2

3

4

5

6

7

8 Guidelines for Child Custody Evaluations in Family Law Proceedings

Analysis (Draft) of Proposed APA Child Custody Evaluation

Conducting Custody Evaluation: Guidelines 11 - 23

(authors unknown)

Analysis & Commentary by C.A. Childress, Psy.D. (1/31/21)

DRAFT

448 **IV. Conducting a Child Custody Evaluation**

449 **Relationships**

cc cc as opposed to an unfair and biased evaluator

450 **Guideline 11. Psychologists ~~strive to~~ function as fair and impartial evaluators.**

cc That may be how they like to see themselves, but they are substantially biased in application, unconscious schemas and biases, unconscious cognitive heuristics, cultural biases, and counter-transference biases from childhood and spousal relationships.

451 **Rationale.** Child custody evaluations address complex and emotionally charged disputes over highly
452 personal matters, and the parties are usually deeply invested in a specific outcome. The volatility of this
453 situation is often exacerbated by a growing realization that there may be no resolution that will satisfy
454 every person involved. In this contentious atmosphere, cognitive, confirmatory, implicit, or other biases
455 may compromise a custody evaluation (APA Ethics Code, Principles D and E).

> Dr. Childress Comment:
>
> The purpose of a mental health assessment is NOT to "satisfy every person," it is to accurately identify the problem (the pathology) and to provide recommendations for how to fix it (a solution).

456 **Application.** Psychologists are encouraged to monitor actively their own values, perceptions, and
457 reactions, and to seek peer consultation and education in the face of threats to impartiality, fairness, or
458 integrity. In particular, psychologists are mindful about implicit biases, which are attitudes and

> Dr. Childress Comment:
>
> They are proposing to self-monitor for their "fairness" and "impartiality" – how thoughtful. I'm sure that's enough to solve any bias problems in the evaluators own "values, perceptions, and reactions" (i.e., schemas – Beck), self-monitoring and self-correction – the honor system.
>
> Self-monitoring for "fairness" and "impartiality"… that's their solution, the "honor system" for child custody evaluators. In all the rest of healthcare, professional accuracy is monitored by a second opinion, If a patient disagrees with a diagnosis, they get a second opinion. That's true in all of healthcare, including all of mental health care – except here, in forensic psychology. They're on the honor system. Their interpretations and conclusions are accurate and unbiased… honest, trust me, I "monitor actively my own perceptions, and reaction," and I've decided my opinions are entirely fair and unbiased.
>
> See. All solved by self-monitoring for fairness and impartiality… the "highest" standard of professional practice.

459 stereotypes that are not consciously accessible through introspection. These biases influence decisions

> Dr. Childress Comment:
>
> Wait, the psychologists are encouraged to be "mindful" of implicit biases "that are not consciously accessible through introspection"… then how are they supposed to be "mindful" of them if they are

unconscious biases? Circular and illogical reasoning is called "conceptual disorganization," it's a problem in frontal lobe executive function systems for linear reasoning, such as "psychologists are mindful… of attitudes and stereotypes that are not consciously accessible through introspection.

The "Working Group" should have included a representative from Division 45 of the APA, the Society for the Psychological Study of Culture, Ethnicity, and Race.

460 that may not comport with the psychologist's avowed or endorsed beliefs or principles, and may signal

461 impaired neutrality. Implicit biases may predispose the psychologist to make premature decisions and

cc "aspire" to consider"; "strive" to consider?

462 to construe the merits of the data accordingly. Psychologists consider how the language they employ in

Dr. Childress Comment:

And the solution is… to be consciously mindful of your unconscious biases.

cc and represent

463 reports, testimony, and communications with counsel and others may ~~inadvertently~~ suggest bias. For

464 example, gratuitous criticism of one of the parties, or sweeping baseless generalizations with respect to

465 such factors as single-parenting, low-income parents, or parenting by fathers or grandparents may

466 erode credibility and undercut the weight otherwise afforded a forensic psychological opinion.

Dr. Childress Comment:

The "Working Group" appear to be six simpletons. That is apparently what they think unconscious bias is, "gratuitous criticism" and "sweeping baseless generalizations" about social issues. Have they ever heard of cognitive heuristics, or schemas, or transference and countertransference?

> From Beck: "How a situation is evaluated depends in part, at least, on the relevant underlying beliefs. These beliefs are embedded in more or less stable structures, labeled "schemas," that select and synthesize incoming data." (p. 17)
>
> From Beck: The content of the schemas may deal with personal relationships, such as attitudes toward the self or others, or impersonal categories. When schemas are latent, there are not participating in information processing; when activated they channel cognitive processing from the earliest to the final stages." (p. 27)

But it's "gratuitous" rather than justified criticisms of single parenting that are biased, or "sweeping baseless generalizations" about fathers, not the ones that are justified, those are the source of "stereotypes that are not consciously accessible through introspection."

The "Working Group" should have included a representative from Division 45 of the APA, the Society for the Psychological Study of Culture, Ethnicity, and Race.

cc "aspire" to remain aware"; "strive" to remain aware?

467 Psychologists remain aware that perceptions of fairness and impartiality can be enhanced when

DRAFT

468 evaluators utilize the same assessment techniques for all parties whenever possible, in terms of the

469 selection of psychological tests, the length and scope of interviews and observations, and the pursuit of

470 collateral sources of information.

Dr. Childress Comment:

"the perception of fairness and impartiality" – not actual fairness or impartiality. All they care about is the show not the truth. If different assessment protocols for different people are needed to answer the referral question, then different assessment protocols should be used to obtain accurate findings relative to the referral question, and superfluous testing should NEVER be conducted (do they bill the client for the unnecessary testing?).

cc They feel they need to recite the ethics code and present a "Rationale" as to why custody evaluators should avoid conflict of interest

471 Guideline 12. Psychologists ~~strive to~~ avoid conflicts of interest and multiple relationships.

472 **Rationale.** The presence of real or apparent conflicts of interest may increase the likelihood of

473 unfairness, undermine the court's confidence in psychologists' opinions and recommendations, and

474 potentially harm all parties involved. Engaging in roles other than evaluator with family members has

475 the potential to place psychologists in conflict with ethical standards regarding multiple relationships

476 (APA Ethics Code, 3.05).

Dr. Childress Comment:

3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) 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, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role

expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06 Conflict of Interest
Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

Is the "Working Group" also going to cover, "Don't have sex with your client"? Having sexual relations with one of the litigants could affect perceptions of fairness and impartiality if the custody evaluator was having sex with one of the parties. Or sexually harassing one of the parties, the custody evaluator probably shouldn't do that either, it could make the evaluator look unfair and biased (Standard 3.02). The use of obsolete tests, are they going to cover that too (Standard 9.08)? Tests should also be language and culturally appropriate (Standard 9.02).

The "Working Group" is selecting random ethical Standards and restates them.

477 **Application.** Psychologists refrain from serving as a child custody evaluator "when personal, scientific,
478 professional, legal, financial, or other interests or relationships could reasonably be expected to result in
479 (1) impaired objectivity, competence, or effectiveness, or (2) expose the person or organization with
480 whom the relationship exists to harm or exploitation" (APA Ethics Code, Standard 3.06). Multiple
481 relationships, which may or may not rise to the level of conflict of interest, are subject to similar
482 analysis. Multiple relationships exist when "psychologists are in a professional role with someone and
483 are (1) at the same time in another role with that person, (2) at the same time is in a relationship with
484 another individual closely associated with or related to that person…, or (3) promises to enter into
485 another future relationship with the person or with another individual closely associated with or related
486 to that person" (APA Ethics Code, Standard 3.05). Conducting child custody evaluations with their
487 current or prior psychotherapy clients/patients, and conducting psychotherapy with their current or
488 prior child custody examinees are both examples of multiple relationships. When serving in more than
489 one role is unavoidable, psychologists endeavor to disclose their dual roles, clarify role expectations, and
490 explain how confidentiality may be affected (APA Ethics Code, Standard 3.05).

491 Methodology of Conducting Evaluations

492 Guideline 13. When evaluating children, psychologists strive to select and utilize developmentally

DRAFT

493 appropriate and empirically supported evaluation techniques, and to interpret the results in a way

494 that facilitates understanding of the best interests of the child.

cc As opposed to selecting developmentally inappropriate and unsupported evaluation techniques, and interpreting the results in a way that does NOT facilitate an understanding of the best interests of the child (whatever the custody evaluator decides that is)

Do we really need a "Rationale," an explanation of why it's a bad thing if we use wrong tests and describe things so that no one understands?

495 **Rationale**. The purpose of the child custody evaluation is to assist the court's determination of the

496 child's best interests. Children mature with age, so it is critically important that psychologists employ a

Dr. Childress Comment:

Wait – "Children mature with age." <sigh>

497 developmentally appropriate, multimethod approach to assessment. The most effective and persuasive

498 evaluations reliably and validly ascertain not only children's individual needs but also the best fit

499 between the parents and children (see Guideline 1)

Dr. Childress Comment:

Citation please. They are just making things up.

Developmentally appropriate assessment means matching the assessment to the child's capabilities, that's an obvious thing – completely obvious thing to do. If you give a test that's too hard or ask a question the child can't comprehend, the child can't answer and that produces a worthless and meaningless assessment. All child assessments must match to the child developmentally, which is why knowledge of child development (Tronick, Stern, Bowlby, Fonagy) is so critically important to assessing children. Assessing "best fit" is an subtle approximation at best, and an ill-informed haphazard guess at worst.

First, they need to know that a child never rejects a parent, that's not how the attachment system works. It is a "goal-corrected" primary motivational system of the brain, it ALWAYS motivates a child to bond to their parent. That's Bowlby Volume 1 Attachment.

The next thing they need to understand is that in response to problematic parenting, the attachment system changes HOW it tries to bond to the problematic parent, but it always tries to bond, that's called an insecure attachment, and there's three types (anxious-ambivalent, anxious-avoidant, and disorganized)

So, forensic child custody evaluators, what type of attachment category does the child have with the targeted parent? What type of attachment category does the child have with the allied parent? Do you ever both to determine that? Do you even know how to determine the category of the child's attachment bond to a parent?

In response to problematic parenting, the child becomes MORE strongly motivated to bond to the problematic parent, and the child emits "protest behavior" (anxiety signals and anger) to elicit the involvement of the problematic parent – the symptoms of anxiety and anger are to OBTAIN the parent's involvement, not reject a parent.

That's Bowlby Volume 2 Separation: Anxiety and Anger

Do you think it might be important if you are assessing attachment pathology and the primary symptoms are a child's separation from a parent, anxiety, and anger, that you read a book by Bowlby on the attachment system entitled Separation: Anxiety and Anger? It is.

Bowby citations – 0.

Then they need to learn about the breach-and-repair sequence (Tronick) and empathic failures (Tronick, Stern). The domain of empathic failures extends to Kohut, optimal frustration, self-object functions, developing self-structure and transmuting internalizations.

Then… they might begin to be able to "validly ascertain not only children's individual needs but also the best fit between the parents and children" by studying Stern and affective attunement and misattunement and the vitality curve of the emotions, through to the creation of the intersubjective field (Fonagy "mentalization"; Tronick "dyadic state of consciousness").

500 **Application.** Methods of child assessment generally include, but are not limited to, observation of the

501 child, observation of parent-child interactions (see Guideline 18), developmentally appropriate

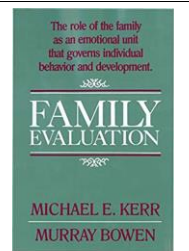
502 interviewing, psychological testing (see Guideline 17), record review (see Guideline 20), and collateral

503 interviewing. Each of these approaches depends on such factors as the age and maturity of the child

504 and the defined scope of the evaluation.

Dr. Childress Comment:

This is a simplistic elementary discussion in an introductory textbook to child assessment. Perhaps they might want to consider reading Bowen's book, *Family Evaluation*. One of the top family systems therapists wrote a book entitled *Family Evaluation*. Do you think that might be helpful to read if you are doing a family evaluation? It is.



cc "strive" to remain aware"; "seek" to remain aware?

505 Psychologists remain aware that interviewing children requires specific knowledge and skills (see

506 Guidelines 18). They strive to utilize approaches consistent with each child's age, language ability, and

507 developmental level. Psychologists endeavor to be aware of the concerns that may be engendered by

508 such factors as repeated questioning or subtle suggestibility, which may influence children's responses.

509 Psychologists seek to avoid exacerbating a child's distress during this process, and they endeavor to

510 remain sensitive to any inadvertent risk of harm that may be occasioned by the evaluation process itself.

Dr. Childress Comment:

Citation please. They are moving far off into personal opinion (personal opinions that begin to suggest a

DRAFT

substantial degree of counter-transferential material and minimal experience conducting clinical interviews with children. They may have a lot of experience listening to children report on their grievances, but they apparently have very little experience interviewing children related to any clinical pathology, from ADHD to Oppositional Defiant Disorder, to autism spectrum pathology, to eating disorders, to suicidality and depression, to anxiety disorders and phobias, to attachment pathology in the parent-child relationship, what they describe for child interviewing is wrong. It is incorrect. It is their personal opinion (likely based on counter-transferential material).

Citation please.

These "Guidelines" have devolved into the personal opinions of six non-disclosed people of un-disclosed professional backgrounds based on no literature review whatsoever (see References Analysis).

511 Psychologists ~~strive to~~ [cc] understand that the use of psychological tests with children in child custody

512 evaluations may not be necessary or appropriate if such testing does not help elucidate the best

513 interests of the child (see Guideline17). [cc they keep citing their own opinions in support of other opinions that have no evidentiary support] When using psychological tests with children, psychologists

514 remain aware of such test-specific factors as reliability, validity, potential admissibility, and overall

515 appropriateness for child custody evaluations, as well as such child-specific factors as age,

516 developmental level, and reading ability.

Dr. Childress Comment:

Basic. So fundamentally basic. The "Working Group" has minimal inherent knowledge and apparently did minimal "work" beyond organizing and reciting their opinions (that have no evidentiary support).

517 Psychologists ~~strive to~~ [cc] identify and interview collateral sources who can best help them understand the

518 child's needs. Such sources may include teachers, pediatricians, extended family members, childcare

519 providers, and other adults with whom the child interacts on a regular basis. When conducting these

520 interviews, psychologists endeavor to focus on the collateral source's direct observations and the factual

521 basis for any opinions expressed.

522 When there are special issues, including but not limited to domestic violence, parent-child access,

523 mental health, physical health, developmental concerns, mixed religious or immigration statuses, and

524 high conflict, psychologists ~~aspire to~~ [cc] augment their evaluations with pertinent assessment techniques,

525 informed by the most current scientific studies relevant to these concerns. Psychologists remain aware

Dr. Childress Comment:

Absurdly self-evident. When there are other factors do something pertinent to the other factors. Listing what the possible factors may be does not make the absurdly general statement any more specific.

> When there are special issues…" augment the evaluation with pertinent techniques." Brilliant insight. Without this recommendation from the "Working Group," everyone else would have simply ignored any special issues.

They are simply pontificating at this point. I suspect from the organization that different "Working Group" members probably volunteered to write different Guidelines. The first part of their conference call meetings was probably deciding on the content areas for the Guidelines, then they probably assigned and volunteered themselves to write the various Guidelines (that's why they have 23 of them, they have a lot of opinions) while holding "group discussions" of each Guideline to reach unanimous consensus on the nature, importance, and rationale for the Guideline (probably at the two-day meetings).

Who are these six people and how were they chosen, and by whom? Why is there secrecy about who they are, why didn't they cite their authorship at the front of the proposed Guidelines? How were they chosen, by whom and why?

526 of children's mental and physical health concerns, the potential need for clinical interventions, and the

527 impact of these on children's welfare.

Dr. Childress Comment:

Absurdly self-evident.

528 Guideline 14. **When interviewing parents, psychologists ~~strive to~~ [cc] collect and assess information**

529 relevant to parenting strengths and weaknesses, ~~in an attempt to~~ [cc] ascertain the best interests of the

530 child.

Dr. Childress Comment:

They are just making stuff up now – 100%, the personal opinions of six unknown and seemingly unqualified people.

531 **Rationale**. Parent interviews are sources of information for understanding parents' concerns, self-

532 perceptions, experience, and wishes regarding parental competence. The information obtained from

533 these interviews provides a context for the overall evaluation data collected. Such interviews assist in

534 identifying best interest factors with regards to the child and the co-parenting relationship, both during

535 the course of the relationship and after relationship dissolution. The quality of the co-parenting

536 relationship has been found to be a determinant of children's well-being, their adjustment to the new

537 circumstances, and their parent-child relationships (Emery, 2011).

> Dr. Childress Comment:
>
> Absurdly self-evident. They are just pontificating.

cc

538 **Application.** Psychologists ~~strive to~~ interview the parents in order to assess functional parenting

539 strengths, weaknesses, skills, and other information relevant to the best interest of the child. While the

> Dr. Childress Comment:
>
> In the absence of child abuse, parents have the right to parent according to their cultural values, their personal values, and their religious values, and professional psychology does not intrude into the fundamental human right of parents.
>
> In the absence of child abuse, each parent should have as much time and involvement with their child as possible. If there are problems, we fix them with a written treatment plan based on an accurate diagnosis of the family and child pathology.

cc yet they are "encouraged" to seek lots of documents, collateral interviews, and home observations

540 approach may be structured or unstructured, psychologists endeavor to avoid pursuing irrelevant

541 information. They also seek to go beyond a cursory assessment of information that is relevant (e.g.,

cc

542 domestic violence and substance abuse, among other factors). Psychologists ~~endeavor to~~ address a

> Dr. Childress Comment:
>
> "**go beyond a cursory assessment**" e.g., domestic violence and substance abuse, among other factors
>
> Remember that assertion in Guideline 14 when they discuss "screening."
>
> Psychologists also go beyond a "cursory assessment" when there is:
>
> - A possible thought disorder in the parent and child (shared persecutory delusion; ICD-10 F24)
> - Possible child psychological abuse (DSM-5 V995.51) by a parent
> - A possible role-reversal and enmeshed parent-child relationship between the child and a psychologically controlling (Barber) narcissistic-borderline parent (Beck, Linehan, Fonagy).
>
> To "go beyond a cursory assessment" for relevant information means NOT a "screening assessment."

cc absurdly self-evident.

543 number of specific issues. Such issues may include, but need not be limited to, the parent's childhood

544 experiences, culture, educational history, social life, vocational/financial history, recreational interests,

545 legal history, child protection history, support system, substance use history, current health status and

546 medical history, mental health history and current functioning. In addition, relationship history,

547 parenting history, parenting competencies (Johnson et al., 2014), psychological functioning, and the

cc i.e., anything relevant

548 parent's view of their child's needs and functioning are part of an overarching multimethod approach.

549 The assessment of the parents' ability to co-parent is also of concern. Psychologists seek to understand

550 the parents' struggle to resolve disagreements and their commitment to facilitating the child's

cc are

551 relationship with the other parent. Psychologists ~~try to be~~ aware of parental impression management

552 during interviews, which may require confirmation of their perceptions by other sources of information.

553 Psychologists ~~endeavor to~~ take into account recency versus primacy effects when assessing parents (Drozd

554 et al, 2013).

cc What? Recency and primacy, that's a non sequitur. I think Drozd was on the "Working Group," that's my guess. This sounds like an entry on a white-board session at the two-day meeting.

555 Contextual complexities (e.g., military families, relocation cases) may make in-person interviewing

cc

556 impractical or even impossible. Psychologists ~~may endeavor to~~ use alternatives to in-person

557 interviewing if a participant would otherwise be unable to participate or when participation is unduly

558 burdensome (APA Ethics Code, 2010, Principle D). Whether necessitated by crisis conditions, financial

559 constraints, looming deadlines, or insurmountable distances, telepsychology is an increasingly common

560 mode for interviewing that can make a significant contribution when utilized responsibly (McCord et al.,

561 2020; APA 2013c). Psychologists strive to consider how the use of this technology may affect the

562 reliability of obtained results, and to explain any resulting limitations on their professional opinions, just

563 as they would when departing from established child custody evaluation practices (APA 2013c).

> Dr. Childress Comment:
>
> These "Guidelines" are nothing more than the fluff random opinions of six unqualified people.

cc

564 Guideline 15. Psychologists ~~endeavor to~~ conduct appropriate screening for family violence, child

565 maltreatment, intimate partner violence, and resultant trauma.

> Dr. Childress Comment:
>
> "go beyond a cursory assessment" with relevant information is NOT a "screening." These Guidelines are logically inconsistent. Guideline 15 seeks to avoid responsibility for conducing a proper assessment of child abuse and spousal abuse factors, and exempting themselves (or seeking to) from their professional duty to

DRAFT

protect obligations.

Family violence, child maltreatment, and intimate partner violence should be assessed if necessary, not simply screened, and should always likely be assessed surrounding high-intensity family conflict and/or attachment pathology displayed by the child.

This is their child protection and spousal protection Guideline. The seek to avoid and exempt themselves from their duty to protect obligations, it's apparently someone else's job to protect children, and they apparently believe that possible child psychological abuse is not a relevant assessment for the court's consideration.

A shared persecutory delusion (ICD-10 F24), i.e., a thought disorder in the narcissistic-borderline parent transferred to the child through pathogenic parenting practices, is a DSM-5 diagnosis of Child Psychological Abuse (V995.51). How do they screen for and assess for a possible thought disorder pathology in the parent and child?

This information, i.e., whether there is a persecutory delusion and psychological child abuse, is directly relevant to the matter of the court's consideration. The court deserves more than a screening, the court, and the child, and the parents, deserve an answer – is there child maltreatment? Is there a shared persecutory delusion created by the allied parent? Is there IPV spousal abuse using the child as the weapon?

566 **Rationale.** Renewed parent-child contact may pose risks of renewed violence and child abuse, and
567 parenting skills may become compromised in an environment of intimidation and fear. An extensive
568 literature links violence and other forms of maltreatment to relationship dissolution and to problems
569 with custody and post-separation co-parenting (Austin & Drozd, 2012).

Dr. Childress Comment:

This Rationale does not address any of the concerns for child protection. Is there a shared delusional disorder with the allied parent? Is there psychological abuse of the child in the relationship with the allied parent? Is the child being used as a weapon of IPV spousal abuse (ex-spousal emotional abuse using the child as the weapon)?

Again, a citation to Drozd from 2012 as the primary (and only) child abuse citation? Not to Cicchetti? Not to van der Kolk or Perry or Kerig?

Kerig: note the Journal:

> **Kerig, P.K. (2005).** Revisiting the construct of boundary dissolution: A multidimensional perspective. Journal of Emotional Abuse, 5, 5-42.
>
> "The breakdown of appropriate generational boundaries between parents and children significantly increases the risk for emotional abuse." (p. 6)
>
> "In the throes of their own insecurity, troubled parents may rely on the child to meet the parent's emotional needs, turning to the child to provide the parent with support, nurturance, or comforting (Zeanah & Klitzke, 1991). Ultimately, preoccupation with the parents' needs threatens to interfere with the child's ability to develop autonomy, initiative, self-reliance, and a secure internal working

model of the self and others (Carlson & Sroufe, 1995; Leon & Rudy, this volume)." (p. 6)

"When parent-child boundaries are violated, the implications for developmental psychopathology are significant (Cicchetti & Howes, 1991). Poor boundaries interfere with the child's capacity to progress through development which, as Anna Freud (1965) suggested, is the defining feature of childhood psychopathology." (p. 7)

"A theme that appears to be central to the conceptualization of boundary dissolution is the failure to acknowledge the psychological distinctiveness of the child." (p. 8)

"Examination of the theoretical and empirical literatures suggests that there are four distinguishable dimensions to the phenomenon of boundary dissolution: role reversal, intrusiveness, enmeshment, and spousification." (p. 8)

"Enmeshment in one parent-child relationship is often counterbalanced by disengagement between the child and the other parent (Cowan & Cowan, 1990; Jacobvitz, Riggs, & Johnson, 1999)." (p. 10)

"Rather than telling the child directly what to do or think, as does the behaviorally controlling parent, the psychologically controlling parent uses indirect hints and responds with guilt induction or withdrawal of love if the child refuses to comply. In short, an intrusive parent strives to manipulate the child's thoughts and feelings in such a way that the child's psyche will conform to the parent's wishes." (p. 12)

"In order to carve out an island of safety and responsivity in an unpredictable, harsh, and depriving parent-child relationship, children of highly maladaptive parents may become precocious caretakers who are adept at reading the cues and meeting the needs of those around them. The ensuing preoccupied attachment with the parent interferes with the child's development of important ego functions, such as self organization, affect regulation, and emotional object constancy." (p. 14)

"There is evidence for the intergenerational transmission of boundary dissolution within the family. Adults who experienced boundary dissolution in their relationships with their own parents are more likely to violate boundaries with their children (Hazen, Jacobvitz, & McFarland, this volume; Shaffer & Sroufe, this volume)." (p. 22)

570 **Application.** With respect to the screening process, psychologists are endeavoring to preserve, protect,

cc do or don't do

571 and promote safe, healthy and functional relationships and living arrangements**.** Psychologists ~~strive to~~

572 identify potential physical or sexual abuse, child abuse, or coercion and control behaviors on the part of

573 family members or caregivers, and to utilize these findings, as appropriate, in their assessment

574 processes and recommendations. A rigorous multimethod and multitrait approach seeks to anticipate

575 lack of disclosure and other challenges associated with investigating these risk factors.

cc cc assess

576 Psychologists ~~strive to~~ maintain an in-depth knowledge of abuse dynamics in order to ~~screen~~

577 appropriately for abuse and coercive behaviors, including their nature, impact, and known indicators of

578 risk and danger (such as lethality, stalking, and abduction). Psychologists consider that a thorough

cc assessment
579 ~~screening~~ would optimally include both parents and any other individuals (such as step-parents,

Dr. Childress Comment:

Assess for child psychological abuse, not "screen" for it. If there is suspicion of physical or sexual abuse, psychologists are mandated reporters and should refer for an investigation by Child Protective Services.

When the differential diagnostic issue is potential child psychological abuse (DSM-5 V995.51) by the allied parent, the duty to protect obligations of the evaluator become active. The psychologist must discharge this duty to protect obligation, either by conducting a risk assessment for child psychological abuse (which would be appropriate given the nature of the population) or to refer for a proper assessment of possible child psychological abuse by the allied parent who has formed and imposed a shared persecutory delusion with, and onto the child (ICD-10 F24).

This is directly relevant information for the court's consideration relevant to its decision, i.e., whether there is child psychological abuse by the allied parent and a shared persecutory delusion imposed onto the child. If the custody evaluator renders an opinion and recommendations without having conducted a proper assessment for possible thought disorder pathology and child abuse in the family, then the opinions contained in their recommendations, reports, and evaluative statements, including forensic testimony, are NOT based on information and techniques (a Mental Status Exam of thought and perception) sufficient to substantiate their findings, in violation of Standard 9.01 and failing in their obligation to provide the court with directly relevant information.

> **9.01 Bases for Assessments**
> (a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

Why is the "Working Group" seeking to avoid, rather than embrace, its obligations for child and spousal abuse protection – not screen – assess. The referral population from the courts involves high-intensity family conflict surrounding the child, with the child expressing attachment pathology toward one parent. The differential diagnosis is that either the targeted parent is causing the child's attachment pathology through abusive maltreatment, or that the allied parent has created a shared persecutory delusion with the child that is destroying the child's attachment bond with the other parent, i.e., child psychological abuse by the allied parent.

Either way, the differential diagnosis may wind up as child abuse. It is a reasonable professional expectation that in working with this population of pathology (i.e., court-involved family conflict surrounding the child) the issue of child maltreatment and abuse will become a consideration requiring proper assessment and resolution for the court – and for child protection. The psychologist has duty to protect obligations that must be discharged once a suspicion of child abuse arises, and it can arise by mere allegation by either parent or child, and/or by professional concern.

All court-involved psychologists should be fully prepared and capable of assessing both child psychological abuse and ex-spousal IPV emotional abuse using the child as the weapon.

580 partners, grandparents, siblings, and extended family members) who have significant contact with the

cc assessment
581 children. Such ~~screening~~ contributes to the identification of information, behaviors, or disclosures

DRAFT

582 indicating that violence, abuse, coercion, or intimidation is or may become an issue. ~~Screening~~ cc assessment is ideally

Dr. Childress Comment:

Violence, coercion, or intimidation are not the only means, nor even the most frequent means, of psychologically control the child. It is of note that the "Working Group" have no citations from Barber regarding the psychological control of the child. Note the publisher, the APA.

> Barber, B. K. (Ed.) (2002). Intrusive parenting: How psychological control affects children and adolescents. Washington, DC: American Psychological Association.

> "Psychological control refers to parental behaviors that are intrusive and manipulative of children's thoughts, feelings, and attachment to parents. These behaviors appear to be associated with disturbances in the psychoemotional boundaries between the child and parent, and hence with the development of an independent sense of self and identity." (Barber & Harmon, 2002, p. 15)[1]

According to Stone, Bueler, and Barber:

> "The central elements of psychological control are intrusion into the child's psychological world and self-definition and parental attempts to manipulate the child's thoughts and feelings through invoking guilt, shame, and anxiety. Psychological control is distinguished from behavioral control in that the parent attempts to control, through the use of criticism, dominance, and anxiety or guilt induction, the youth's thoughts and feelings rather than the youth's behavior." (Stone, Buehler, & Barber, 2002, p. 57)[2]

Soenens and Vansteenkiste (2010) describe the various methods used to achieve parental psychological control of the child:

> "Psychological control can be expressed through a variety of parental tactics, including (a) guilt-induction, which refers to the use of guilt inducing strategies to pressure children to comply with a parental request; (b) contingent love or love withdrawal, where parents make their attention, interest, care, and love contingent upon the children's attainment of parental standards; (c) instilling anxiety, which refers to the induction of anxiety to make children comply with parental requests; and (d) invalidation of the child's perspective, which pertains to parental constraining of the child's spontaneous expression of thoughts and feelings." (Soenens & Vansteenkiste, 2010, p. 75)[3]

Research by Stone, Buehler, and Barber establishes the link between parental psychological control of children and marital conflict:

---

[1] Barber, B. K. and Harmon, E. L. (2002). Violating the self: Parenting psychological control of children and adolescents. In B. K. Barber (Ed.), Intrusive parenting (pp. 15-52). Washington, DC: American Psychological Association.

[2] Stone, G., Buehler, C., & Barber, B. K.. (2002) Interparental conflict, parental psychological control, and youth problem behaviors. In B. K. Barber (Ed.), Intrusive parenting: How psychological control affects children and adolescents. Washington, DC: American Psychological Association.

[3] Soenens, B., & Vansteenkiste, M. (2010). A theoretical upgrade of the concept of parental psychological control: Proposing new insights on the basis of self-determination theory. Developmental Review, 30, 74–99.

"This study was conducted using two different samples of youth. The first sample consisted of youth living in Knox County, Tennessee. The second sample consisted of youth living in Ogden, Utah." (Stone, Buehler, & Barber, 2002, p. 62)

"The analyses reveal that variability in psychological control used by parents is not random but it is linked to interparental conflict, particularly covert conflict. Higher levels of covert conflict in the marital relationship heighten the likelihood that parents would use psychological control with their children." (Stone, Buehler, & Barber, 2002, p. 86)

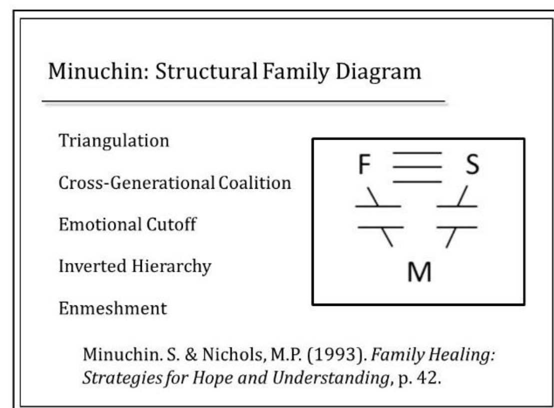
Stone, Buehler, and Barber offer an explanation for their finding that intrusive parental psychological control of children is related to high inter-spousal conflict:

"The concept of triangles "describes the way any three people relate to each other and involve others in emotional issues between them" (Bowen, 1989, p. 306). In the anxiety-filled environment of conflict, a third person is triangulated, either temporarily or permanently, to ease the anxious feelings of the conflicting partners. By default, that third person is exposed to an anxiety-provoking and disturbing atmosphere. For example, a child might become the scapegoat or focus of attention, thereby transferring the tension from the marital dyad to the parent-child dyad. Unresolved tension in the marital relationship might spill over to the parent-child relationship through parents' use of psychological control as a way of securing and maintaining a strong emotional alliance and level of support from the child. As a consequence, the triangulated youth might feel pressured or obliged to listen to or agree with one parents' complaints against the other. The resulting enmeshment and cross-generational coalition would exemplify parents' use of psychological control to coerce and maintain a parent-youth emotional alliance against the other parent (Haley, 1976; Minuchin, 1974)." (Stone, Buehler, & Barber, 2002, p. 86-87)

Note the references to Bowlby and triangles, and to cross-generational coalitions with Minuchin and Haley.

Yet the construct of "psychological control" of the child was never mentioned or cited in the proposed Guidelines for Child Custody Evaluations.

Violence, coercion, and intimidation are not the only, and not even the most frequent, means of psychological control and violation of the child's self-autonomy.



Minuchin. S. & Nichols, M.P. (1993). *Family Healing: Strategies for Hope and Understanding*, p. 42.

583 an ongoing process throughout the custody evaluation, rather than a one-time event. Psychologists

584 ~~strive to~~ implement ~~screening~~ assessment across all types of cases, including those in which no allegations or

585 judicial findings of intimate partner violence have been made.

586 Psychologists consider how the methods of assessment and communication to the parties may impact

cc psychologists also have duty to protect obligations

587 safety to the parties, and they are prepared to seek court guidance as needed. When making parenting

cc

588 recommendations concerning parental decision-making and child access, psychologists ~~endeavor to~~

589 ensure that these recommendations explicitly link and account for the effect of intimate partner

590 violence, if any, on children, parenting, and co-parenting. Psychologists inform the appropriate

591 authorities of new uncovered incidents that meet mandatory reporting obligations in the jurisdiction in

592 question. These obligations to report typically remain in place regardless of the forensic nature of the

593 evaluation.

Dr. Childress Comment:

If child custody evaluators to not assess – (not screen – assess) - for possible child psychological abuse and IPV ex-spousal emotional abuse using the child as the weapon, then that represents a failure in their duty to protect on two independent counts, failure to protect the child from child psychological abuse, and failure to protect the parent from IPV spousal abuse using the child as the weapon.

If the custody evaluators only “screen” for child psychological abuse, how? How do they only “screen” for a thought disorder and shared persecutory delusion?

If there is a shared persecutory delusion imposed on the child by the allied parent, then if the custody evaluator believes the shared delusion of supposed “victimization,” the custody evaluator then becomes PART of the shared delusion, they become part of the pathology. When the pathology is psychological child abuse, the custody evaluator becomes part of the psychological abuse of the child.

The potential for a thought disorder and delusional pathology with the parent, that is then imposed on the child, is a key and differential diagnostic question than needs assessment – not screening – assessment and resolution for the court, and for child protection. The psychologist has duty to protect obligations.

Yet the “Working Group” of six unknown and seemingly unqualified people only want to “screen” for possible child abuse and IPV spousal abuse in using the child as the weapon, apparently protecting children is not their job, it’s someone else’s, and yet, they make no indication in this Guideline that the psychologist should refer for a proper assessment, and to whom, and how? If not them, then who?

I’ll do it. Dr. Childress will do it. I’ll do a risk assessment for possible psychological abuse by the parent. Why won’t they protect the child? Why won’t they protect the parent from ex-spousal abuse using the child as the weapon? I don’t know. They should.

I don’t think these Guidelines for Child Custody Evaluations meet standards for professional practice on multiple counts; violations to Principle D Justice (equal access and equal quality), violations to Standards 2.04, 9.01, and 2.01, and a failure in their duty to protect the child from child abuse and the parent from IPV spousal abuse by a narcissistic-borderline parent in collapse, who is using the child as the weapon.

cc

594 **Guideline 16. Psychologists ~~endeavor to~~ screen examinees for substance abuse.**

Dr. Childress Comment:

The possible substance use or abuse by the parent is not a factor, that is a matter of personal choice and consequences for those choices. Where it becomes a matter of concern is possible Child Neglect (DSM-5 V995.52), one of the four DSM-5 child abuse diagnoses. Parental substance abuse becomes a child protection consideration relative to a possible DSM-5 diagnosis of Child Neglect (V995.52) and child endangerment because of parental alcohol or substance abuse.

If parental substance use and abuse is an issue raised for assessment, then it needs a proper risk assessment and child protection considerations if warranted by the results of the assessment. If the custody evaluator is not capable of a proper substance use risk assessment, then a referral is made to a professional who can conduct a proper risk assessment for parental substance abuse and child protection factors.

For substance abuse, unlike child psychological abuse and IPV spousal abuse which are both reasonably anticipated within high-intensity court-involved family conflict surrounding child custody, substance abuse is not a directly linked causative factor and is a general risk factor within society and so within all parents, and will, therefore, account for a relevant factor in a proportion of all family conflicts. All court-involved psychologists should be capable of conducting a proper assessment for child psychological abuse and IPV ex-spousal abuse using the child as the weapon. They may not all need to be capable of conducting a proper substance abuse assessment relative to Child Neglect factors (DSM-5 V995.52) as long as they refer and a proper risk assessment for possible substance abuse with the parent occurs.

Of note is that there are seven references for substance abuse in the proposed Guidelines (11% of the total references cited) and only one referenced for child and spousal abuse, a 2012 article by Drozd, not Cicchetti, not van der Kolk, not Kerig, not Perry. Priorities seem unbalanced in this “Working Group” of six unknown people. I suspect one may be Drozd citing her own opinions because she can, and that may be all she knows is her own opinion, they may not know Cicchetti or van der Kolk or Kerig or Courtois. There are no citations, so apparently not.

Two years (possibly four years) of work doesn’t look like much work. More like just some opinions from these six people. How were they selected? This is the “highest” standards of professional practice they “aspire” to?

595 **Rationale.** With the stress of relationship dissolution and custody disputes, individuals who did not

cc citation please, or are you just making stuff up? people with no prior SA history start using because of the divorce? citation please

596 previously abuse substances may begin to do so. Excessive use of alcohol, cannabis, opioids,

597 prescription medications, and other substances can have a significantly negative impact on parenting

cc co-parenting annoyance with the ex-spouse’s drinking or mj use is not a child protection factor

598 capacity, including the ability to ensure the safety of the child and to engage effectively in co-parenting.

599 Substance abuse may also increase the risk of committing interpersonal violence (Boles & Miotto, 2003;

600 Soper, 2014).

cc

601 **Application.** Psychologists ~~endeavor to~~ address the potential effects of various forms of substance

602 abuse, whether the substances in question are legally or illegally obtained. When undertaking to

603 differentiate between substance abuse and non-problematic substance use, psychologists remain aware

cc Really? An angry ex-spouse will actually make up false or exaggerated claims about their ex-'s substance abuse? Of course.

604 that some allegations made by one party against another may be false or exaggerated. Psychologists

605 are encouraged to consider whether inquiries into possible substance abuse might extend beyond adults

606 to children, given the recognized potential for such difficulties across the lifespan (Bracken et al., 2013;

607 Tucker et al., 2013).

608 Numerous instruments exist to support this type of screening (National Institute on Drug Abuse, 2018;

609 Substance Abuse and Mental Health Services Administration, n.d.). Psychologists are aware of the

610 importance of multimethod, multitrait approaches when conducting substance abuse assessments,

611 especially since self-report measures that directly inquire into the extent of substance use mat not

612 always be the most accurate method—particularly when considered in isolation—for determining

613 whether abuse is present (Ondersma et al., 2019). In some cases, it may be appropriate to inform the

614 court or retaining counsel that referral for a separate, more specialized evaluation of these issues may

615 be indicated.

616 When substance abuse appears to be present in one or more family members, psychologists ~~strive to~~ cc

617 determine how this abuse may impair parenting ~~and co-parenting~~ cc capacity in a variety of ways that

cc Child Neglect; DSM-5 V995.52

618 could include, but would not necessarily be limited to (1) the physical safety of children (e.g., driving

cc Child Neglect; DSM-5 V995.52

619 while intoxicated); (2) the ability to attend to the children's emotional, physical, and cognitive needs; (3)

cc what does "appropriately" mean, by whose determination is "*appropriate*"? Is this child Neglect, or ex-spouse annoying?

620 the ability to interact appropriately with the other parent; (4) the ability to fulfill responsibilities and

cc what does "responsibilities" mean, by whose determination is on a "consistent basis"? Is this child Neglect, or ex-spouse annoying?

621 obligations on a consistent basis; (5) the ability to abstain from substance use while caring for children

cc Child Neglect; DSM-5 V995.52

622 at home; and (6) the risk of engaging in interpersonal violence.

cc Child Physical Abuse; DSM-5 V995.54

623 Guideline 17. Psychologists ~~strive to~~ utilize robust and informative psychological tests that are

624 administered in a standardized and methodologically sound fashion.

Dr. Childress Comment:

Most custody evaluation testing is the MMPI, a broad personality scale, sometimes the Rorschach, sometimes the MCMI, usually self-report questionnaires of some sort. Rarely are these tests results

integrated and used in the conclusions and recommendations reached, but it makes the assessment seem more *scientific* and legitimate to include standardized testing.

If custody evaluators actually wanted to do a useful standardized test, they should be using the Roberts Apperception Test for Children, a standardized projective test used directly with the child. It produces excellent and relevant results. I've never once seen it used, or even heard it mentioned, surrounding child custody evaluations. I have no idea why not? Laziness and sloth, I guess, leading to ignorance.

cc they're trying to use buzz-words without fully comprehending their meaning

625 **Rationale.** Due to the scientifically informed, robust, and evidence-based nature of their development

626 and the seeming objectivity of their results when properly applied, psychological tests may be weighted

627 heavily in child custody proceedings. Psychological testing is typically recognized as the purview of

628 appropriately trained, duly licensed psychologists.

Dr. Childress Comment:

I have the opportunity to review a lot of child custody reports in my role as a consultant in clinical psychology (treatment) to parents and attorneys in court-involved family conflict, and in my role as an expert witness in that capacity. I've seen the "top-tier" psych-testing reports (the behemoths), and I've seen the court social worker reports conducting a few 90 minute interviews. The ones with the psych-testing are the forensic psychologists.

Sometimes they refer out for the testing, usually and MMPI and Rorschach. These outside consultant testing reports are typically high-quality and excellent, with the Rorschach being particularly useful.

The testing done by the forensic psychologist themselves for the custody report is typically pointless, mindlessly reported, and never interpreted or integrated into anything. They test because it gives the appearance of "scientific" and "evidence based."

The final sentence establishes the turf for psychological testing, i.e., the purview of "appropriately trained, duly licensed psychologists." Like me. Like a lot of us psychologists. Psych-testing is an important professional activity for psychologists in ADHD, autism, and psycho-educational testing with the schools. I used to do that ALL the time. I've tested every type of person from infancy to old-age geriatrics, and I've tested for just about every pathology, mental retardation, ADHD, autism, learning disabilities. I know testing.

They don't use testing at all over here, it's just an add-on. Plus standardized testing isn't what's needed with this court-involved family conflict pathology. The assessment for a thought disorder (i.e., a persecutory delusion) is a Mental Status Exam of thought and perception (frontal lobe executive function systems). What's needed is a diagnostic assessment, not… whatever they do. What they do makes no sense to me, it is pointless and solves nothing. We need to implement outcome measures across the board, and then start building solutions, effective solutions that solve things.

Because that is always in the child's best interests. It is always in the child's best interests for the family to make a successful transition to a healthy and normal-range separated family structure following divorce. We always want the child receiving love, lots and lots of mom-love and lots and lots of dad love, we always want the child receiving lots of love during childhood. Restricted love during childhood is pathological and we need to fix it (as soon as we possibly can).

There is no need for an MMPI, not even for a MCMI, we don't need to prove a parent's pathology, we need

a written treatment plan. For that we need a diagnosis. Diagnosis is not made by psychological testing. If you want to document the MSE of thought and perception, there's several ways to do that.

My preferred method is a court-reporter present, but that can be a little expensive. Any method of producing a transcript will evidence the MSE structure and the thought disorder it elicits. A second and less expensive approach is for the psychologist to document their findings from the MSE of thought and perception using either the Brief Psychiatric Rating Scale (BPRS) or the Positive and Negative Symptoms Scale (PANSS). A second opinion diagnosis is also available (based on the availability of expertise in the MSE of thought and perception).

I'm trained on the BPRS, and my estimated score for the thought disorder pathology in this court-involved family conflict is a 5 Moderately Severe encapsulated persecutory delusion, there is full conviction and some functional impairment. It could go higher with greater functional impairment or greater child preoccupation.

Another assessment procedure would be a Functional Behavioral Analysis. For example, school IEP (Individual Education Programs) requirements for special education services mandate that all schools must perform a Functional Behavioral Analysis of the child's behavior before they can adopt any behavior change plan for the child. That's a requirement for all schools in the Individuals with Disabilities Act (IDEA), that the school must conduct a Functional Behavioral Analysis (FBA) before implementing any behavior-change plan with the child.

A Functional Behavioral Analysis would be useful over here in court-involved family conflict. It would help unravel a lot of the child's dysfunctional behavior.

But an MMPI and MCMI are typically pointless, and the general personality tests are like astrological predictions, "you like walks on the beach and get stressed when you're over-worked." Oh my god, that's so me.

If a personality test is desired, I'd look to the HEXACO, the H scale, Honesty – Humility. Low H is correlated with the Dark Triad personality (narcissistic, psychopathy, Machiavellian manipulation). Most Dark Triad measures are self-report on the characteristics and may be vulnerable to faked scores, while the low H on the HEXACO may not be recognized.

For the child, a *Roberts Apperception Test for Children* would reveal highly valuable information. It's not needed for diagnosis and it's a bit tedious to administer and score, but the results it gives for an insight into the child's emotional and psychological state are highly valuable. I always included the *Roberts Apperception Test for Children* for school referrals that had an emotional-behavioral component to the psych-testing referral.

For a general all-purpose "personality" scale for the child, I'd recommend and have used the *Personality Inventory for Children* (PIC), a parent-report scale for the child's characteristics. It provides a broad documentation of functioning that has more useful scales than behavioral rating scales like the Child Behavior Checklist or BASC.

None of these tests or assessments are used by custody evaluators. They just use the MMPI and add some other things, over-and-over, to no apparent purpose.

629 **Application.** Psychologists strive to obtain appropriate working knowledge of the psychological tests

630 they employ, and to understand the strengths and weaknesses of those tests for custody cases. Most

631 psychological tests have not been developed specifically for use in custody evaluations. As a result, it

632 should be considered how the tests functionally inform the pertinent psycholegal constructs to be
633 considered, such as parenting capacities or the best interests of the child. Psychologists aspire to
634 maintain familiarity with current research that augments the information contained in the test manual.
635 As uniformity in assessment measures across parties is usually the custom, when parties are
636 administered different tests due to accessibility issues or court questions, such decisions should be
637 clinically and empirically supportable. If a test needs to be adapted in some fashion, suc h as with
638 language translations or special accommodations in test administration, psychologists endeavor to take
639 into consideration the impact on the reliability and validity of the data obtained through such
640 adaptations (APA, in press).

641 Prior to administration, psychologists seek to analyze critically the tests that may be employed, in terms
642 of the potential admissibility of results, and with due attention to such factors as a test's general
643 acceptance in the field, history of peer review, and known error rates. Proper attention to these factors
cc they use the psych-testing to appear "scientific" so they can use their buzz-word "scientifically informed"
644 may augment the court's ability to arrive at a scientifically informed legal opinion. Psychologists strive to
645 be aware of normative data for divorced parents, and they endeavor to base their test data
646 interpretations upon standardized scoring where indicated, and to take into account the context of the
647 evaluation as well as the characteristics of individual family members. For instance, it is important to
648 consider is how test results may be influenced by such relevant factors as religion, ethnicity, country of
649 origin, age, gender, sexual orientation, language, acculturation and the like (APA, in print).

650 When appropriately delegating others (e.g., assistants, students) within the boundaries of applicable law
651 and ethics to administer and/or score psychological tests, psychologists seek to ensure that these
652 persons are adequately trained and supervised. Psychologists ~~try to~~ cc authorize only persons who may
653 competently perform these services either independently or with the level of supervision provided (APA
cc citing the APA ethics code on testing, basic stuff you learn as a trainee (the one being delegated to)
654 Ethics Code, Standard 2.05; 9.97).
655 Psychologists consider the benefits and challenges regarding the presence of recording devices or third-

DRAFT

656 party observers (APA, 2013a; APA, 2013c; APA, 2007) and the impact these may have on the validity and

657 reliability of assessment results.

> Dr. Childress Comment:
>
> Personally, I like a recording and transcript of the Mental Status Exam of thought and perception that I conduct for court-involved family conflict. The documentation is useful to show for the court both the structure of the interview process and the thought disorder as it emerges, and then its features.
>
> Google Mental Status Exam and read the NCBI return, Chapter 207 Clinical Methods. The third paragraph states:
>
> > "Of all portions of the mental status examination, the evaluation of a potential thought disorder is one of the most difficult and requires considerable experience. The primary-care physician will frequently desire formal psychiatric consultation in patients exhibiting such disorders."
>
> Because most mental health professionals are not likely to know the MSE for thought and perception, consultation on thought disorder pathology is recommended.

658 Psychologists ~~strive to~~ [cc] be aware of the distinction between computerized scoring of tests and computer-

659 generated, interpretive reports. Computerized scoring of a test may be a useful tool for reducing

660 scoring errors and producing a richer set of interpretive data. While computer-generated interpretive

661 reports may generate helpful hypotheses, they need to be evaluated regarding their relative potential

662 contributions to the psychologist's interpretive process and are not meant to supplant the psychologist's

663 clinical and forensic judgment. Psychologists who make use of any computer-generated interpretive

664 statement strive to understand its empirical and/or theoretical bases and how its interpretive

cc citing the APA ethics code on testing, basic stuff you learn as a trainee

665 statements apply to the specific person evaluated (APA Ethics Code, Standard 9.09).

666 A number of forensic tests and procedures have been developed specifically for use in child custody

667 evaluations. As with any form of testing, psychologists ~~endeavor to~~ [cc] remain suitably aware of the

668 normative groups on which these tests were standardized, as well as whether tests are appropriately

669 reliable and valid for their intended use. Psychologists also try to avoid employing assessment measures

670 that introduce, perpetuate, or otherwise contribute to bias of any sort. Psychologists strive to report

671 test results in a full, accurate, and fair fashion, and to afford test data and test materials alike the

cc citing the APA ethics code on testing, basic stuff you learn as a trainee

672 protections described in the APA's Ethics Code (2017), Specialty Guidelines for Forensic Practitioners

673 (APA, 2013c), and Record Keeping Guidelines (APA, 2007), consistent with applicable state and federal

674 laws.

cc

675 Guideline 18. Psychologists ~~strive to~~ include an observation of parent-child interactions when

676 conducting child custody evaluations.

Dr. Childress Comment"

The "home observations" they conduct are entirely pointless. At best they are an complete waste of time, revealing exactly what everyone reported, at worst they are destructively interpreted by ignorant mental health people.

There is a role for direct observation of the child's symptoms, but the "home observations" conducted by custody evaluators are entirely pointless.

677 **Rationale**. Observing parent-child interactions often provides highly relevant information for

678 determining the best interests of the child, and can increase the ecological validity and scientific rigor of

cc

679 the overall assessment process (Saini & Polak, 2014). This approach ~~may~~ offer a valuable opportunity to

680 assess the statements that were made by parents and children when those parties were interviewed

681 separately, and to assist in the formulation of questions for follow-up interviews.

682 **Application.** Psychologists ~~endeavor to~~ cc understand the importance of prioritizing the child's safety and

683 well-being when gauging the appropriateness of observing parent-child interactions. In child custody

cc ????? I've worked foster care, I'm not clear on the risk. Is the parent going to start beating the child during the observation period by the psychologist?

684 evaluations, observation techniques generally focus on developmentally and scientifically informed

cc no they don't. citation please.

685 parent and child variables that may have particular meaning to the court and that can serve to clarify

686 the fit between a child's needs and an adult's parenting attributes. Observations can occur in a variety

Dr. Childress Comment:

In the absence of child abuse, parents have the right to parent according to their cultural values, their personal values, and their religious values, and professional psychology does not intrude into this foundational human right of parents.

687 of settings, such as the home or clinical office. When observations are slated to occur in public or quasi-

cc

688 public settings—such as an airport, school, or waiting room—psychologists ~~strive to~~ consider with

689 especial care the confidentiality and informed consent ramifications (see Guideline 7) of these

690 arrangements.

cc

691 When observing parent-child interactions, psychologists ~~seek to~~ focus on elements that may include—

692 but need not be limited to—the nature of the parent's guidance, the limit-setting reflected in the

693 parent's attempts to redirect the child, the supportive aspect of the parent's role in collaborative

694 undertakings, the parent's evident affection for and sensitivity to the child, the extent to which the

695 child heeds the parent's guidance and redirection, the child's willingness to collaborate affirmatively

cc and cue structure for and the function served by the child's non-compliance and emotional dysregulation

696 with the parent, and the child's evident affection for and search for reassurance by the parent.

697 Psychologists take into consideration cultural factors that may influence the manner in which parents

cc how? cc

698 demonstrate these aspects. Psychologists ~~strive to~~ report these interactions as behavioral observations,

699 and to take care that methods of recording and documenting these interactions are both valid and

cc observational data is the least reliable and the least valid (unless highly structured)

700 reliable. Psychologists remain aware that some behaviors may reflect an acute awareness of being

is a reported "safety" concern in having direct parent-child contact in an observation arranged by the psychologist.

701 observed (Henry et al., 2015; Goodwin, et al., 2017).

702 Suitably familiar with the professional literature on different approaches to observation, psychologists

cc

703 ~~endeavor to~~ explain why parent-child interactions were arranged in a particular fashion (e.g., structured,

704 unstructured, with siblings present, with both parents present, with the psychologist physically in the

705 room). Psychologists may postpone or opt against observing parent-child interactions in order to protect

cc ??? cc ??? that's disturbingly vague

706 the child's safety, based upon such factors as the parent's problematic presentation, the child's

cc ??? inverted hierarchy and over-empowerment?

707 expressed wishes, or situations in which the child has never met or has no recollection of the parent

cc ??? What's the "safety" concern?

Dr. Childress Comment:

What "safety" concern is there in a direct observation of the psychologist of the parent-child interaction? Is the parent likely to become physically or emotionally abusive of the child during a direct observation session with the psychologist? No. The probability that the parent will become physically or emotionally abusive of the child in a direct parent-child observation session set up and in front of the psychologist is infinitesimally small.

There is no "safety" risk in an arranged parent-child observation session. I've worked foster care in reunification with actually abusive parents, there is minimal to no child risk to an parent-child observation session set up by and attended by the psychologist.

Furthermore, on more specific reporting, I'm not hearing any "safety" concerns other than that there's the vague initial "safety concern" – is this a shared persecutory delusion?

There's no reported safety concern even though there is a concern for "safety." Here are the supposed "safety concerns, "based upon such factors as:

- The parent's "problematic presentation" – that's not a safety concern, that's a disturbingly vague

DRAFT

justification.

- the child's expressed wishes – that's not a safety concern, that's actually supporting a pathological symptom feature called an "inverted hierarchy" (Minuchin), in which the child becomes over-empowered by a cross-generational coalition with one parent (or mental health professional?) against the other parent.
- situations in which the child has never met or has no recollection of the parent – that is not a safety concern.

None of the cited examples ("based upon such factors as") represent "safety concerns," yet that is the allegation for not holding the parent-child observation session – "in order to protect the child's safety"

What "safety" concerns"

Here is the definition of a persecutory delusion from the American Psychiatric Association:

> From the APA: "Persecutory Type: delusions that the person (or someone to whom the person is close) is being malevolently treated in some way." (American Psychiatric Association, 2000)
>
> Google malevolent: having or showing a wish to do evil to others.

- Does the child have a false belief that their parent has a "wish to do evil" to them?
- Does the allied parent also share this false belief that the other parent has a "wish to do evil" to the child?"

If you believe the shared delusion, you are part of the shared delusion, you are part of the pathology Does the "Working Group" believe that the child's mother or father has a "wish to do evil" to the child requiring the cancellation of any direct observation sessions for "safety" concerns that don't actually exist?

If you believe the shared delusion ("the child's expressed wishes") you are part of the shared delusion, you are part of the pathology.

> "Psychologists may postpone or opt against observing parent-child interactions in order to protect the child's safety, based upon such factors as":
>
> - The parent's "problematic presentation"
> - the child's expressed wishes
> - situations in which the child has never met or has no recollection of the parent

NONE of those "factors" represent a need to protect the child's safety which would require postponing or opting against "observing the parent-child interactions in order to protect the child's safety.

> If you believe the shared delusion, you become part of the shared delusion, you become part of the pathology. When that shared delusion is psychological child abuse, you become part of the child psychological abuse.
>
> If there is no rational or realistic safety threat from the parent, then postponing or opting out of the observation session communicates that there is, indeed, an actual threat when there isn't. It communicates falsely that the parent has a "wish to do evil" to the child – i.e., the child's persecutory delusion being imposed on the child by the allied parent's pathogenic parenting of psychological control and manipulation of the child.

What "safety" risk does the "Working Group" think the parent presents in an observation session arranged by the psychologist? Then why the need to postpone or opt out of the observation session if there is no

safety risk? Simply in deference to the child's "expressed wishes"? Yet the justification is not "the child doesn't want to do it," the justification for postponing or opting out is "to protect the child's safety" – who convinced the psychologist there was a "safety" threat when there wasn't?

Dr. Childress Comment:

I've served as the Clinical Director for a three-university assessment and treatment center for children in foster care. I have no idea what they "Working Group' means by "safety" in a parent child observation.

- Are they afraid that the parent is going to start physically abusing the child during the observation period?

I have never known a physically abusive parent to start physically abusing the child during a prearranged observation period for the psychologist.

- Are the afraid that the parent is going to start sexually abusing the child during the observation period?
- Are the concerned about general neglect as a "safety" issue during the parent-child observation period?
- Are they afraid of psychological or emotional abuse of the child during the observation arranged by the psychologist to directly observe the parent's interactions with the child?

I have never known an abusive parent to begin emotionally and psychologically abusing their child during an arranged observation for the psychologist.

Why can't they simply stop the observation if that becomes necessary? What "safety" risk is presented by the parent during an observation period arranged by the psychologist?

None.

705 Psychologists ~~strive to~~ cc understand the impact of such factors on the resulting opinions.

706 Observations of parent-child interactions are not ~~in and of themselves~~ cc "attachment" (i.e., the quality of

707 the organization of the parent-child relationship) evaluations, which require special training and settings

711 (Schore & McIntosh, 2011). When the situation requires ~~a formal~~ cc ANY attachment evaluation, psychologists

712 ~~endeavor to effectuate a referral~~ cc refer for this type of ~~procedure~~ cc assessment if they do not have the ~~formal~~ cc training to

713 conduct one themselves.

Dr. Childress Comment:

If they don't have the knowledge, training, and competence to assess the parent-child attachment bond, then they should NOT be assessing parent-child attachment pathology – Standard 2.01.

But they think they can assess attachment pathology in the parent-child bond without knowing how to assess the nature of the attachment pathology. They call it "formal" training – NO – it's training. There is no "informal" training. You are either trained (competent) or you are not.

Kind of sort of competent is <u>not</u> competent.

They openly acknowledge that they are not competent to assess attachment pathology in the parent-child relationship, but then they assert that they are assessing some sort of parent-child "fit," while

cc

the pathology they are evaluating is a problem in love-and-bonding of the brain, i.e., in the attachment system.

714 **Guideline 19. Psychologists ~~strive to~~ collect sufficient data to address the scope of the evaluation and**

715 **to support their conclusions with an appropriate combination of examinations.**

cc as opposed to collecting insufficient information that does not support their conclusions. Some of these Guidelines seem self-evident

716 **Rationale**. Poorly conceived and cursory examinations erode the confidence of courts and other

717 concerned parties in the evaluation process and its results. Child custody opinions are most valid and

cc citation please

718 effective when they reflect thorough examinations of each parent and child, in order to address

cc what do they mean by "fit" if not the attachment bond that they are not competent to assess?

719 parenting abilities, children's needs, and the resulting fit.

cc

720 **Application**. Psychologists ~~strive to~~ remain aware that opinions regarding the best interests of the child

721 are optimally based on an appropriate evaluation of all relevant parties, including the parents, the

722 children, and other persons (e.g. stepparents, stepsiblings) who reside in the home. Psychologists may

723 consider obtaining a court order to encourage relevant parties to participate in the child custody

724 evaluation process. If a desired examination cannot be arranged, due to unwillingness to participate,

cc

725 scheduling problems, or financial concerns, psychologists ~~endeavor to~~ notify the referring party of the

726 limitations imposed by such circumstances. If the evaluation proceeds, psychologists strive to document

727 their reasonable efforts and the result of those efforts, and then to clarify the probable impact on the

728 reliability and validity of their opinions, limiting their conclusions and recommendations appropriately

729 (APA Ethics Code, Standard 9.01). They provide opinions about individuals' psychological characteristics

730 only after they have conducted an examination adequate to support their statements and conclusions

731 (APA Ethics Code, Standard 9.01(b)). Although the court may ultimately be required to render an

732 opinion regarding persons who are unable or unwilling to participate, psychologists have no

cc they are simply reciting the APA ethics code

733 corresponding obligation.

cc

734 Psychologists ~~strive to~~ remain aware of the scope and limitations of the specialized roles to which they

735 may occasionally be assigned. For example, psychologists may be asked to evaluate only one parent, or

cc

736 to evaluate only the children. In such cases, psychologists ~~endeavor to~~ refrain from comparing the

DRAFT

737 parents and offering recommendations on decision-making, caregiving, or access. In other cases, courts

738 may ask psychologists to share their general expertise on issues relevant to child custody, but not to

739 conduct a child custody evaluation per se (testifying instead, for example, on child development, family

740 dynamics, effects of various parenting arrangements, relevant parenting and co-parenting issues

741 pertaining to culture or diversity). In the latter circumstance, psychologists ~~strive to~~ [cc] refrain from relating

742 their conclusions to specific parties in the case at hand (APA, 2013, 9.03). Finally, treating psychologists,

743 whose roles differ from those of custody evaluators, ~~endeavor to~~ [cc] refrain from offering

744 recommendations regarding child custody, visitation, or decision making.

Dr. Childress Comment:

According to the proposed Guidelines, all other psychologists besides custody "evaluator roles," cannot offer recommendations or opinions regarding child custody visitation, or decision making – meaning the family therapist cannot offer opinions that are based on any other information they may have. If they are NOT in the role of a forensic child custody evaluator, then they cannot have an opinion or make recommendations about custody, visitation, or decision-making.

Forensic custody evaluators own these families and children. They make themselves the ONLY game in town, and then they do whatever type of long and unfocused "evaluation" they want, and parents have no choice – only the forensic child custody role can offer recommendations or opinions regarding child custody, visitation, or decision-making. All other forms of information are not allowed.

What if it's part of the treatment plan?

> What if the diagnosis is a shared persecutory delusion (ICD-10 F24) and the treatment recommendation from the American Psychiatric Association is a separation from the primary case of the parent? Then can the treating family therapist recommend a protective change in custody or for limited visitation contact based on the DSM-5 diagnosis of Child Psychological Abuse (V995.51), a shared persecutory delusion (ICD-10 F24).
>
> If that arises for any family, does every family have to go have a custody evaluation because only the custody evaluator role can have opinions and make recommendations on custody, visitation, and decision-making?

Only if you do one of their long and unfocused custody evaluations are you allowed to express an opinion about child custody. They own the market, these children and families are their's too feed on, it's how they earn their living, by conducting child custody evaluations that solve nothing for the child and parents.

They need to be the only ones making recommendations, that's the source of their business.

That's okay. In clinical psychology we don't care about custody, there's really only three options:

- Equal shared parenting: roughly 50-50%
- School-week primacy to one parent – every-other-weekend to the other
- School-year to one parent when there's geographic distance, and vacation accommodations to the

other.

Clinical psychology can achieve a normal-range and healthy child from any of those basic custody arrangements. The issue is fixing the parent-child attachment bond. We never leave an attachment bond unrepaired in childhood, it's called the breach-and-repair sequence (Tronick) and it is critical to always repair.

For clinical psychology, custody and visitation recommendations are easy and always the same. Psychologists are not allowed to hurt people, Standard 3.04 Avoiding Harm. If we recommend a restriction on either parent's time and involvement with their child, we hurt that parent, we hurt the child's attachment bond to that parent, and we hurt the child. The only ethically allowable custody recommendation from clinical psychology is:

> In the absence of child abuse, each parent should have as much time and involvement with their child as possible.
>
> If there is a problem, we fix it with a written treatment plan, with specified Goals, Interventions, Outcome Measures, and Timeframes. It is always in the child's best interests for the family to make a successful transition to a normal-range and healthy separated family structure after the divorce.

Divorce ends the marriage, not the family. When there is a child, there is always a family. A dysfunctional family perhaps, but still a family. The child only has one mother and only one father. We always want the child to feel loved by their mother and father. That's a good and healthy thing for child development, to feel loved by your mother and father. If there's a problem, we need to fix it.

We need a written treatment plan. For that, we need a diagnosis. The treatment for cancer is different than the treatment for diabetes, diagnosis guides treatment.

If you believe the shared delusion you are part of the shared delusion, you are part of the pathology. When that pathology is child abuse, you are part of the pathology.

With this specific type of pathology, a shared delusional disorder (a thought disorder originating in the parent then imposed on the child) it is crucial that the mental health professional conduct a proper assessment that leads to an accurate diagnosis – otherwise, if you believe the shared delusion, and the pathology is child psychological abuse, you, the mental health person, become a child abuser.

Accurate diagnosis is critical with this specific pathology.

cc

788 **Guideline 22. Psychologists ~~endeavor to~~ ensure that their recommendations address and support the**

789 **best interests of the child.** cc as opposed to?

Dr. Childress Comment:

Another self-evident Guideline.

790 **Rationale.** Courts and retaining counsel may or may not solicit recommendations when commissioning

791 child custody evaluations. Several factors determine the usefulness of recommendations, such as the

cc Standard 2.04 Bases for Scientific and Professional Judgments cc outcome measures

792 analyses from which they are derived, the availability of empirical support, and the psychologist's

cc interpretations cc "objectivity" is not possible, we always bring our subjective schemas, culture, and cognitive heuristic short-cuts

793 objectivity, evaluation data, and methods. Such recommendations, if provided, commonly address

794 physical custody, legal custody, visitation, parenting resources, clinical services, and other custody-

795 related matters. Maintaining a primary focus on the best interests of the child enables psychologists to

> Dr. Childress Comment:
>
> The child's "best interests" would be substantially served if the custody evaluator conducted a proper risk assessment for child psychological abuse instead of just a screening.
>
> The "best interests" defined by who? By the custody evaluator. They don't make decision based on the child's "best interests," because there's no established definition for that. The custody evaluator decides, and whatever is decided, they also decide that what they decided is in the child's "best interests," it's circular. They make decision on the child's "best interests," and whatever they decide automatically becomes in the child's "best interests" because they said so.

796 support the court's essential function, while minimizing allegations of partisanship and avoiding

cc you mean like solving the parent-child conflict?

797 enmeshment in secondary, competitive disputes between the parties.

cc

798 **Application**. If offering recommendations, psychologists ~~strive to~~ ensure that these opinions reflect an

799 identified referral question, a careful review of evaluation data, a solid grasp of relevant psychological

cc attachment (Bowlby), family systems (Minuchin), personality disorders (Beck), complex trauma (van der Kolk, child development (Tronick)

800 science, and a keenness to avoid foreseeable harm. Psychologists ~~endeavor to~~ refrain from providing

> Dr. Childress Comment:
>
> To avoid foreseeable harm – Standard 3.04.
>
> If you fail to conduct a proper risk assessment for child psychological abuse and so miss the diagnosis of child abuse, and as a result, you do not protect the child from child abuse, is that foreseeable harm, or unforeseeable harm?
>
> If you restrict one parent's time and involvement with their child, and so harm that parent by causing immense grief and loss, is that foreseeable harm, or unforeseeable harm?
>
> If you allow a severe breach in the child's attachment bond to their parent go unrepaired during childhood, will that cause a foreseeable harm to the child to the child's healthy development or is the inevitable harm caused by damaged and unrepaired attachment bonds during childhood unforeseeable?

801 recommendations that have not been requested, as well as recommendations that are not adequately

802 supported by case-specific assessment results and psychological science (Amundson & Lux, 2019).

803 Psychologists attempt to convey their recommendations in a respectful and logical fashion, reflecting

804 articulated assumptions, detailed interpretations, and acknowledged inferences that are consistent with

805 established professional and scientific standards. Although the profession has not reached consensus

806 about whether psychologists should make "ultimate issue" recommendations concerning the final child

807 custody determination, psychologists seek to remain aware of the arguments on both sides of this issue

cc psychologists should remain contained within their role.

808 (Melton et al., 2018), and are prepared to substantiate their own perspectives in this regard.

cc

809 Psychologists ~~endeavor to~~ anticipate and address the viability of potential recommendations that might

cc

810 differ from their own. When formulating recommendations, psychologists ~~strive to~~ employ a systematic

cc they never discuss accuracy in decision-making

811 approach that is designed to avoid biased and inadequately supported decision making, and they

812 attempt to become familiar with approaches already described in the specialized child custody

cc their "club"

813 evaluation literature (e.g., Davis, 2015; Austin, Bow, Knoll, & Ellens, 2016).

cc

745 Guideline 20. Psychologists ~~strive to~~ create, develop, maintain, convey, and dispose of records in

746 accordance with legal, regulatory, institutional, and ethical obligations.

Dr. Childress Comment
A technical rephrasing of other Guidelines regarding record keeping.

747 **Rationale.** Psychologists have a professional and ethical responsibility to develop and maintain paper,

748 video, and other electronic records for several reasons, including to facilitate provision of services and to

749 ensure compliance with law (APA Ethics Code, Standard 6.01). Given the breadth and complexity of child

750 custody evaluations, thorough documentation allows the psychologist to better organize and interpret

751 the data obtained thereby ensuring greater accuracy of and support for the psychologist's opinions. In

752 addition, the documentation created during the evaluation process may be used as evidence in legal

753 proceedings, and, as such, is subject to legal requirements regarding the preservation of evidence.

754 **Application.** Psychologists strive to maintain records developed or obtained in the course of child

755 custody evaluations with appropriate awareness of applicable legal mandates, with the APA's "Record

756 Keeping Guidelines" (APA, 2007), and with other relevant sources of professional guidance.

757 Psychologists attempt to identify optimal procedures for respecting the privacy and confidentiality of all

758 parties (APA, 2007), in due compliance with applicable laws and regulations regarding security and

DRAFT

759 retention of records, including copyrighted tests materials. Such records—preserved in either paper or
760 electronic formats—may include, but are not limited to, test data, interview notes, interview recordings,
761 correspondence, legal records, clinical records, occupational records, and educational records.
762 Psychologists are encouraged to remain aware of the complex and evolving nature of records created
763 and preserved in electronic form. Evaluators aspire to present an accurate and complete description of
764 the data upon which they rely, which can be facilitated by monitoring trends and adopting professional
765 practices concerning technological recording (APA, 2013c). Psychologists are encouraged to follow legal,
766 ethical and licensing board guidance regarding how long they are expected and/or required to retain
767 records, and are advised to develop a uniform and readily trackable system for managing retention.
768 Psychologists remain suitably aware of the legal obligations and restrictions regarding the release of
769 records (APA, 2007). cc a recitation of other Guidelines

770

772 **V. Interpreting and Communicating the Results of the Child Custody Evaluation**

cc

773 **Guideline 21. Psychologists ~~strive to~~ integrate and analyze evaluation data in a contextually informed**
774 **fashion that is based on psychological science and referral questions.**

Dr. Childress Comment:

The established scientific and professional knowledge of the discipline is:

- Attachment – Bowlby and others
- Family systems therapy – Minuchin and others
- Personality disorders = Beck and others
- Complex trauma – van der Kolk and others
- Child development – Tronick and others
- ICD-10 & DSM-5 diagnostic systems

775 **Rationale**. Integration and analysis of evaluation data are guided by identified referral questions, and

776 incorporate case-specific factors as well as information derived from psychological science. Evaluation

777 data reflect the evolving contexts and situational factors that are unique to each family. The use of

778 psychological science may be helpful in identifying potential risk factors and other relevant variables.

779 Integration and analysis that incorporate these factors are demonstrably more fair, accurate, and useful.

780 **Application**. When integrating and analyzing data, psychologists strive to consider the importance of

781 situational factors, such as the ways in which involvement in a child custody dispute may impact the

782 behavior of persons from whom evaluation data are collected. Psychologists endeavor to remain aware

783 for example, that relationship dissolution as well as the evaluation process itself can be exceptionally

784 stressful for one or more of the parties. These issues may lead to assessment results that reflect

785 temporary, situationally-determined states.

786 Psychologists remain mindful of contextual and cultural issues (Guideline 6) when integrating and analyzing

787 the evaluation data. As part of this process, psychologists ~~endeavor to~~ cc consider the likely effects of any

788 changes that were made to such customary evaluation procedures as conducting interviews (Guideline

789 14), administering testing (Guideline 17), or observing parent-child interactions (Guideline 18).

790 Psychologists ~~strive to~~ cc account for the implications of these circumstances when attempting to understand

791 and describe family members and family dynamics. Psychologists ~~aspire to~~ cc be aware of their own inherent

792 biases when integrating and analyzing evaluation data. cc the honor system

793 Psychologists ~~endeavor to~~ cc remain current with developments in psychological science (Guideline 4), and

794 are encouraged to consider such information when integrating and analyzing evaluation data.

795 Awareness of current developments can be particularly important when attempting to identify potential

796 risk factors, and when responding to specific and complex referral questions that address compound

797 issues (e.g., relocation, parent-child access problems, and domestic violence).

DRAFT

798 **Guideline 23**. **When generating written reports and testifying about child custody evaluations,**

799 **psychologists ~~strive to~~ [cc] convey their findings in a manner that is clear, accurate, and objective.**

Dr. Childress Comment:

Despite release from confidentiality and privilege, psychologists nevertheless respect personal privacy and disclose in their reports only the information necessary for the purpose (they address this at the very end).

800 **Rationale.** Written reports are likely to be entered into evidence in the course of child custody

801 proceedings, and testimony may occur during hearings and trials. Reports and testimony are the most

802 tangible documentation of the custody evaluation and the information and recommendations received

803 by referral sources.

804 **Application**. Psychologists remain mindful of the weight that may be placed on their reports and

805 testimony, and they endeavor to [cc] provide a transparent, fair and accurate depiction of each aspect of the

806 evaluation. Psychologists ~~strive to~~ [cc] ensure that their written reports and testimony accurately depict the

807 complete evaluation by attempting to identifying data sources, tests, and procedures, to present data in

808 a complete fashion, and to include data necessary to support the opinions expressed. Psychologists

809 remain aware of the importance of including relevant data—even data that could be perceived as

810 contradicting their opinions—and strive to explain the contributions of that data to the final opinion.

811 Psychologists ~~endeavor to~~ [cc] avoid choosing data to confirm a particular position while ignoring

812 contradictory information. Psychologists ~~strive to~~ [cc] acknowledge significant limitations to the available

813 data (e.g., missing or uncorroborated information or adaptations related to contextual or situational

814 factors).

815 Psychologists ~~attempt to~~ [cc] create written reports that are well-organized, easy to follow, appropriately

cc ??? have you ever seen the length of a child custody evalution?

816 succinct, and readable, with appropriate grammar and spelling. They ~~endeavor to~~ [cc] avoid the use of

817 jargon that may confuse the reader and lead to misunderstanding or eventual misrepresentation of their

DRAFT

818 opinions. Psychologists remain aware that readability, and thus understanding, may be enhanced when

819 data and opinions are described in separate sections of a written report, and they strive to note when

820 data obtained from one source could not be corroborated by other sources. Psychologists ~~aspire to~~ cc

821 present their findings in a transparent manner that allows others to understand how they arrived at the

822 opinions in question.

823 Psychologists ~~attempt to~~ cc ensure that their reports and testimony are objective and unbiased with

824 respect to all parties. They ~~endeavor to~~ cc describe persons who have been evaluated or consulted, and

825 the work of other professionals, in a respectful and appropriate manner. Psychologists remain aware of

826 the extent to which the privacy of individuals being evaluated or consulted must be respected, and they

827 ~~strive to~~ cc include in their written reports "only information germane to the purpose" of the evaluation

cc that is correct and is never followed in custody reports