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## Ethical Considerations for Assessing Parent Mental Health during Child Assessment Services

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### Abstract

Parents play an integral role in the mental health service provision of children and adolescents, and they can have significant effects on the outcomes of youth. A growing body of research has linked parents' own mental health status to numerous outcomes for their children, and recent guidelines have emerged recommending the assessment of parent psychopathology when treating child patients. However, these recommendations present a range of ethical considerations. Mental health professionals must determine if the assessment of a parent is empirically supported and that an assessment procedure appropriate for parents can be feasibly implemented. They must also respect the autonomy and confidentiality of parents while ensuring that assessment findings can be translated to meaningful benefits for child patients. This article details and discusses each of these concerns within the context of the relevant principles and standards of the 2016 American Psychological Association's Code of Ethics. Further, it provides guidelines, relevant clinical examples, and an applied model for mental health professionals to consider the ethical implications of assessing parent mental health when serving child patients.

### Keywords

assessment; children; ethics; families; pediatrics

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In the provision of psychosocial services for children and adolescents, psychologists will inevitably find themselves working closely with children's parents (or more broadly, any adult caregiver). For many psychosocial treatments, parents either are the main mechanism of change (e.g., behavior parent training interventions) or play an integral role in the generalization of strategies (e.g., supporting the child in practicing skills strategies) outside of the therapy session (Weisz & Kazdin, 2010). As psychosocial services continue to integrate into pediatric medical settings, psychologists must also work closely with parents to help their children cope with chronic illnesses and adhere to treatment recommendations.

Unfortunately, parents of youth with mental health disorders are at a significantly increased risk for dealing with their own mental health difficulties. In one study, Vidair and colleagues (2011) found that 19% of mothers and 18% of fathers who had brought their child to a clinic for a psychological evaluation exhibited elevated internalizing symptoms themselves on the

Brief Symptom Inventory (Derogatis, 1993). In a separate study, Swartz and colleagues (2005) conducted a structured interview with mothers who brought their child for a psychological evaluation and found that more than 60% of the mothers met criteria for a mental health disorder based on the *Diagnostic and Statistical Manual for Mental Disorders* (4th ed; American Psychiatric Association, 2000). Similar trends are observed in parents of youth with a chronic illness, who are being seen more frequently by pediatric psychologists. Rhee and colleagues (2008) found that two thirds of parents in a sample of families with a child being treated for cancer exhibited high levels of depressive symptoms on the Beck Depression Inventory (Beck, Steer, & Brown, 1996). Parents of youth with chronic illnesses, such as cystic fibrosis and diabetes, also exhibit elevated symptoms of depression and anxiety, with rates varying from 30% to 50% of parents (Driscoll et al., 2010; Driscoll, Montag-Leifling, Acton, & Modi, 2009).

Given the high prevalence of parental psychopathology in populations commonly seen by psychologists, considerable research attention has focused on the effects of parent mental health on outcomes for youth. Families affected by parental mental illness are at increased risk for financial hardship, unemployment, marital discord, and social isolation, which have been associated with increased risks for children genetically, psychologically, and environmentally (e.g., Beardseele, Versage, & Giadstone, 1998). Numerous studies have demonstrated links between parental symptoms of psychopathology (e.g., somatic, depressive, anxiety) and the increased risk of mental disorders in children (Vidair et al., 2011). Other research has indicated that mental health treatment outcomes for youth are poorer when their parents are experiencing their own psychological distress, such as high levels of depressive symptoms (Southam-Gerow, Kendall, & Weersing, 2001), anxiety (Cobham, Dadds, & Spence, 1998), and attention deficit/hyperactivity disorder symptoms (Griggs & Mikami, 2011; Sonuga-Barke, Daley, & Thompson, 2002). Further, these findings have been observed in multiple treatment modalities, such as behavior parent training (Reyno & McGrath, 2006), cognitive-behavioral interventions (Hudson et al., 2015), and psychotropic medication management (Gau et al., 2008). In pediatric contexts, recent research suggests that parental symptoms of depression and anxiety are predictive of the same symptoms in youth (Robinson, Gerhardt, Vannatta, & Noll, 2006). Further, parental psychopathology is associated with poorer health outcomes for youth with chronic illnesses (Bartlett et al., 2004; Logan & Scharff, 2005).

This increasing evidence base has led to recommendations for parental mental health assessment as a part of standard care when providing mental health services for youth. For example, Reiss (2011) reviewed the established link between parent and child psychopathology and calls for clinical care to adopt a model that is more sensitive to parental mental health needs in the face of such overwhelming evidence. Similarly, Reupert and Maybery (2007a, 2007b) commented on the potential benefits of supporting families whose parents have a mental illness in the school and community mental health systems. In pediatric settings, a recognition of the need for assessment of parent mental health is also being promoted. For example, the Cystic Fibrosis Foundation and European Cystic Fibrosis Society recently released a consensus statement recommending annual screening of depression and anxiety symptoms for parents of patients with cystic fibrosis (Quittner et al., 2016).

Unfortunately, despite the growing evidence regarding the role of parent mental health in the treatment of children and adolescents, the evaluation of parent psychopathology is not a common practice in clinical care. Several key factors have likely led to this slow adoption, and many of them are directly related to providing responsible, ethical psychosocial care. For example, the child—and not the parent—is considered the patient in many mental health care settings, meaning that the work a psychologist conducts with a parent should be in direct service of the child. In addition, there may be concerns regarding the feasibility (e.g., time, costs) of adequately assessing a parent’s mental health status while also conducting a thorough evaluation for the child. Several reasonable concerns may also exist from a parent’s perspective. These concerns could include stigma related to mental health and the role of a parent, such as being perceived as an unfit parent or being blamed for their child’s difficulties. Parents may also feel unprepared to disclose information about their own mental health or have concerns about their child learning about their mental health. This issue becomes even more complex when multiple caregivers are involved in a child’s daily life, as one caregiver may be concerned about the risk of their mental health status being disclosed to the other caregiver.

In light of these significant clinical concerns and the available research underlying the impact of parent psychopathology on child outcomes, an inevitable question arises: Should a child psychological evaluation include an assessment of parent psychopathology? This question poses a significant ethical dilemma for child psychologists. More traditional lines of ethical thinking in psychology have primarily focused on avoiding or minimizing the potential for unethical behavior and encouraged psychologists to be defensive in their professional practice (Handelsman, Knapp, & Gottlieb, 2002). Therefore, it is not surprising that clinical practice has avoided the addition of any nonessential components in the psychological assessment of children. However, an alternative ethical framework known as positive ethics has emerged that challenges the traditional approach. Positive ethics argues that an ethical question should be resolved by acknowledging that professionals (in this case, psychologists) want to provide the best possible service for their patients and to excel as professionals (Knapp, Vandecreek, & Fingerhut, 2017). Important to note, the aspirational principles provided by the American Psychological Association’s *Ethical Principles of Psychologists and Code of Conduct* (American Psychological Association [APA], 2016) are especially useful within a positive ethics perspective and can inform decision making as much as the more rule-focused standards typically do (Handelsman et al., 2002). This approach encourages psychologists to consider complex situations with a more open perspective; decision making should be made with as much of a concern for providing the best possible care to a patient as it should acknowledge and protect against possible harm.

For the remainder of this article, many of the ethical considerations posed to psychologists regarding the assessment of parent psychopathology as part of an evaluation for a child patient are presented. Given the overwhelming evidence indicating that parent mental health affects the quality of care a child receives, the assessment of parents is viewed as beneficial to a child in at least some situations. Therefore, this article seeks to provide guidance on the responsible and ethical screening of parents while providing services for a child patient. First, the relevant principles and standards provided in the APA’s (2016) Ethics Code are outlined as they apply to the assessment of a parent during a child’s evaluation. Further, a

model based on these principles and standards is offered that can guide psychologists' decision-making strategies. Relevant examples are presented that are likely to arise in clinical practice. Discussion is based within a positive ethics framework, recognizing that child psychologists want to provide the best possible services for their patients, and comments and recommendations seek to help identify ways in which psychologists can meet these professional goals.

## Relevant Ethical Considerations, Principles, and Standards

As research continues to grow in screening parental psychopathology as part of a broader assessment of child mental health and health needs, ethical guidelines are necessary to protect and serve families. The following section reviews relevant ethical concerns including beneficence and nonmaleficence, confidentiality and privacy, respect for persons, relationships, informed consent, competence, and assessment. Each ethical concern has a focus on the relevant considerations to which providers and researchers need to attend. An emphasis is placed on how the ethical dilemmas affect families, namely, children and their parents.

### Beneficence and Nonmaleficence

The ethical considerations pertaining to assessing parent psychopathology are largely rooted in the balance of beneficence and nonmaleficence, Principle A of the APA (2016) Ethics Code. It is important for clinicians to consider how knowledge about parents' mental health will impact the patient's treatment progress. The assessment and screening of parents' mental health should be conducted only to the benefit of patients. Specifically, parents' psychopathology should be assessed only to the degree that prior evidence has demonstrated to affect child treatment outcomes. For example, clinicians may assess communication styles and skills used by parents and adolescents for families presenting with significant conflict, given evidence that this conflict impacts youth with internalizing and externalizing problems (e.g., Barkley, Edwards, Laneri, Fletcher, & Metevia, 2001; Yu et al., 2006). Further, the benefit of assessing parents is contingent on ensuring that clinicians are able to effectively help the parent access and engage with necessary resources and support (e.g., individual therapy, additional assessment, referrals for advance services).

Clinicians and researchers considering screening and assessing parents need to examine the risk and benefits of assessment for the family. The APA (2016) Ethics Code Standard 3.04, Avoiding Harm, dictates that psychologists must take reasonable steps to avoid harming their patients, families, parents, and others with whom they work. Moreover, psychologists must minimize harm when "foreseeable and unavoidable." Psychologists must consider the positive and negative consequences of assessment results. For example, parents may become more knowledgeable about their own mental health and motivated to seek support for themselves, which may ultimately lead to a better treatment outcome for their child. Alternatively, parents may be concerned about the stigma often associated with mental health, or parents may feel that their child's impairments will be attributed to their own mental health issues or shortcomings as a parent. Therefore, it is critical for psychologists to

ensure excellent communication to maximize patient dignity and autonomy and provide clear information to patients and their parents.

### **Consideration of Rights to All Involved**

Regardless of the role of parents in treatment, clinicians should strive to abide by Principle E of the APA (2016) Ethics Code and “respect the dignity and worth of people, and the rights of an individual.” This guideline is also closely aligned with Principle A: “Psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons.” However, when attempting to gather information about both children and parents, it can be difficult to ensure that the autonomy of all individuals is being equally respected. Clinicians should utilize a decision-making plan for navigating the balance of ensuring the rights and autonomy of parents and families and the welfare of patients.

### **Confidentiality and Privacy**

Confidentiality is one right of the patient and family that may result in ethical dilemmas when assessing parents’ own mental health needs. According to Standard 4.01, clinicians have a “primary obligation and take reasonable precautions to protect confidential information.” When working closely with parents and patients, practitioners must be especially wary to avoid breaches of confidentiality from parents to children and between caregivers, as there may be increased risk for an unconsented release of confidential information among members when working with multiple individuals. For example, a clinician may unintentionally disclose knowledge of a caregiver’s mental health to another caregiver or to the child or adolescent patient during an assessment feedback or during subsequent treatment sessions. Other risks to confidentiality when working with multiple individuals include breaches associated with documentation, such as written assessment reports or medical record notes. Psychologists are obligated to initiate assessment and treatment with a clear consent process in which confidentiality obligations are explicitly laid out to each member involved. Practitioners must also discuss with the family the potential risks for breaches of confidentiality and the limits of that confidentiality between family members (Standard 4.02). Psychologists should explain to the parent the benefits of confidentiality and make clear which information can and will be shared between the clinician and the parent, between the clinician and the child patient, and between the clinician and others if necessary (e.g., in the case of duty to warn or duty to protect). Other resources are available for guidance on interpreting and implementing confidentiality codes. For example, Behnke and Warner (2002) provided guidance on legal, clinical, and ethical perspectives on the subject of confidentiality in the treatment of adolescents.

### **Multiple Relationships**

Multiple relationships occur when a clinician is “in a professional role with a person and ... at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship” (Standard 3.05 (a); APA, 2016). It is the responsibility of the psychologist to resolve any conflicts that arise from potentially harmful multiple relationships for the best interests of both the child patients and their parents (Standard 3.05 (b)). At the onset of working with a family, it is

important to clearly establish that the child is the patient and to define that the role of assessing the parent is in the context of better serving the needs of the child. It is important to recognize what effect an assessment might have on relationships within the family and how results or careful consideration should be made about how information or results will be shared. Establishing clear boundaries regarding which information to share—or not share—with child patients should be based on factors including parental consent, treatment goals, and therapeutic alliance.

Multiple relationships could also introduce other concerns, including potential biases against the child patient or parent that may arise due to conversations in treatment and unintentional breaches of confidentiality. Clinicians should be cognizant of perceived and actual biases as well as potentially harmful multiple relationships. Specifically, clinicians should refrain “from entering into a multiple relationship if the relationship could reasonably be expected to impair the psychologist’s objectivity, competence, or effectiveness in performing his or her functions as a psychologist” (Standard 3.05 (a)). Although APA discourages multiple relationships to avoid harm to the patient as well as to avoid taking professional roles when other roles and relationships would interfere with the clinician’s objectiveness or effectiveness in their role (Standard 3.06), it is argued that it is feasible to conduct parental assessments within the context of the child’s assessment while avoiding the challenges of multiple relationships and multiple roles. Clinicians must be aware of situations involving multiple relationships, debate options when assessing parents’ own mental health (e.g., referring caregivers to a different clinician, motivating the caregiver to engage in their own treatment), and be ready to prevent and to minimize the impact of harmful multiple relationships. When clinicians begin working a family, it is important to clarify role expectations and the extent of confidentiality throughout the assessment process. Clinicians should discuss boundaries of the relationship between the therapist, child, and parent and how information from the assessment will be shared with the family such as discussing what specifically will and will not be shared with the child or parent. Specifically, in accordance of Standard 10.02, regarding Therapy Involving Couples or Families, clinicians must take reasonable steps to clarify at the outset that the child is the patient, and the relationship the clinician will have with both the child and parent(s). It is important that this clarification includes a description of the psychologist’s role, how information obtained from the parental assessment will be used to inform the assessment and treatment of the child patient, and the probable uses of the services provided. Of note, it is also imperative for the clinician to consider appropriate documentation (e.g., what information will and will not be included in notes/reports) and consultation regarding the management of multiple relationships.

### **Competence**

Clinicians have an obligation to maintain competence to provide quality care for their patients. However, clinicians considering the evaluation of parental mental health must evaluate not only their competence evaluating a child but also their competence evaluating an adult. Specifically, competence in assessing parents’ mental health involves two distinct ethical standards: Boundaries of Competence and Bases for Scientific and Professional Judgements.

Clinicians need to be competent in evaluating both children and adults before conducting assessments of parents to be in accordance with the APA (2016) Ethics Code Standard 2.01, Boundaries of Competence. According to APA Ethics Code Standard 2.01a, psychologists provide services only in areas within the boundaries of their competence, “based on their education, training, supervised experience, consultation, study, or professional experience.” Child psychologists certainly gain experience working with parents during assessment and treatment; these interactions are often designed to gather information regarding their child’s mental health or constructs of more direct interest to a child assessment (e.g., parenting stress, parent–child conflict). Clinicians and their staff may need to handle unanticipated situations that require specialized knowledge of adult psychopathology and/or skills that cannot be sufficiently managed by following a script for child assessment procedures. Forming collaborations with adult providers and researchers, as well as obtaining specialized training from local services for adult mental health, can help clinicians and researchers to gain competence.

In accordance with the APA (2016) Ethics Code Standard 2.04, Bases for Scientific and Professional Judgements, psychologists must ensure that parental assessments are based on established scientific and professional knowledge of the discipline. Psychologists must understand not only the body of scientific knowledge pertaining to the assessment of parental mental health but also the overall process of scientific investigation and skepticism. Clinicians must be amenable to changing practices based on the evolution of scientific knowledge. In the context of youth mental health assessment, we now have decades of empirical evidence supporting the impact of parental mental health on child outcomes, which emphasizes the need for current common practices to change in order to incorporate this information into assessments.

Clinicians must use evidence-based assessment tools that have demonstrated clinical utility for adults and specifically for parents as well as to consult with other providers and researchers in order to gain professional knowledge about the assessment of the parents. Important to note, as described in Standard 2.01e, in “emerging areas in which general recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work.” Indeed, for the protection of patients and families, clinicians must engage in training, consultation, and supervision to ensure they are knowledgeable and competent for conducting assessments of adults (i.e., parents) in order to integrate into family assessments appropriately and ethically.

Another important skill associated with the standard of Boundaries of Competence is the understanding of individual, family, and cultural factors that may impede or facilitate the use of particular assessment tools or strategies (Standard 2.01b). Psychologists should understand what factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status are essential for effective implementation of family assessments in order to ensure they either have or can obtain the training, experience, consultation, or supervision necessary to ensure the competence of services and to make appropriate referrals (Standard 2.01b). Issues requiring particular attention in the context of assessing parental mental health are those related to caregivers’ openness to sharing their mental health. This includes cultural, gender,

age, and disability factors (Guarnaccia & Parra, 1996) as well as factors associated with increased caregiver burden (Haley, LaMonde, Han, Burton, & Schonwetter, 2003). These factors may impact the overall therapeutic alliance and engagement, parenting strategies, and sources of family stress (Szapocnik & Kurtines, 1993). Lack of attention, awareness and sensitivity to these factors in the assessment of families could do harm and would be seen as unethical. Every family has its own unique culture, to which clinicians must attend when conducting assessments of parents and youth. Cultural awareness and understanding in psychological services is a *process* and clinicians are responsible to continuing to build their awareness and sensitivity to these issues.

### Assessment

Finally, clinicians must consider the standards associated with conducting ethical assessment including the Bases for Assessments and Informed Consent in Assessment. In accordance of Standard 9.01, Bases for Assessments, clinicians must collect enough information to adequately support including information about parents' mental health in order to provide appropriate recommendations in the child's report. Therefore, information about the parent's mental health should be included only in assessment reports, diagnostic or evaluative statements, or recommendations if needed to support the conceptualization of the child patient and recommendations for the child's treatment.

Clinicians must also obtain informed consent from parents regarding the assessment of their own mental health in addition to the assessment of their child. In accordance of Standard 9.03, Informed Consent in Assessments, in addition to requiring that parents must agree to their own assessment, clinicians must clarify with all members of the family the process of the assessment, specify all components of the assessment, and describe how the collected information will be used. Clinicians should begin services with an explicit informed consent process with patients and their caregivers, which includes a statement of ethical obligations to each member of the family. It is vital that the clinician establish clear boundaries regarding the sharing of information with family caregivers based on factors, including the ability of each family member to consent. Further, in accordance with Standard 10.01b, clinicians should inform families about the developing nature of including parent information in the assessment, the potential risks involved, alternative options that may be available, and the voluntary nature of their participation (see also Standard 2.01e). Clinicians should provide psychoeducation to families about the utility of including parental assessments while putting into context of the current state of the science.

## RECOMMENDATIONS AND DISCUSSION

It is clear from this review of ethical guidelines that psychologists must carefully consider the perspectives of multiple family members and consider unique individual, family, and cultural factors when considering whether to evaluate parent mental health. However, it is also increasingly clear that understanding parent psychopathology is important for providing clinically meaningful recommendations for treatment and support across a variety of settings. From a positive ethics perspective, one might even argue that the strong evidence linking parent mental health and child outcomes obligates child psychologists to incorporate

parent assessment to provide the best possible services for their patients. Indeed, professionals in the field are already supporting the idea of parental assessment as a critical component of providing best-practice care (Quittner et al., 2016; Reiss, 2011).

Nevertheless, the preceding pages have also noted several situations in which assessment of parental mental health may be harmful to the child, the parents, or to the family as a unit. Further, as assessment of parent mental health is not currently standard practice; psychologists who wish to incorporate parent assessments into their own practice or research do not have easy access to a prototypical model that has accounted for these varied and unique ethical considerations. Thus, a model to guide psychologists' decision-making process is proposed as they determine whether they can responsibly assess parent psychopathology in the service of a child patient. Broadly, the model describes four key categories that psychologists should evaluate in their own clinical practice or program of research: (a) evaluating the necessity and feasibility of the parental assessment, (b) considering the family context, (c) respecting the autonomy and ensuring the confidentiality of all persons being assessed, and (d) ensuring that parents can be connected to the needed resources. A visual representation of the model is available in Figure 1, along with key questions to consider when evaluating whether parental psychopathology can be ethically assessed during their own evaluations of child patients.

### **Step 1: Evaluate Necessity/Feasibility of the Parent Assessment**

In the model's first step, psychologists should evaluate the literature to determine what level, if any, of parent assessment is needed to make informed recommendations. Reviewing available research regarding connections between parent psychopathology and child outcomes ensures that the overall assessment maintains an evidence-based rationale. For example, several studies have found that the success of behavior parent training is affected by parental symptoms of attention deficit/hyperactivity disorder and depression (Reyno & McGrath, 2006; Sonuga-Barke et al., 2002). Similarly, parental symptoms of anxiety and depression are linked with poor treatment adherence for children with chronic illnesses (Bartlett et al., 2004). In contrast, there is much less research examining associations between parental personality characteristics and child treatment outcomes. Although this may be interesting and potentially useful information for a parent to know about themselves, current evidence has not established that this knowledge would directly benefit the child being assessed.

Besides evaluating the evidence base, psychologists should consider whether a parent assessment can be practically implemented in a way that does not impede service to the child. In most clinical settings, psychologists have limited time and resources and must develop an efficient battery to answer as many assessment questions as possible. Although information regarding parental psychopathology can certainly be an informative part of the assessment process, the primary goal of a child assessment is to determine the child's diagnostic status. Therefore, parent assessment should not be prioritized at the cost of an informed child diagnosis. Fortunately, current evidence suggests that simply evaluating *symptoms* of parental psychopathology is sufficient to make reasonable predictions about child treatment outcomes (Cobham et al., 1998; Griggs & Mikami, 2011; Sonuga-Barke et

al., 2002). Rating scales can be quickly administered and easily scored without adding a significant burden to the child, parent, or psychologist. In contrast, if the evidence suggests that only time-intensive assessment methods (e.g., comprehensive neuropsychological testing, personality testing) can yield clinically informative results, then the assessment may become too parent-centric and thus not be the best use of resources in service of the child. Finally, psychologists must determine whether they have the necessary training and expertise to administer and interpret any assessment data collected from the parent. For instance, a child psychologist may have less experience/expertise in assessing personality traits and the tools used to assess them. If so, then the psychologist must be mindful of the limits of their competence as professionals.

### **Step 2: Consider Family Context**

The next step of the model encourages psychologists to examine characteristics of the individual family members being assessed, as well as the family unit. A range of individual, family, or cultural characteristics could influence the potential benefits or potential harms that an assessment of parental psychopathology could incur. For example, a parent may hold negative perceptions (e.g., stigma, shame, guilt) or may have experienced discrimination related to their own mental health, and attempts to have the parent assessed may lead them to avoid services for their child. Similarly, parents may be concerned that the mental health provider is attempting to attribute their child's difficulties to their failings as a parent. In these situations, a parent may be more resistant to provide information, or they may provide inaccurate information.

One particular context for which psychologists should always be wary is the potential for assessment results to be used in legal proceedings related to parental custody of a child or termination of parental rights (for a more in-depth discussion, see Ackerson, 2003; Jacobsen & Miller, 1998; Nicholson, Sweeney, & Geller, 1998). In the context of these proceedings, parents may be especially concerned about their child's providers indirectly evaluating their competence as a parent via a mental health evaluation. Unfortunately, poor mental health may be grounds for courts to terminate parental rights (Sackett, 1991). Thus, psychologists should consider the potential harm that could arise if a family is navigating one of these legal situations. They should also clearly communicate the limitations of a brief parent assessment conducted during a child evaluation, including the inability of a brief assessment to provide a formal diagnosis for a parent.

Finally, psychologists should incorporate cultural considerations throughout assessment and the decision-making processes. For example, in some cultures it is the responsibility of the family to take care of other family members, no matter what the role. Psychologists must engage in training, consultation, and supervision to ensure that they are knowledgeable of how such individual demographic factors may affect the use of parental assessment and thereby to integrate family assessments appropriately and ethically.

### **Step 3: Respect Autonomy and Ensure Confidentiality**

In the third step of the model, psychologists are asked to evaluate the measures they have taken to ensure that no individual has been asked to partake in any portion of the assessment

against their wishes. Parents should be fully consented to the assessment process and be given ample opportunity to decline any portion of the parental assessment or decline the assessment entirely. Further, clinicians should help parents feel at ease with the choice of declining the assessment without fear of direct consequences from the clinician, such as a reduction in the quality of service for their child. It should be noted, however, that the informed consent process should also include education about why the clinician is requesting to collect data about parent mental health at all. Providing written educational material and allowing parents time and space to ask questions about the benefits and risks of completing measures regarding their own mental health is needed before a fully informed and independent decision can be made.

If a parent does consent to the assessment, then follow-up actions must be taken to ensure the confidentiality of the parent's mental health information. One of the biggest confidentiality concerns is how a parent's information will be shared. Assessment data and reports are often distributed to individuals outside the family, including pediatricians, schools, and the legal system, and parents may not want these parties to have access to their mental health information. Given these potential concerns, psychologists should discuss with the parent the environment in which they are most at ease receiving information about their own mental health data. Some parents may be at ease having their own mental health data incorporated into the child's report. Others may prefer a separate document that summarizes their data, and others still may prefer to only receive verbal feedback regarding their mental health.

#### **Step 4: Provide Connection to Parent Resources**

In the final step of the model, psychologists are asked to evaluate the resources that they can provide parents based on their assessment results. Some of these resources may need to be provided during the assessment; a parent disclosing suicidal or homicidal ideation is likely the most salient example of such a situation. Therefore, a psychologist considering a more in-depth evaluation of parental mental health should have the competence to provide necessary crisis services. However, the majority of service connections will occur after the assessment has been completed. The logical follow-up to the parent assessment, as with any assessment, is guidance toward relevant services based on the results. Psychologists may consider a referral to another mental health professional for independent psychotropic medication management or psychotherapy. Alternatively, they may provide a referral for a more comprehensive assessment of the parent's mental health, and specifically an evaluation that could provide a formal diagnosis.

Besides providing a referral, psychologists should also consider how they may help motivate parents to engage in their own mental health treatment, if necessary. Given that assessing parent mental health is based in the evidence that parent mental health status is associated with child outcomes, psychologists would be doing their patient a beneficial service to motivate a parent to treat any personal mental health difficulties. The assessment feedback session may be a particularly useful environment to provide this service. In this setting, psychologists could provide more specific education about how a parent's current mental health status could influence the success of particular treatment options for their child. It

would also provide a feasible context in which a brief intervention, such as a motivational interview, could be provided to encourage a parent to seek any needed treatment.

## CONCLUSIONS

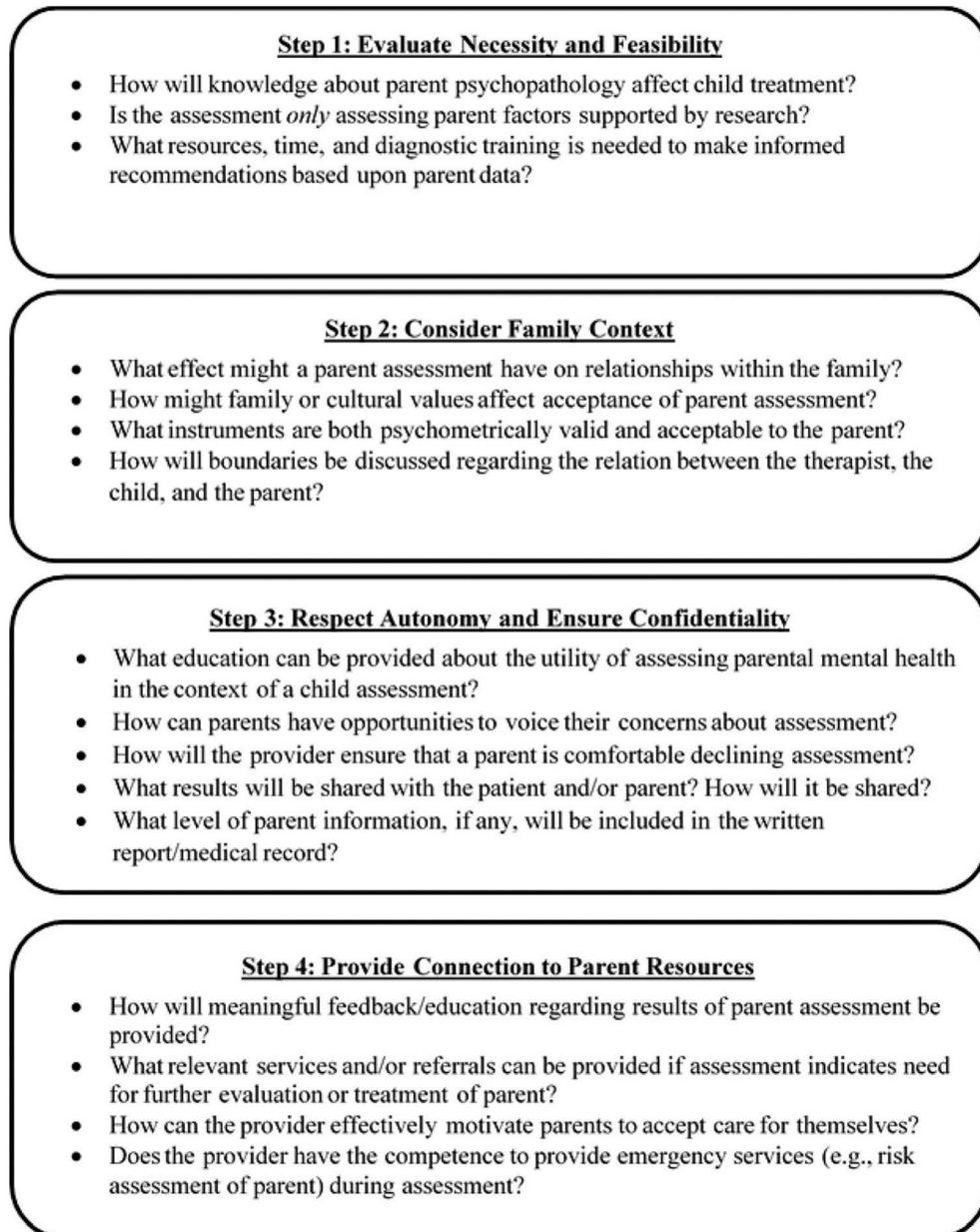
Parents play an integral role in the lives and well-being of their children, and thus will always be embedded in the work of child psychologists. A significant and growing evidence base has linked parent mental health to a variety of child outcomes, causing researchers and providers alike to recognize the utility of assessing parents when treating children. However, assessing parent psychopathology is not currently a standard practice across the field, and psychologists must evaluate a variety of ethical considerations before undertaking the practice in their own work. A systematic consideration of these issues, driven by the desire to provide the best possible care to patients, will help child psychologists develop clinically meaningful and professionally responsible approaches to the assessment of parent mental health and ultimately lead to better outcomes for youth.

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**FIGURE 1.**  
Ethical decision-making model when considering assessment of parent psychopathology.