

## Wald and Woolverton Revisited

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In an often cited 1990 article Michael Wald and Maria Woolverton posed the question, "Risk Assessment: The Emperor's New Clothes?" Their review of the state of risk assessment provided both provocative questions and challenges. They began by citing the lack of clarity about the meaning of risk assessment as an initial conceptual problem. The authors suggested the proper meaning to risk assessment to be, "A process for assessing the likelihood that a given person (usually a parent) will harm a child in the future." (p. 486) Importantly they also distinguished between likelihood of any future abuse and the likely severity of any harm that would result from such behavior.

It must be recognized, however, that assessing the probability that a parent will engage in abusive behavior and assessing the likelihood of a child being seriously harmed requires asking separate questions (and of course defining "serious"). The probability that child will suffer any future harm may be quite different from the probability that he or she will suffer future serious harm. (p. 487)

The authors also cite two other instances of agencies using the term risk assessment to refer to procedures that do not involve probability estimation, one being the classification of the seriousness of an existing injury and the other referring to what the authors call needs assessment. They acknowledge that needs assessment could be useful in setting up a case plan, but state that such instruments cannot be used to justify decisions to intervene, to remove a child, or to reunify a family. This statement preceded the development of alternative response approaches to encourage early intervention with lower risk families.

In discussing the limits of then current risk assessment systems the authors cited the need for such instruments to have validity and for the factors to be measured accurately. They made an important distinction between factors influencing the probability of initial maltreatment and those influencing subsequent maltreatment. As well, they suggest that, "Since the availability of services, treatment or monitoring will alter the risk posed by a given individual, a risk assessment instrument is truly useful only if it identifies the likelihood of reabuse *given specific interventions.*" (p. 491) They conclude, "The best that can be said for existing instruments is that they are able to rank cases, more or less accurately, along a risk continuum, without telling us how close the case is to either end of the continuum, or how much distance there is between cases with different rankings." (p. 492)

With regard to what is now generally called safety they observe:

The deficiency of current instruments is even greater with regard to predictions of the likely severity of any future harm. There is virtually no clinical or empirical basis for identifying those factors that are likely to be associated with severity. To our knowledge, no instruments are designed to assess the probability that a child will suffer serious injury. (p. 494)

Are we better off now than we were 15 years ago? Sadly, there has been limited progress relative to predicting serious harm. Also, the predictive accuracy of risk assessment models relative to re-maltreatment has not improved significantly.

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While separate protocols for the assessment of future serious harm emerged and were widely adopted, virtually no research has been done to test the predictive validity of the protocols or the association of items within the protocols to future serious harm. While some studies may show an association between some items and more serious harm, e.g. substance abuse, little is known about thresholds or interactions. For example, some administrators estimate substance misuse or abuse appears in 60-85% of substantiated cases. Yet substance abuse is only identified as a safety factor in approximately 15% of cases. It is not clear how caseworkers are making the distinction between substance abuse as a risk factor and as a safety factor.

Even with the evolution of separate safety assessment protocols, during the 1990's developers of risk assessment models continued to focus on recurrence of maltreatment without specific regard to severity as the standard for criterion validity. Higher risk classifications in some models have been shown to statistically associate with likelihood of more serious injury. But for the most part, the risk assessment debate continued to focus on how best to classify recurrence along a continuum rather than how to best improve classifications and support frontline decision-making around future serious harm. As Wald and Woolverton suggest, these are separate questions and these questions deserve their own attention. Although the federal Child and Family Service Reviews focus hold states accountable for rates of recurrence, the public shows far greater concern about subsequent serious harm to a child known to the system.

Little attention has been paid to another issue raised by Wald and Woolverton, the likelihood of reabuse *given specific interventions*. Prognosis remains largely untouched in decision-making when selecting interventions. According to Dr. John Landsverk, 400,000 families receive parenting skills classes on a voluntary or involuntary basis and almost none of the popular programs (Parenting Wisely, Common Sense Parenting, STEP) have a research base. This is to say that there is no evidence base to suggest that these programs will impact risk of maltreatment or adverse parenting.

As Wald and Woolverton observed, "The critical question in child protective cases is how will a given parent respond to treatment, not how many risk elements can be identified." In 1990 they observed that virtually no research had

examined the impact of different intervention strategies on people with different risk profiles. The same can be said today. Although we have evidence that families receiving services have higher recurrence rates than those that don't we continue to lack studies regarding recurrence that control for treatment.

Michael Wald and Maria Woolverton presented a challenge to the child protection field nearly fifteen years ago. They were optimistic about the potential of risk assessment to contribute to improved decision-making. No significant published evidence has come forth indicating a longitudinal improvement in recurrence or safety outcomes over time following implementing a risk assessment system. Research from Illinois revealed a continuing decline in recurrence following implementation of its safety assessment, but the results are difficult to disentangle from other system reforms implemented simultaneously. In reality, many states have implemented the same safety protocol without experiencing the same decline in recurrence. Other research from Michigan suggested lower recurrence rates in counties using a risk assessment instrument, but the study did not contain longitudinal data on the entire state's performance before and after implementing risk assessment.

Wald and Woolverton laid out a credible and important agenda for the next stages of risk assessment development. Over the past 15 years, risk assessment models have remained mostly atheoretical, a problem Dee Wilson noted in 1988 when he stated, "[To] date, risk assessment models have been developed in an atheoretical or even antitheoretical professional milieu." Child protection desperately needs a developmentally focused, theoretically guided safety research agenda. Without one, we may someday observe the 30<sup>th</sup> anniversary of Wald and Woolverton's article with the same laments. With one, children might live who otherwise won't.

Wald, M. and Woolverton, M. (1990). "Risk Assessment: The Emperor's New Clothes?" *Child Welfare, Vol. LXIX, No. 9, pp. 483-511*

Wilson, D. (1988). "CPS: A Working Agenda." In *Research Issues in Risk Assessment For Child Protection*, Edited by P. Schene and K. Bond, American Association for Protecting Children, Denver CO.