a case as an expert witness when the forensic social worker is or has been in a therapeutic role with the client. It is permissible for a forensic social worker to testify as a fact witness in a case regarding a current or former therapy client.
- The forensic social worker should not provide therapeutic services to more than one member of a family at the same time. Individual sessions with family members are permissible when performing couples therapy or family therapy.
- The forensic social worker should not make any diagnosis, assessment, or render an opinion about a person the forensic social worker has not interviewed or evaluated.
- The forensic social worker should not accept clients from an attorney whom the forensic social worker has paid fess to for personal services or has personal contact with or personal relationship with.
- The forensic social worker should always be professional and cooperative with attorneys even when being challenged.
- The forensic social worker should document any unprofessional conduct by an attorney and seek consultation if the forensic social worker believes the lawyer's conduct is at a level that requires filing of a complaint.
- When providing expert witness testimony the forensic practitioner should be impartial and be mindful the duty is to inform, aid, assist, and educate the court.
- Forensic practitioners should not enter a forensic practice agreement with an attorney on another party that solicits the practitioner's opinion before committing to an agreement
- A forensic social worker should not testify as a fact witness and an expert witness in the same case.
- A forensic social worker should only testify in an area of his/her competency based on knowledge, skill, experience, training, or education (the general criteria is that the person practice at least 20 hours per week in the area of the expert testimony).
- A forensic social worker should not accept a fee for testifying as a fact witness.
- A forensic social worker should always respond to a subpoena. If the practitioner does not want to comply with all or part of a subpoena, the attorney should be notified and negotiation entered to reach an agreement.

Some of the recommended practice standards may be considered controversial, but it should be recognized that this is a beginning effort

and the proposed standards are designed to stimulate debate that is needed to forge an acceptable set of forensic social work practice standards.

CONCLUSIONS

As long as the social work profession does not have clearly defined general and specific forensic practice standards, practitioners will be open to absurd and unfair allegations that can be costly and disruptive to professional careers. Also, the lack of practice standards will continue to present problems for courts and licensing boards in the process of judging forensic practice performance. The absence of forensic practice standards leads to error proneness for regulatory bodies and courts, which results in lengthy, time-consuming, expensive appeals and potential harm to practitioners and clients. What is proposed in this article is a beginning for forensic social workers to unite and codify the excellent and compelling work they perform on a daily basis on behalf of clients. In the spirit of what the U.S. Supreme Court wrote in the *Jaffee v. Redmond* opinion, forensic social workers have an honorable place in serving those in distress and forensic social workers need to develop practice standards to avoid erosion of the excellent work they perform. The Supreme Court in deciding that "federal privilege extends to confidential communications made to licensed social workers in the course of psychotherapy," stated:

> The psychotherapist privilege serves the public interest by facilitating the provision of appropriate treatment for individuals suffering the effects of a mental or emotional problem. The mental health of our citizenry, no less than its physical health, is a public good of transcendent importance .... The reasons for recognizing a privilege for treatment by psychiatrists and psychologists apply with equal force to treatment by a clinical social worker such as Karen Beyer. Today, social workers provide a significant amount of mental health treatment .... Their clients often include the poor and those of modest means who could not afford the assistance of a psychiatrist or psychologist, but whose counseling sessions serve the same public goals. We therefore agree with the Court of Appeals that "drawing a distinction between the counseling provided by costly psychotherapists and the counseling provided by more readily accessible social workers serves no discernible public purpose."

REFERENCES

*American Professional Society on the Abuse of Children. (1997). *Practice guidelines: Psychosocial evaluations of suspected sexual abuse in children* (2nd ed.). Chicago: Author.

American Psychological Association. (2009). *Guidelines for child custody evaluations in family law proceedings*. Washington, DC: Author.

Barker, R. L., & Branson, D. M. (2000). *Forensic social work: Legal aspects of professional practice*. New York: Haworth.

Berliner, L., & Conte, J. (1993). Sexual abuse evaluations: Conceptual and empirical obstacles. *Child Abuse and Neglect*, *17*, 111–125.

Bourg, W., Broderick, R., Flagor, R., Kelly, R., Ervin, D., & Butler, J. (1999). *A child interviewer's guidebook*. Thousand Oaks, CA: Sage.

Brownell, P., & Roberts, A. L. (2002). A century of social work in criminal justice and correctional settings. *Journal of Offender Rehabilitation*, *35*(2), 1–17.

Carnes, C., Wilson, C., & Nelson-Gardell, D. (1999). Extended forensic evaluation when sexual abuse is suspected: A model and preliminary data. *Child Maltreatment*, *4*, 242–254.

*Carnes, C. N., Nelson-Gardell, D., Wilson, C., & Orgassa, U. C. (2001). Extended forensic evaluation when sexual abuse is suspected: A multisite field study. *Child Maltreatment*, *6*, 230–242.

Ceci, S. J., & Bruck, M. (1994). How reliable are children's statements . . . It depends. *Family Relations*, *43*, 255–257.

Chatfield, G. (2008). *History of the NOFSW*. Unpublished manuscript.

Clermont, K. M. (2010). *Federal rules of civil procedure*. New York: Foundation Press.

Committee on Child Abuse and Neglect of the Ohio Chapter of the American Academy of Pediatrics the Ohio Department of Health and The Ohio Attorney General's Office. (2000). *Ohio Pediatric Sexual Abuse Protocol*. Cincinnati, OH: Author.

Connell, M. (2008). The child advocacy center model. In K. Kuehnle & M. Connell (Eds.), *The evaluation of child sexual abuse allegations: A comprehensive guide to assessment and testimony* (pp. 423–450) Hoboken, NJ: John Wiley and Sons.

*Conte, J. R. (1995). Assessment of children who may have been abused: The real world context. In T. Ney (Ed.), *True and false allegations of child sexual abuse* (pp. 290–301). New York: Brunner Mazel.

Dahir, V. B., Richardson, J. T., Ginsburg, G. P., Gatowski, S. I., Dobbin, S. A., & Merlino, M. L. (2005). Judicial application of Daubert to psychological syndrome and profile evidence: A research note. *Psychology, Public Policy, and Law*, *11*, 62–82.

*Daly, L. W. (2000). *A simplified interview protocol in interviewing alleged child abuse victims*, Kent, WA: Daly Corporation.

Daubert v. Merrell Dow Pharmaceuticals Inc. 509 U.S. 579 (1993).

*DeVoe, E. R., & Faller, K. C. (2002). Questioning strategies in interviews with children who may have been sexually abused. *Child Welfare*, *81*, 6–31.

Elliot, D. M., & Briere, J. (1994). Forensic sexual abuse evaluations of older children: Disclosures and symptomatology. *Behavioral Sciences and the Law*, *12*, 261–277.

Faller, K. C. (2006). *Interviewing children about sexual abuse: Controversies and best practices*. New York: Oxford University Press.

*Frothingham, T. (1994). The British case conference in child sexual abuse: Another model for America. *Child Abuse & Neglect*, *18*, 103–106.

Frye v. United States. 293 F. 1013 (D.C. Cir. 1923).

*Gardner, R. A. (2005). *Protocols for the sex abuse evaluation*. Cresskill, NJ: Creative Therapeutics.

Gatowski, S. I., Dobbin, S. A., Richardson, J. T., Ginsburg, G. P., Merlino, M. L., & Dahir, V. B. (2001). Asking the gatekeepers: A national survey of judges on judging expert evidence in a post-Daubert world. *Law and Human Behavior*, *25*, 433–458.

General Electric Company v. Joiner. (96–188) 78 F.3rd 524 (1997).

Gonzalez, L. S., Waterman, J., Kelly, R., McCord, J., & Oliveri, M. K. (1993). Children's patterns of disclosures and recantations of sexual and ritualistic abuse allegations in psychotherapy. *Child Abuse and Neglect*, *17*, 281–289.

Green, G., Thorpe, J., & Traupmann, M. (2005). The sprawling thicket: Knowledge and specialisation in forensic social work. *Australian Social Work*, *58*, 142–153.

*Haynes-Seman, C., & Baumgarten, B. (1994). Children speak for themselves: Using the Kempe interactional assessment to evaluate allegations of parent/child sexual abuse. *Child Abuse & Neglect*, *20*, 1139–1140.

Helibrun, K., DeMatteo, D., Marczyk, G., & Goldstein, A. M. (2008). Standards of practice and care in forensic mental health assessment: Legal, professional, and principals-based considerations. *Psychology, Public Policy, and Law*, *14*, 1–26.

*Hewitt, S. K. (1999). *Assessing allegations of sexual abuse in preschool children: Understanding small voices*. Thousand Oaks, CA: Sage.

Hinkle, J. L., Fowler, S., McLlvoy, L., & Bell, S. (2005). What are neuroscience nursing best practices? (Guest Editorial). *Journal of Neuroscience Nursing*, *37*, 236–242.

Hughes, D. S., & O'Neal, B. A. (1983). A survey of current forensic social work. *Social Work*, *8*, 392–394.

Jaffee v. Redmond. (95–266), 518 U.S. 1 (1996).

Keary, K., & Fitzpatrick, C. (1994). Children's disclosure of sexual abuse during formal investigation. *Child Abuse and Neglect*, *18*, 543–548.

Krafka, C., Dunn, M. A., Johnson, M. T., Cecil, J. S., & Miletich, D. (2002). Judge and attorney experiences, practices, and concerns regarding expert testimony in federal civil trials. *Psychology, Public Policy and Law*, *8*, 309–332.

Kumbo Tire Co v. Carmichael. (97–1709) 526 U.S. 137 (1999) 131 F.3d 1433.

Lamb, M. E., Orbach, Y., Hershkowitz, I., Esplin, P. W., & Horowitz, D. (2007). A structured forensic interview protocol improves the quality and informativeness of investigative interviews with children: A review of research using the NICHD investigative interview protocol. *Child Abuse and Neglect*, *31*, 1201–1231.

Lamb, M. E., Sternberg, K. J., & Esplin, P. W. (1998). Conducting investigate interviews of alleged sexual abuse victims. *Child Abuse and Neglect*, *2*, 813–823.

Lewis, K. (2009). *Child custody evaluations by social workers: Understanding the five stages of custody*. Washington, DC: NASW Press.

Lyon, T. D., Lamb, M. E., & Meyers, J. E. B. (2009). Authors' responses to Vieth: Legal and psychological support for the NICHD interviewing protocol. *Child Abuse and Neglect*, *33*, 71–74.

Maschi, T., Bradley, C., & Ward, K. (2009). *Forensic social work: Psychosocial and legal issues in diverse practice settings*. New York: Springer.

Merriam-Webster (2010). *Merriam-Webster Dictionary* (2010) Springfield, MA.

Munson, C. E. (2002a). Forensic social work and expert testimony in child welfare. In G. Greene & A. R. Roberts, (Eds.), *Social workers' desk reference* (pp. 684–690). Oxford, UK: Oxford University Press.

Munson, C. E. (2002b). The techniques and process of supervisory practice. In G. Greene, & A. R. Roberts (Eds.), *Social workers desk reference* (pp. 38–44). Oxford, UK: Oxford University Press.

Munson, C. E. (2002c). *Handbook of clinical social work supervision* (3rd ed.). London, UK: Taylor and Francis.

Munson, C. E. (2007). Contemporary issues and trends in social work supervision. In W. Spitzer (Ed.), *Trends in social work health care practice and supervision* (pp. 1–28). New York: Thomas Publishers.

Munson, C. E. (2009). Forensic social work and expert witness testimony in child welfare. In A. R. Roberts & D. Springer (Eds.), *Social work in juvenile and criminal justice settings: An evidence-based handbook* (pp. 67–92). Springfield, IL: Charles V. Thomas.

*Myers, J. E. B., et al. (2002). *The APSAC handbook on child maltreatment* (2nd ed.). Thousand Oaks, CA: Sage.

Mynatt, C. R., Doherty, M. R., & Tweney, R. D. (1977). Confirmation bias in a simulated research environment: An experimental study of scientific inference. *The Quarterly Journal of Experimental Psychology*, *29*, 85–95.

National Association of Social Workers. (1996). *Code of ethics*. Washington, DC: Author.

*National Crime Victims Research and Treatment Center. (2004). *Child physical and sexual abuse: Guidelines for treatment: Revised report*. Charleston, SC: Author.

National Organization of Forensic Social Work. (1997). *What is forensic social work?* Retrieved on April 25, 2010, from http://www.nofsw.org

Neighbors, I. A., Chambers, A., Levin, E., Nordman, G., & Tutrone, C. (2000). *Social work and the law: Proceedings of the National Organization of Forensic Social Work*. New York: Taylor and Francis.

Oss, M. E. (2005). What are "best practices," anyway? (Editorial), *Behavioral Health Management*, *18*, 3.

*Poole, D. A., & Lamb, M. E. (2003). *Investigative interviews of children: A guide for helping professionals*. Washington, DC: American Psychological Association.

Reamer, F. (2006a). *Social work values and ethics*. New York: Columbia University Press.

Reamer, F. (2006b). *Ethical standards in social work: A review of the NASW code of ethics*. Washington, DC: NASW Press.

Rice, S. A. (1929). Interviewer bias as a contagion. *American Journal of Sociology*, *35*, 421–423.

Roberts, A. R., & Brownell, P. (1999). A century of forensic social work: Bridging the past to the present. *Social Work*, *44*, 359–369.

*Saywitz, K. J., & Snyder, L. (1996). Narrative elaboration: Test of a new procedure for interviewing children. *Journal of Consulting & Clinical Psychology*. 1996, *64*, 1347–1357.

Sorenson, T., & Snow, B. (1991). How children tell: The process of disclosure in child sexual abuse. *Child Welfare*, *70*(1), 2–3.

Sperling, H. D. (1999). Expert evidence: The problem of bias and other things. Retrieved from http://www.lawlink.nsw.gov.au/sc/se.nsf/pages/sp-030999

*Steller, M., & Köhnken, G. (1989). Criteria-Based Content Analysis. In D. C. Raskin (Ed.), *Psychological methods in criminal investigation and evidence* (pp. 217–245). New York: Springer.

Vaughan v. Menlove (1837). 3 Bing. N.C. 467, 132 E.R. 490 (C.P.).
Vieth, V. (2008). The development of forensic interview training models: A reply to Lamb, Orbach, Hershkowitz, Esplin, and Horowitz. *Child Abuse and Neglect*, *32*, 1003–1006.
Virginia Board of Social Work (2010). *Regulations governing the practice of Social Work*. 18 VAC 140-20-10 et seq. Richmond, VA: Virginia Board of Social Work Examiners.
*Wakefield, H. (2006). Guidelines on investigatory interviewing of children: What is the consensus in the scientific community. *American Journal of Forensic Psychology*, *24*, 57–74.
*Walters, S., Holmes, L., Bauer, G., & Vieth, V. (2003). *Finding words: Half a nation by 2010. Interviewing children and preparing for court*. Alexandria, VA: National Center for Prosecution of Child Abuse.
Wrightsman, L. S. (2001). *Forensic psychology*. Belmont, CA: Wadsworth.
*Yuille, J. C. (Ed.) (1989). *Credibility assessment*. London: Springer.