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Supervision: Position Statement

C.A. Childress (2020)

Let me formally establish my position on supervision of visitation:

I come from foster care. The reason we require supervised visitation is because of the active current risk of child abuse to the child presented by unsupervised visitation. If there is <u>not</u> a current active risk that the parent is going to start beating, sexually abusing, or psychologically assaulting and abusing the child, then there is no justification for supervised visitation.

If there is a current and active risk of child abuse, then this should be accompanied by a corresponding DSM-5 diagnosis of child abuse.

If there is No DSM-5 diagnosis of child abuse, then there is No justification for supervising a parent's time and involvement with their child. We supervise parents' time with their children to ensure child safety and child protection. If there is a danger to child safety requiring a child protection response, we need to formally diagnose the risk.

There are four DSM-5 diagnoses in the Child Maltreatment section of the DSM-5. All of them are child abuse, meaning that all of then are equivalent in their severity and in their destructive impact on the child, differing only in type of damage done.

- Child Physical Abuse (V995.54)
- Child Sexual Abuse (V995.53)
- Child Neglect (V995.52)
- Child Psychological Abuse (V995.51)

If there is a child abuse risk warranting supervision of the parent, then diagnose what it is and document it with a DSM-5 diagnosis of child abuse.

So... for all parents who are on supervised visitation... if there is no corresponding DSM-5 diagnosis of child abuse relative to your parenting practices, then there is no professional justification for supervision of your parenting time with the child. Parents have the right to parent according to their cultural values, their personal values, and their religious values. If there is no child abuse, then parents have the right to be parents.

If there is child abuse, diagnose the child abuse and protect the child.

In foster care, with actual child abuse, we know why we use supervised visitation. In court-involved family conflict, you guys pass out supervision like candy. Imposing unnecessary and unwarranted supervision restrictions on the parent DAMAGES the child's relationship to that parent. You are contributing to the damage. You should be absolutely sure that the damage to the parent-child bond that you - you - are creating by imposing the supervision restriction is warranted for child protection.

Otherwise, you are simply harming the child even more by imposing a restriction that communicates to the child that a parent is dangerous to the child - when that is not true. With a persecutory delusion - that is EXACTLY the WRONG thing to do. You are reinforcing and communicating your support for the delusion of persecution. If you believe a delusion, you are PART of the... first word... shared delusional disorder (ICD-10 F24).

The treatment for cancer is different than the treatment for diabetes. Before initiating treatment-related interventions - what's the diagnosis? Diagnosis guides treatment. Before initiating restrictions on parenting that communicate to the child that a parent is dangerous to the child, what's the diagnosis? What danger?

Treating cancer with insulin is a problem, the patient will die from the misdiagnosed, un-diagnosed, and mistreated cancer. First get a diagnosis, then initiate treatment based on the diagnosis.

Supervision of parenting should be accompanied by a corresponding DSM-5 diagnosis of child abuse. If there is no DSM-5 diagnosis of child abuse, then there is no justification for restricting a parent's time and involvement with their child.

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