

## Guidelines for Child Custody Evaluations in Family Law Proceedings

### Analysis of Proposed APA Guidelines for Child Custody Evaluation

(authors unknown)

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• Introduction Analysis	1
• Scope Analysis Guidelines 1-3	28
• Competence Analysis Guidelines 4-6	47
• Preparing Analysis Guidelines 7-10	67
• Conduct Analysis Guidelines 11-23	80
• References Analysis	116
• Checklist of Applied Knowledge	123
• Appendix A 2018 Public Comment	128
• Appendix B Dr. Childress Vitae	

#### Dr. Childress Comment:

First, I would be concerned as a professional organization, that in producing “Guidelines” for child custody evaluations the APA then assumes responsibility for the practice by putting the professional imprimatur and credibility of the organization to the practice. I believe that may be unwise given the substantial ethical and professional problems associated with the practice of “child custody evaluations.”

Child custody evaluations as a practice are in violation of Principle D Justice and of multiple Standards of the APA Ethics Code. Child custody evaluations are in Violation of Principle D Justice on two separate and independent counts.

- **Equal Access:** Costing between \$20,000 to \$40,000 and taking between six- to nine-months to complete, child custody evaluations are available only to the most financially affluent of clients, thus denying equal access to psychological services in violation of Principle D Justice of the APA ethics code.
- **Equal Quality:** There is no inter-rater reliability for child custody evaluations, meaning that two different evaluators can reach two entirely different sets of conclusions and recommendations based on same information. This denies the equal quality provision of Principle D Justice of the APA ethics code.

In addition, child custody evaluations routinely fail to apply the “established scientific and professional knowledge of the discipline” as the bases for their professional judgements, in violation of Standard 2,04 of the APA ethics code. 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)

Furthermore, child custody evaluations never apply the “established scientific and professional knowledge of the discipline” of professional psychology relative to the ICD-10 and DSM-5 diagnostic systems, with the relevant diagnoses of concern being a shared persecutory delusion (ICD-10 F24) and Child Psychological Abuse (DSM-5 V995.51).

The routine failure of child custody evaluations to apply the “established scientific and professional knowledge of the discipline” results in “recommendations, reports, and diagnostic or evaluative statements, including forensic testimony” not being based on information “sufficient to substantiate their findings,” and these failures cause substantial harm to the child and surrounding family.

An additional area of liability concern surrounds the failure in the duty to protect obligations that routinely surrounds the practice of child custody evaluations.

Child custody evaluators routinely fail to assess for child psychological abuse, and I would warrant are not even aware of how to do that. A delusional disorder is a thought disorder, the thought disorder of concern is with an allied (narcissistic/borderline) parent who has unresolved trauma that is significantly distorting their thoughts and perceptions. The assessment for thought disorder and delusional pathology is a Mental Status Exam of thought and perception.

Child custody evaluators are not trained in the MSE of thought and perception and cannot, therefore, diagnose a thought disorder in the family relationship patterns. Failure to diagnose a pathology when it is present is a “missed” diagnosis – i.e., a misdiagnosis. The recommendations based on a misdiagnosis will be wrong. When the misdiagnosis entails not diagnosing child abuse by a parent, the consequence of incorrect recommendations based on the misdiagnosis can be extremely damaging.

How are child custody evaluations assessing for a potential thought disorder (i.e., a shared persecutory delusion)? They’re not. Then how do they know if there is a thought disorder present? They don’t. What is the assessment for a thought disorder? A Mental Status Exam of thought and perception.

Clinical Methods: Chapter 207 Mental Status Exam

<https://www.ncbi.nlm.nih.gov/books/NBK320/>

### **Thought and Perception**

The inability to process information correctly is part of the definition of psychotic thinking. How the patient perceives and responds to stimuli is therefore a critical psychiatric assessment. Does the patient harbor realistic concerns, or are these concerns elevated to the level of irrational fear? Is the patient responding in exaggerated fashion to actual events, or is there no discernible basis in reality for the patient's beliefs or behavior?

Patients may exhibit marked tendencies toward somatization or may be troubled with intrusive thoughts and obsessive ideas. The more seriously ill patient may exhibit overtly *delusional thinking* (a fixed, false belief not held by his cultural peers and persisting in the face of objective contradictory evidence), *hallucinations* (false sensory perceptions without real stimuli), or *illusions* (misperceptions of real stimuli). Because patients often conceal these experiences, it is well to ask leading questions, such as, "Have you ever seen or heard things that other people could not see or hear? Have you ever seen or heard things that later turned out not to be there?" Likewise, it is necessary to interpret affirmative responses conservatively, as mistakenly hearing one's name being called, or experiencing hypnagogic hallucinations in the peri-sleep period, is within the realm of normal experience.

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.

If the child custody evaluators are not even assessing for a possible thought disorder (i.e., conducting an MSE of thought and perception, which "is one of the most difficult and requires considerable experience"), and they are not seeking formal consultation, then they did not take proper care in conducting their assessment.

Google negligence: failure to take proper care in doing something. Law: failure to use reasonable care, resulting in damage or injury to another.

If the misdiagnosis (missed diagnosed) caused by negligent professional practice (not conducting a proper assessment for potential thought disorder pathology) causes harm to the child or the surrounding family, that could conceivably represent a violation to Standard 3.04 Avoiding Harm through negligent malpractice.

To the extent that the American Psychological Association has established "Guidelines" for the conduct of child custody evaluations that have no inter-rater reliability and so cannot possibly be valid based on psychometric principles of assessment alone, then the APA may also establish a degree of legal responsibility for the practice of child custody evaluations by placing their imprimatur of credibility to the practice.

## INTRODUCTION

### 11 Purpose

12 The overarching purpose of these guidelines is to promote ethically informed practice in the conduct of  
13 what are commonly termed *child custody* evaluations, involving disputes over decision making,  
14 parenting time, and access in the wake of relationship dissolution. Two previous Guidelines for Child

Dr. Childress Comment:

“ethically informed practice”

The relevant ethics codes are:

- Principle D Justice – violations to equal access and equal quality
- Standard 2.04 – failure to apply the established scientific and professional knowledge of the discipline as the bases for professional judgements.
- Standard 2.01 – failure to possess the necessary competence in attachment, family systems therapy, personality disorders, complex trauma, child development, and the diagnostic systems of the ICD-10 and DSM5.
- Standard 9.01 – failure to base their assessment on information sufficient to substantiate their findings because of failures in Standards 2.04 and 2.01.
- Standard 3.04 – failure to avoiding causing harm, often irrevocable harm, to clients and surrounding family members.
- Standard 2.03 – failure to maintain professional competence in attachment, family systems therapy, personality disorders, complex trauma, and child development.

15 Custody Evaluations (APA, 1994, 2010), have endeavored to keep pace with research and legal  
16 developments in an expanding range of evaluation questions. Some factors to consider in these  
17 determinations include relocation, interference with access, allegations of domestic violence and child  
18 abuse, and the child’s own perspective. As assessment techniques and the professional literature

Dr. Childress Comment:

An additional factor to consider is the degree of pathology created in the child and the treatment and resolution of the surrounding family conflict. 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 surrounding divorce.

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 and the courts should be very cautious in overriding this fundamental human right of parenting.

In the absence of child abuse, each parent should have as much time and involvement with the child as possible. If there are factors such as geographic distance imposing restrictions, then a determination of primary and secondary child residence may be needed. If there are parent-child relationship conflicts surrounding the divorce, they are matters for treatment.

Parent-child conflict should be placed on a written treatment plan, with specified Goals, Interventions, Outcome Measures, and Timeframes. Treatment is based on diagnosis - the treatment for cancer is different than a treatment for diabetes – diagnosis guides treatment. In order to establish a treatment plan for the court-involved family conflict, a diagnostic assessment of the family conflict is necessary.

When the child is displaying significant attachment pathology toward a parent, a differential diagnosis of possible child abuse is warranted, and a risk assessment for child abuse should be conducted. The differential diagnosis is that the child’s attachment pathology is either being caused by the pathogenic (abusive-range) parenting of the targeted-rejected parent, or by the pathogenic (psychologically abusive; DSM-5 V995.51) parenting of the allied and supposedly “favored” parent.

The differential diagnosis of concern relative to the potential pathogenic parenting of the allied parent is an ICD-10 diagnosis of F24, a shared persecutory delusion between the child and the allied parent, with the allied parent as the primary case, also called the “inducer” (American Psychiatric Association, 2000, p. 333). The shared delusional pathology is from unresolved trauma origin in the allied parent’s history, creating a prominent thought disorder (i.e., persecutory delusion) that distorts perceptions and parenting.

Diagnosis guides treatment.

The term “diagnosis” means exactly the same thing as the word “identify” does in general language, these two sentences mean exactly the same thing:

- We need to first *diagnose* what the *pathology* is in order to know how to *treat* it.
- We need to first *identify* what the *problem* is in order to know how to *fix* it.
  - Diagnose = identify
  - Pathology = problem
  - Treatment = fix it

The “child custody” evaluations need to first identify (diagnose) what the problem (pathology) is in the family, and then develop a plan for how to fix it (a written treatment plan).

Question: Why was treatment and resolution of the family conflict not included in the factors for consideration in these Guidelines for Child Custody Evaluations?

19 evolve, so do court decisions and legislative mandates. In keeping with previous iterations, these

Dr. Childress Comment:

The relevant assessment “techniques” are ensuring **inter-rater reliability** for all assessment protocols conducted for court-involved family conflict because of the immense importance involved for the child’s and family’s life. An assessment procedure CANNOT be valid if it is not reliable. That is a foundational principle of assessment. The relevant *reliability* methodology for an interview assessment would be *inter-rater reliability* – i.e., do two different “evaluators” reach the same conclusions based on the same information?

Once inter-reliability is established for the child custody assessment procedure – an assessment procedure CANNOT be valid if it is not reliable – then additional validity studies need to be conducted to establish the construct, content, discriminant, convergent, and predictive validity of the assessment procedure for the purpose.

The relevant evolving “professional literature” is attachment, family systems therapy, personality disorders, complex trauma, and child development, especially in the domain of child development surrounding the neurodevelopment of the brain in childhood, mediated by the nature and quality of the parent-child relationship (Tronick, Stern, Siegel).

Failure to possess the requisite knowledge in attachment, family systems therapy, personality disorders, complex trauma, and child development, including the neurodevelopment of the brain mediated by the parent-child relationship across all developmental ages of childhood, would represent a violation of Standard 2.01, Boundaries of Competence.

Failure to apply the required knowledge from attachment, family systems therapy, personality disorders, complex trauma, and child development, including the neuro-development of the brain mediated by the parent-child relationship across all developmental ages of childhood, as the bases for their professional judgements, would represent a violation of Standard 2.04, Bases for Scientific and Professional Judgements.

- 20 guidelines continue to acknowledge a clear distinction between the forensic custody evaluations
- 21 described in this document and the advice and support that psychologists provide to families, children,
- 22 and adults in the normal course of psychological treatment and other interventions (e.g., psychotherapy
- 23 and counseling).

Dr. Childress Comment:

This is an incorrect statement. It is a false distinction. They are fabricating this distinction to justify their existence and practice.

All psychologists have a *duty to protect* the child from child abuse. In court-involved family conflict the differential diagnosis is often child abuse allegations toward the targeted parent (either by report or by the nature of the child symptoms) or psychological child abuse concerns directed toward the parenting of the allied parent (either by report or by the nature of the child’s symptoms).

When child abuse factors are a relevant consideration, which they are in all high-intensity family conflict and attachment pathology toward a parent, then a diagnostic risk assessment for possible child abuse needs to be conducted by ALL psychologists no matter their initial role on entry into the family.

When an assessment is being conducted and the differential diagnosis is possible child abuse, ALL psychologists have a duty to protect, no matter their initial role in assessment, and for child custody evaluations, the differential diagnosis involves possible child abuse by one or the other parent. All child custody evaluations should conduct a risk assessment for possible child abuse, with a focus on each parent as the potential cause of the child’s attachment pathology. When the expectation is a possible child abuse diagnosis at the start of the assessment, a risk assessment for possible child abuse should be conducted.

Failure by any assessing psychologist to conduct a proper risk assessment for possible child abuse, including possible Child Psychological Abuse (DSM-5 V995.51), would represent a negligent failure in their duty to protect the child from child abuse by one parent or the other. The term diagnosis means exactly the same thing as the term identify. How can a “custody evaluator” possibly know what to do about a situation if they have not even identified what the problem is (i.e., diagnosed what the pathology is)?

When the differential diagnosis is a possible shared persecutory delusion (ICD-10 F24) of the child with the allied parent, that would represent a DSM-5 diagnosis of Child Psychological Abuse (V995.51). If the “custody evaluator” did not even assess for a possible shared delusional disorder between the child and the allied parent, then the “opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony,” cannot possibly be based “on information and techniques sufficient to substantiate their findings” since they did not even assess for a possible shared delusional disorder.

The possible child abuse and child protection concerns involved with the assessment are relevant considerations for the court and should receive a proper risk assessment. The possibility of a thought disorder with a parent (i.e., an encapsulated persecutory delusion) being imposed on the child is a relevant consideration for the court and should receive a proper risk assessment.

Diagnosis guides treatment. Diagnosis also guides recommendations. The recommendations made for a normal-range parent-child relationship are not the same recommendations made if there is a shared persecutory delusion being created by the pathogenic parenting of an allied narcissistic-borderline parent with unresolved childhood trauma. Failure to conduct an adequate differential diagnostic risk-assessment for child abuse would represent a negligent failure in the psychologist’s duty to protect the child.

Separating out “custody evaluators” from other psychologists is the creation of a “special” group of psychologists for a specific population that is NOT warranted by the pathology involved. The pathology does NOT change when it becomes court-involved, and the child and family still need treatment and resolution to the family conflict. 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 following divorce.

Google negligence: failure to take proper care in doing something. Law: failure to use reasonable care, resulting in damage or injury to another.

I would be concerned about potential legal liability incurred by the APA for providing their imprimatur of credibility to a practice that is foundationally unethical.

## 24 Terminology

25 Relevant terminology may be defined and operationalized by state law, regulations, and the court. Some  
 26 states have begun to favor use of such terms as *parenting plan* or *parental rights and responsibilities*  
 27 instead of *custody*, in part as a means to shift parties from a focus on “litigating custody” (DiFonzo, 2014,  
 28 p. 213) and “winning custody” (Langan, 2016, p. 473). These terms are neither fully synonymous nor  
 29 mutually exclusive, e.g. a “parenting plan” can be a central component of a “custody” arrangement that  
 30 delineates “parental rights and responsibilities.” The Supreme Court of the United States has long

## Dr. Childress Comment:

A “parenting plan” is a disguised euphemism for a treatment plan. Court-involved psychologists need to stop using euphemisms and instead rely on the standards of professional practice. To resolve parent-child and family conflict requires a treatment plan. For court-involved family conflict, it should be a written treatment plan. Treatment is based on diagnosis – the treatment for cancer is different than the treatment for diabetes, diagnosis guides treatment.

A written treatment plan has specified Goals, Interventions, Outcome Measures, and Timeframes. An example of a written treatment plan within a large system is the Individual Education Plans in our public school system for special education services. Exactly identical treatment plan requirements should be required for court-involved family conflict; Goals, Interventions, Outcome Measures, Timeframes based on a standardized diagnostic assessment of the problem (pathology).

There is zero reason that the courts should not be provided with the same quality and level of professional service as is routinely required and provided within the school system for their resolution of their child-involved behavioral and academic issues.

Professional practice needs to move away from determinations on child “custody,” the custody conflict is a symptom not the cause. We need to resolve the cause. 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 following divorce.

31 recognized the distinction between “custody” of children and such ancillary considerations as “control”  
 32 or “management” of children in home or institutional settings (*Troxel v. Granville*, 2000, p. 66). The  
 33 majority of legal authorities and scientific treatises still refer to *custody* when addressing the resolution  
 34 of the right to make decisions about custodial placement and access disputes regarding children. In  
 35 order to avoid confusion and to ensure that these guidelines are accessed and utilized as widely as  
 36 possible by evaluators, judges, lawyers, guardians, parenting coordinators, treatment providers,  
 37 litigants, and members of the general public, the current guidelines apply the term *custody* to these  
 38 ideas generally, unless otherwise specified.

39 Child custody proceedings may involve parents who were never married, grandparents, stepparents,  
 40 and guardians. These guidelines apply the term *parents* generically when referring to persons who seek  
 41 legal recognition as sole or shared custodians. Many states recognize some form of joint or shared  
 42 custody that affirms the decision-making and caregiving status of more than one adult, so the previous  
 43 paradigm of sole custodian and visiting parent is no longer assumed. As noted above, the legal system  
 44 also recognizes that disputes in question are not exclusively marital, and therefore, may not involve



45 “divorce” per se. Some parents may never have been married, may never have lived together, or may  
 46 never have sustained any long-term relationship. Disputes regarding children may occur after years of  
 47 cooperative parenting, potentially with changes in circumstances of the children or of the parents.  
 48 Many child custody evaluation orders from the court contain specific referral questions whereas others  
 49 may designate the scope or focus of the evaluation. Different jurisdictions may prefer one denotation  
 50 over another, and psychologists need to be aware of their jurisdiction’s practices. For the purposes of  
 51 these Guidelines, the term *referral question* will also include scope or focus as designated in the court  
 52 order.

Dr. Childress Comment:

In all cases of attachment-related pathology surrounding divorce, the referral question to professional psychology should be:

Referral Question: Which parent is the source of pathogenic parenting creating the child’s attachment pathology, and what are the treatment implications?

The courts can decide on custody, that’s their role. What the court benefits from is information from professional psychology regarding the origins of the family conflict and its resolution, i.e., its treatment.

### 53 “Best Interests of the Child”

Dr Childress Comment:

This is fundamentally an undefinable construct by any knowledge available to professional psychology. The only scientifically grounded recommendation is that, in the absence of child abuse, each parent should have as much time and involvement with their parent as possible.

For a psychologist to recommend anything other than that would cause harm to the parent who lost time with their child, it would cause harm to the child’s attachment bond to that parent, and a damaged attachment bond to a parent would cause harm to the child.

Psychologists are not allowed to hurt anyone (Standard 3.04 Avoiding Harm). The only ethically allowable recommendation from professional psychology is, in the absence of child abuse, each parent should have as much time and involvement with the child as possible.

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 should not intrude onto the foundational human right of parents.

As an operational definition for the “best interests of the child” I would offer that 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 following divorce. If there is parent-child conflict, that is a treatment issue

not a custody issue, it should be placed on a written treatment plan with specified Goals, Interventions, Outcome Measures, and Timeframes and be based on a diagnosis – diagnosis guides treatment.

54 Parents may have numerous resources available to help them resolve their conflict, including  
 55 psychotherapy, counseling, consultation, mediation, parenting coordination, and other forms of conflict  
 56 resolution. However, if parties are unable to reach an agreement, courts must intervene to allocate  
 57 decision-making, physical residence of the children, and parental access, applying a “best interests of  
 58 the child” standard in determining this restructuring of rights and responsibilities. Most child custody  
 59 disputes are settled without the need for a court-ordered evaluation (Lund, 2015). When dispute have  
 60 not been resolved, psychologists render a valuable service when they provide competent, impartial and

Dr. Childress Comment:  
 The key word in this sentence is “impartial” because it is unnecessary.  
 All assessment should be impartial, whether it is for a learning disability in school or an assessment for a personality disorder in an adult, all assessment should be impartial. The implication is that some assessments are “partial” to one side or the other. That is a false statement. There are proper and flawed assessments that lead to accurate and inaccurate diagnoses. All assessments should be impartial.  
 That the unknown authors saw fit to add this superfluous term hides a deeper truth, child custody evaluators are NOT impartial. They are heavily biased by the cultural and personal beliefs and attitudes of the evaluator, the evaluators are also greatly biased by their own personal histories (i.e., their schemas and counter-transference). Child custody evaluators are NOT impartial, the question becomes how do the procedures of child custody evaluations limit the bias of the evaluator on the outcome conclusions and recommendations?  
 They don’t.

61 adequately supported opinions with direct relevance to the “best interests of the child” (Symons, 2010).

Dr. Childress Comment:  
 The key phrase here is “adequately supported,” what constitutes “adequate support”?  
 Answer:  
**2.04 Bases for Scientific and Professional Judgments**  
 Psychologists' work is based upon established scientific and professional knowledge of the discipline.  
 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 and DSM-5 diagnostic systems

An adequately supported opinion is based on the established scientific and professional knowledge of the discipline.

62 “Best interests of the child” is defined in many state statutes. The standard generally reflects criteria  
 63 “related to the child’s circumstances and the parent or caregiver’s circumstances and capacity to parent  
 64 with the child’s ultimate safety and well-being the paramount concern” (Child Information Gateway,  
 65 Department of Health and Human Services, 2018, p. 2). A custody evaluation generally involves relevant  
 66 facets of the child’s needs as well as the parenting qualities and capacities of each of the adult parties.

Dr Childress Comment: This is a substantially vague statement and hides the fact that the construct of the “best interests of the child” is a fundamentally non-definable construct by any knowledge existent within professional psychology.

It is in the best interests of all children for the family to make a successful transition to a normal-range and healthy separated family structure following divorce. This is a treatment issue and needs a written treatment plan. A treatment plan is based on the diagnosis – the treatment for cancer is different than the treatment for diabetes – diagnosis guides treatment.

We don’t need a “custody” evaluation, the child and family needs a treatment plan to fix things. The best interests of the child are served if we fix things, that requires a written treatment plan, and the treatment plan requires a diagnosis – we need a diagnostic assessment of the family and a written treatment plan – it will always be in the best interests of the child to fix things.

**67 Scope**

68 These Guidelines provide general recommendations for psychologists who seek to increase their  
 69 awareness, knowledge, and skills in performing child custody evaluations. Psychologists are sometimes

Dr. Childress Comment:

This is a general “purpose” that serves no practical purpose. The Guidelines merely represent the opinions of the Working Group who constructed them. They may be used or disregarded in any way by any custody evaluator. These Guidelines offer no guidance whatsoever, they are personal opinions of the Working Group who developed them.

Who are the members of the APA Working Group who formed these proposed Guidelines, and what are their vitae for their qualifications? We don’t know. They didn’t even list authorship for this

proposal. The APA will not release the names and vitae of this Working Group of six. We would like to voir dire the qualifications of the Working Group for the APA.

70 asked to perform a “brief focused evaluation” (Deutsch, 2008, p. 45) that targets well-defines questions  
71 in family matters. Although such evaluations often address issues relevant to child custody, they are

Dr. Childress Comment:

I suspect this statement is a not-so-subtle effort to evade professional responsibilities for conducting a proper assessment of child and family pathology that includes a proper diagnostic assessment, proper risk assessments for child abuse, including Child Psychological Abuse (DSM-5 V995.51), and the proper discharge of their duty to protect obligations to the child and to the parent of IPV spousal abuse using the child as the weapon.

Nor does this effort to identify some form of “brief focused evaluation” as separate from the work of a child custody evaluator, who presumably then performs a long and unfocused evaluation, absolve child custody evaluators from their obligations under Standards 2.04, 2.01, 9.01, and 3.04 of the APA ethics code, nor does it absolve them from their duty to protect.

72 beyond the scope of these Guidelines. These Guidelines are not intended for psychologists functioning

Dr. Childress Comment:

They appear to be striving to separate the activities of child custody evaluators from useful and productive evaluations, contending that child custody evaluations do something different, i.e., they are long and unfocused evaluations.

73 either in a consultant role or as a non-evaluating investigator in child custody litigation. Child protection

Dr. Childress Comment:

They are limiting the role of the custody evaluator significantly, and it is unclear why. What justification is there for so severely limiting the role and responsibilities of the custody evaluator and separating their role so distinctly from other professional roles as a psychologist? Guidelines for court-involved practice should be for all psychologists. Why are guidelines being specially created for a “special” group of psychologists regarding the conduct of their assessments? Why are they “special”?

74 evaluations are separate and distinct from child custody evaluations. For professional resources on

Dr. Childress Comment:

This represents another clear effort to absolve themselves of duty to protect obligations. Child protection evaluations are directly relevant if the pathology you are assessing is possible child abuse. There are four diagnoses of child abuse in the DSM-5; Child Physical Abuse (V995.54), Child Sexual Abuse (V995.53), Child Neglect (V995.52), Child Psychological Abuse (V995.51).

If a child custody evaluator becomes “suspicious” of possible child physical abuse, child sexual abuse, or child neglect, these all are mandated child abuse reports to Child Protective Services for a proper assessment. The diagnosis of Child Psychological Abuse is not a mandated report to Child Protective Services. If Child Psychological Abuse is a suspected diagnosis, it is the responsibility of the involved mental health professional to either, 1) conduct a proper risk assessment for possible child psychological abuse (DSM-5 V995.51) or to refer to a mental health professional who will conduct a proper risk assessment for child psychological abuse, and then document in the patient record what steps were undertaken to discharge the professional’s duty to protect obligations.

That these “Guidelines” do not properly address duty to protect obligations but so cavalierly disregard them as “child protection evaluations are separate and distinct” from the professional obligations of “child custody evaluations” is an unwarranted attempt to exclude child protection from their professional duty to protect obligations.

Why?

Why don’t the Guidelines from the APA stress the importance of all psychologists and mental health professionals fully addressing and appropriately resolving all child risks and child abuse factors as part of their professional involvement with the family? Why not promote the highest standards of professional responsibility for the protection of children from child abuse? Why the attempt to pass the responsibility for protecting children from child abuse to someone else?

Google negligence: failure to take proper care in doing something. Law: failure to use reasonable care, resulting in damage or injury to another.

75 child protection, see “Guidelines for Psychological Evaluations in Child Protection Matters” (APA, 2013a).

Dr. Childress Comment:

That’s called “passing the buck,” i.e., it is not the responsibility of child custody evaluators to protect children from child abuse.

Yes it is.

76 **Users**

Dr. Childress Comment

Already this is a deeply inadequate proposal to guide professional behavior in the assessment of court-involved family conflict.

It is notable that no ethical issues have yet been addressed. Not Principle D Justice and its assurance of equal access and equal quality. Not Standard 2.04 Bases for Scientific and Professional Judgments. Not Standard 2.01 Boundaries of Competence. Not Standard 9.01 Bases for Assessment. Not Standard 3.04 Avoiding Harm.

The APA Working Group has not addressed any of the ethical concerns and issues in the practice of child custody evaluations, and instead the APA Working Group has sought to exempt child custody evaluators from their duty to protect obligations. Apparently, protecting children from child abuse is not the role of a child custody evaluator. Whose role is it? Do they routinely refer for this ADDITIONAL assessment? Is that recommended by the Guidelines? The Guidelines do not address the issue of child

protection other than to say it's not their role. Nor do the Guidelines address the issue of ethical professional practice – no mention.

If the child custody evaluator has not conducted an adequate and proper assessment for possible child psychological abuse, are “the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony” based on “information and techniques sufficient to substantiate their findings”? No.

Is it relevant to the court's decision-making if a parent is psychologically abusing the child? Yes.

If the child custody evaluator has not conducted an adequate and proper assessment for thought disorder pathology in a parent that is being imposed on the child (i.e., a shared delusional disorder), are “the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony” based on “information and techniques sufficient to substantiate their findings”? No.

Is it relevant to the court's decision-making if one of the parents has a thought disorder (a persecutory delusion) and they are imposing this false belief on the child? Yes.

- 77 These guidelines are intended for use by psychologists and as a reference point for those with an  
78 interest in child custody evaluation services, such as other mental health providers, attorneys, judges,

Dr. Childress Comment:

“for those with an interest...”

Given that this document is little more than the personal opinions of the Working Group members (a secret group of undisclosed professional backgrounds) with such lax and permissive application, that the audience is also so broadly defined is consistent with the lack of applicability for these Guidelines. They seem like a complete waste of time. Of what value are they? None. They can be applied, not applied, or misapplied in any way by anyone for any reason. Those are hardly useful “Guidelines.”

- 79 and consumers. The guidelines address ethical and aspirational aspects of child custody evaluations and  
80 may be informative to anyone with a professional interest in such procedures.

Dr. Childress Comment:

“address ethical and aspirational aspects”

They state they address ethical aspects of child custody evaluations. That means these Guidelines will address issues with Principle D Justice, Standard 2.04 Bases for Scientific and Professional Judgments, Standard 2.01 Boundaries of Competence, Standard 9.01 Bases for Assessment, and Standard 3.04 Avoiding Harm.

**81 Documentation of Need**

- 82 The last Guidelines for Child Custody Evaluations in Family Law Proceedings were published in 2010.  
83 Since that time, there have been changes in state laws (e.g., regarding same-sex marriage) as well as a

84 growth in research relevant to this field, such as implicit bias, subspecialty areas in child custody  
 85 evaluation (e.g., child maltreatment, relocation, and parent-child contact problems), culture, trauma-  
 86 informed practice, and psychological testing (Neal et al., 2020). Many training programs offer at least

Dr. Childress Comment:

Bowlby’s work in attachment spanned the 1970s and 1980s. Minuchin’s and Bowen’s work in family systems therapy is from the 1980s and 1990s. Tronick’s work on the breach-and-repair sequence is from the 1990s and 2000s. This is not new information, it is the “established scientific and professional knowledge of the discipline” (Standard 2.04) and it is definitely required knowledge in the year 2021 under Standard 2.03.

2.03 Maintaining Competence  
 Psychologists undertake ongoing efforts to develop and maintain their competence.

Of note is that while they mention multiple areas of “growth in relevant research,” they make NO mention of the relevant research from attachment, and no mention of the relevant professional literature from family systems therapy. Yet they mention other areas, such as “trauma-informed” and “psychological testing.”

87 limited forensic exposure to family law, and psychologists are asked to perform child custody  
 88 evaluations with varying levels of supervised experience in this area. These guidelines endeavor to

Dr. Childress Comment:

“psychologists are asked to perform child custody evaluations with varying levels of supervised experience in this area” – that is an extremely distressing statement for two reasons:

- 1) If true, which it is, it represents a violation of Principle D Justice ensuring equal quality in the services provided by psychologists. This statement also represents a large-scale violation of Standard 2.01 Boundaries of Competence. If these psychologists with “varying levels of supervised experience” base their “opinions contained in their recommendations, reports, and evaluative statements, including forensic testimony” on information that is NOT “sufficient to substantiate their findings,” then they are in violation of Standard 9.01 of the APA ethics code.
- 2) These violations to ethical standards of practice appear to be acceptable to the APA Working Group for child custody evaluators. Apparently, child custody evaluators are exempt from Principle D Justice and Standards 2.01 and 9.01 of the APA ethics code, apparently they don’t apply.

Yes they do.

89 provide aspirational direction to those psychologists who are asked to perform child custody  
 90 evaluations.

Dr. Childress Comment:

“aspirational direction” – i.e., worthless opinions of some people.

What are their qualifications for forming these opinions? We don’t know, the APA will not disclose the membership of this “Working Group” (sounds more like a class project to develop “aspirational directions”). Nor will the APA provide the professional vitae of this “Working Group.” It’s unclear at this point what “work” the “Working Group” did besides try to avoid responsibility for anything they say and then offer their personal opinions based on unclear and unknown foundation.

**91 Development Process**

92 The last Guidelines for Child Custody Evaluations in Family Law Proceeding (APA, 2010) were reviewed,  
 93 found in need of revision, and sent out for public comment to solicit further evaluation of the 2010

Dr. Childress Comment:

In 2018, in response to a call for “public comment” I submitted my public comment contained in Appendix A and as documented on my blog at the time. No consideration has apparently been given by the “Working Group” to the “public comment” that was solicited. They don’t care, it’s just a rote procedure for them. They don’t actually engage with any of the questions or issues, like child protection or ethical Standards of practice.

94 Guidelines, all in accordance with Association Rules 30.8 and APA policy on guidelines. In the spring of  
 95 2018, a Working Group was formed under the auspices of the Committee of Professional Practice and  
 96 Standards (COPPS), in consultation with the Board of Professional Affairs, with the charge to revise the  
 97 Guidelines for Child Custody Evaluations in Family Law Proceedings (APA, 2010). Six members of the

Dr. Childress Comment:

Was this in response to the Petition to the APA signed by over 20,000 parents that was hand-delivered in 2018 to the Washington, DC offices of the American Psychological Association by two parent advocates (Wendy Perry and Rod McCall) and Dr. Childress?

Is this the response of the APA to the Petition to the APA signed by over 20,000 parents and given to the APA in 2018? If so, why was this not indicated? Why was no mention of the Petition to the APA and complaint made by over 20,000 parents asking for outside review of the practices in forensic psychology made, yet they cite as their reason for existence the sudden need to revise the “aspirations” of child custody evaluators.

Suddenly, from their own personal review of the 2010 Guidelines, they were prompted independently of their own initiative to develop new “aspirational” guidelines because the old “aspirational guidelines” were so incomplete in their aspirations (that don’t include protecting children from child abuse).



Whatever became of the supposed “Working Group” that parents were told in 2016 was formed to review their first petition. Parents all waited a year to hear from this “Working Group” that parents were told was formed to review their petition to the APA in 2016. After a year of no response from this supposed “Working Group” to the parent’s petition, I wrote a second Petition to the APA using different causes for action (failures in ethical issues rather than failures in knowledge-based application). The parents were told that this second Petition to the APA had also been turned over to the “Working Group” formed in 2016 in response to the first petition from parents.

The origins of the “Working Group” are falsely reported. There was no “need” to develop new “aspirational” guidelines that can be applied or not by anyone at all, or not. The “Working Group” was in response to a petition from parents in 2016. This is the email response from Dr. Caldwell of the APA Committee on Children, Youth, and Families:

Dec 9, 2016 — We recently received the following email from Dr. Caldwell of the APA Committee on Children, Youth, and Families:

"The [APA] Boards discussed the item on high-conflict family relationships, and decided to move forward with forming a working group to review the relevant literature. It is my understanding that they are working through the necessary process to put a working group together. That process will take some time, but I expect to know more about the working group sometime after the first of the year."

From: [https://www.change.org/p/new-apa-position-statement-some-children-are-manipulated-into-rejecting-a-parent/u/18742331?tk=kuHCFdGKkBqugmMGWpADnaEqYd-E1IQREEF3e9i7\\_OI&utm\\_source=petition\\_update&utm\\_medium=email](https://www.change.org/p/new-apa-position-statement-some-children-are-manipulated-into-rejecting-a-parent/u/18742331?tk=kuHCFdGKkBqugmMGWpADnaEqYd-E1IQREEF3e9i7_OI&utm_source=petition_update&utm_medium=email)

In January of 2017, the APA placed this call for nominations to the Working Group:

The Board for the Advancement of Psychology in the Public Interest (BAPPI), the Board of Professional Affairs (BPA), the Board of Scientific Affairs (BSA), and the Board of Educational Affairs (BEA) are currently seeking members to serve on a Working Group to review the scientific literature on families experiencing high-conflict family relationships and custody issues.

From: [http://apadivision16.org/2016/12/call-for-nominations-working-group-to-review-the-scientific-literature-for-high-conflict-family-relationships-with-child-involvement/?fbclid=IwAR02g-fen7K0qQaG4a8q2whazskUqRDdoJiFBG7TNarMb1r3ZH3vUaK\\_Tk8](http://apadivision16.org/2016/12/call-for-nominations-working-group-to-review-the-scientific-literature-for-high-conflict-family-relationships-with-child-involvement/?fbclid=IwAR02g-fen7K0qQaG4a8q2whazskUqRDdoJiFBG7TNarMb1r3ZH3vUaK_Tk8)

What became of the Working Group formed in 2016? Who were the members of this Working Group in 2016? Who are the members of the “Working Group” who are claiming they were formed in the “spring of 2018”? How were these “Working Group” members selected in the “spring of 2018” – just because we need new “aspirations” because the old aspirations are out of date.

98 Working Group were selected with different areas of expertise and levels of experience in conducting  
 99 child custody evaluations.

Dr. Childress Comment:

Who made the selection? Based on what criteria? Were these “insiders” or was it a public process of selecting the “Working Group” members? How was this decision made, and based on what criteria?

What was their experience with attachment pathology, the psychometrics of assessment, diagnosis, and treatment? What was their experience with family systems therapy, its assessment, diagnosis, and treatment? What was their experience with child development and the neurodevelopment of the brain within the parent-child bond? Why won’t the APA release the identities and vitae of the “Working Group” members?

We are simply to take their word for it that they have the necessary qualifications because of their vast experience “conducting child custody evaluations.”

The practices of forensic psychology need outside and independent review.

100 The Working Group began meeting the summer of 2018, initially using approximately monthly

Dr. Childress Comment:

What happened to the 2016 Working Group described by Dr. Caldwell of the APA Committee on Children, Youth, and Families and recruited for in 2017?

How was selection for this supposedly new 2018 “Working Group” made? Who are they? Why is the APA withholding the names and vitae of this “Working Group”?

They are not being fully truthful regarding their origins for why they suddenly needed in 2018 to develop new “aspirational” guidelines.

Forensic psychology must not be allowed to self-review. There needs to be review of forensic child custody practices from Ethics, Cultural, Psychometrics, Clinical, Attachment, Family Systems, Child Development – NOT forensic psychology.

101 conference calls as their communication means. In the spring of 2020, weekly and biweekly calls were

102 initiated, and two-day, face-to-face meetings were conducted in April 2019 and January 2020. Various

Dr. Childress Comment:

This sounds like little more than an undergraduate group project for a class on “Forensic Psychology” – “Pretend you are asked to come up with aspirational Guidelines for conducting child custody evaluations, what aspirational guidelines would you propose, and why?”

They met once a month by conference calls from summer (July? 1 hr? “approximately”? Less?. Are there agendas and notes from these meetings?) with an end in spring of 2020 (March? Why are they not specific, why so vague?).

In April, 2019 they had a two-day face-to-face meeting. For what purpose, what was on the Agenda? Who attended? Was there any public input? Were the ethical violations of Principle D, Standard 2.04, Standard 2.01, Standard 9.01, Standard 3.04, and failures in the duty to protect by custody evaluators on the Agenda?

Who met? They had 10 hours of conference calls before the 2-day meeting. What were they discussing? Just their random ideas? Can we see the agendas for these meetings? Can we see the Agenda for the two-day face-to-face meeting in April of 2019?

They held another 2-day face-to-face meeting in January of 2020. What was on the Agenda for this meeting? Who attended? They began meeting more frequently in the spring of 2020. Why? Where decisions made? What decisions?

Was there any public input? Were they keeping the public informed about their progress? Does the public even know who they are? Why the secrecy? Why no answers?

103 suggestions were proffered by individual members, after which the Working Group as a whole refined

104 These suggestions with an eye toward maintaining requisite guidelines format and content. The Office

Dr. Childress Comment:

“Various suggestions were proffered by individual members” – this is little more than an undergraduate student group project.

They all sat around and “proffered various suggestions” about each area they wanted to discuss (someone apparently likes “substance abuse” based on seven citations, and someone apparently likes the Hawthorne effect based on two citations). Then they probably assigned who would write the various sections.

How fun for them. A class project to come up with “aspirational” guidelines for someone, anyone, who wants aspirations.

105 of Legal and Regulatory Affairs of APA provided information regarding jurisdictional differences in laws.

Dr. Childress Comment:

Did they consult with the Ethics division within the APA? Why not? What consultation did they seek from Cultural Psychology? Why not? What consultation did they seek from Psychometrics of assessment? Why not? What consultation did they seek from Attachment, Family Systems, Personality Disorders, Child Development? Why not?

They were probably too busy “proffering various suggestions” of the “individual members.” Who are these “individual members”? They won’t disclose who they are. Why not?

106 In the summer of 2020, the proposed revision document was submitted for legal review. Thereafter, the

Dr. Childress Comment:

These aspirational Guidelines are the product of a two-year effort (or four-year) from a “Working Group” of unknown composition based on “work” of an unknown nature. Of what value are these “aspirational” guidelines, for what purpose was this “Working Group” undertaken?

What happened to the Working Group approved in 2016 by the Committee on Children, Youth, and Families, as cited by the parent-authors of the first petition to the APA?

“You may remember, from way back in April, that the first step the APA takes to address any topic is to put together a group of experts (a working group) to focus their time on addressing the topic. During their April meetings the APA Committee on Children, Youth, and Families put forward a motion to request such a group specifically for our situation. One board they met with passed the motion. The second board took its sweet time, but they finally addressed our concerns during their November meeting and they have also passed the motion!”

From: [https://www.change.org/p/new-apa-position-statement-some-children-are-manipulated-into-rejecting-a-parent/u/18742331?tk=kuHCFdGKkBgugmMGWpADnaEqYd-E1IQREEF3e9i7\\_OI&utm\\_source=petition\\_update&utm\\_medium=email](https://www.change.org/p/new-apa-position-statement-some-children-are-manipulated-into-rejecting-a-parent/u/18742331?tk=kuHCFdGKkBgugmMGWpADnaEqYd-E1IQREEF3e9i7_OI&utm_source=petition_update&utm_medium=email)

107 document underwent review by APA Boards and Committees, and was submitted for a 60 day public  
 108 comment period. All steps were conducted in accordance with policies and procedures per Association

Dr. Childress Comment:  
 This current time (1/21) appears to be the “60 day public comment period,” and I am producing this Analysis pursuant to this invitation for public comment.

109 Rules 30.8 and APA policy on guidelines. The document was revised in response to comments received,  
 110 and a final revision was submitted for risk management review by APA Board of Directors and a  
 111 substantive review by the APA Council Leadership Team in December 2020/January 2021, and to Council  
 112 of Representatives for review and adoption as Association Policy at its meeting in February 2021. Once

Dr. Childress Comment:  
 They are apparently not anticipating integrating any information from the “public comment” into the “various suggestions proffered by individual members.”

So while “public comment” is “invited,” it is not actually used or incorporated in any way. The public’s response is irrelevant, the only important opinions are those of the “individual members” who offered their “suggestions” – secret members – secret meetings – can we see the Agendas for these two 2-day meetings? Were ethical violations to Principle D and Standards 2.04, 9.01, 2.01, 3.04 and failure in their duty to protect ever discussed?

Oh, that’s right, the “Working Group” has decided that custody evaluators are exempt from their duty to protect obligations, that they do something different.

From Proposed Guidelines: “Child protection evaluations are separate and distinct from child custody evaluations. For professional resources on child protection, see “Guidelines for Psychological Evaluations in Child Protection Matters” (APA, 2013a).”

Apparently, child protection isn’t part of the “aspirations” of child custody evaluations. That’s someone else’s job.

113 approved, the document was submitted for posting on the APA website and disseminated through  
 114 official APA communications channels. The document was also submitted for consideration for  
 115 publication in the American Psychologist.

Dr. Childress Comment:

It will be nice for their professional vitae. I suspect it will also establish the legal liability of the APA for the practice of child custody evaluations.

Did the American Psychological Association show “proper care” in its response to TWO separate petitions to the APA, each signed by over 20,000 parents, one in 2016 and one in 2018?

Did the American Psychological Association show “proper care” in its evaluation of ethical concerns surrounding Principle D Justice, Standards 2.04, 9.01, 2.01, 3.04 and failure in their duty to protect on two separate and independent counts, failure to protect the child from child abuse, and failure to protect the targeted parent from IPV spousal abuse using the child as the weapon.

Google negligence: failure to take proper care in doing something. Law: failure to use reasonable care, resulting in damage or injury to another.

I would recommend that these proposed “Guidelines” be reviewed by the APA’s legal department for potential liability concerns in a possible class action lawsuit which might be brought by parents surrounding the violation of their human rights by the practice of child custody evaluations in the family courts.

Question: Do these Guidelines apply the “established scientific and professional knowledge of the discipline” (i.e., attachment, family systems therapy, child development, cultural psychology, psychometrics of assessment, the DSM-5 and ICD-10 diagnostic systems) as the bases for their professional judgments (pursuant to Standard 2.04 of the APA ethic code)?

Question: Are the recommendations contained in this report based on information (e.g., attachment, family systems therapy, child development, cultural psychology, psychometrics of assessment, the DSM-5 and ICD-10 diagnostic systems) sufficient to substantiate their findings” (pursuant to Standard 9.01 of the APA ethics code)?

Are these proposed Guidelines from the APA in violation of the APA’s own ethical Standards?

Yes.

**116 Selection of Evidence**

117 The Working Group conducted a broad review of the literature through their own study and discussion

Dr. Childress Comment:

I asset that the “Working Group” reviewed NO literature other than their own prior knowledge based on “their own study.” I request a Reference List of the literature reviewed.

Specifically, what literature was reviewed with regard to:

- Attachment

- Family systems therapy
- Personality disorders
- Complex trauma and child abuse
- Child development, particularly the neurodevelopment of the child’s brain in the parent-child relationship context

We will look to a review of the References cited by these Guidelines for a list of the “literature” reviewed by the “Working Group. (Appendix B).

Based on the Reference list for these Guidelines, this is little more than a high school project; “Pretend you were asked to develop “aspirational” guidelines for child custody evaluations, what would you recommend?”

- They cite only 61 references total, of which 12 are other various Guidelines (20%). Of the remaining 49 citations that are not other Guidelines, 33 are from forensic psychology (67%), 7 are substance abuse articles and 4 are introductory textbooks (22%); 90% of the citations that are not other Guidelines, are citations to forensic journals, substance abuse articles, or introductory textbooks.

This is little more than a high school group project. Will they all present the Powerpoint as a team, or will they assign one of their members for the class presentation?

- Nearly 75% of their citations are forensic citations (54%) or citations to other Guidelines (20%), and of the forensic citations, three forensic journals account for 40% of the forensic articles cited. This was NOT a broad or extensive review of the literature – attachment, family systems therapy, personality disorders, complex trauma, child development.
- Of the 33 forensic citations, they cited 26 opinion pieces and 2 surveys of opinions (84% of the forensic citations are of opinions) and only 4 citations were to actual research studies:
  - MMPI meta-analysis
  - Research on note-taking accuracy
  - Research on validity of observational measures
  - Research on distance separations

From the Proposed Guidelines: “The Working Group conducted a broad review of the literature through their own study and discussion of professional and scholarly resources.”

“through their own study and discussion of professional and scholarly resources” would not even be acceptable for an undergraduate group project.

118 of professional and scholarly resources and via the public comment process. In addition, it received

Dr. Childress Comment:

We will see how responsive they are to “public comment.” We’ll see if the grievances and voices of their consumer parents have any importance or value to them.

119 suggestions on additional citations and references throughout the development process. As such, the

Dr. Childress Comment:

In 2018, I submitted my Comments in response to their call for “public comment” on child custody evaluations, and I submitted my 40 page reference list for my book *Foundations* for their consideration as relevant professional research and literature – (<https://drcachildress.org/wp-content/uploads/2019/11/Reference-List-for-AB-PA.pdf>). The *Foundations* Reference List does not contain a single forensic reference.

After two years of “work” in monthly conference calls and two 2-day face-to-face meetings, the “Working Group” of the APA produced a Reference list of 33 citations to forensic psychology literature and 12 citations to other Guidelines, 7 citations to substance abuse references, 4 citations to introductory textbooks, 2 citations to telepsychology, and 2 citations to the Hawthorne effect – 60 of their 61 citations. Their other citation was a 2013 reference to “trauma bonding”.

Bowlby citations – 0

Minuchin citations – 0

Bowen citations – 0

Beck citations – 0

Millon citations – 0

Kernberg citations – 0

Linehan citations – 0

van der Kolk citations – 0

Cicchetti citations – 0

Tronick citations – 0

Kohut citations – 0

#### **2.04 Bases for Scientific and Professional Judgments**

Psychologists' work is based upon established scientific and professional knowledge of the discipline.

Is the APA “Working Group” in violation of Standard 2.04 of the APA ethics code? Yes.

If the APA adopts these “Guidelines,” will the APA be in violation of Standard 2.04 of the APA ethics code? Yes.

#### **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.](#))

Are the “recommendations” contained in the “report” and “recommendations” of the Working Group proposing Guidelines for Child Custody Evaluations based on information “sufficient to substantiate their findings” (“See also Standard 2.04, Bases for Scientific and Professional Judgments”)? No.

Is the APA “Working Group” in violation of Standard 9.01 Bases for Assessment of the APA ethics code? Yes.

If the APA adopts these “Guidelines,” will the APA be in violation of Standard 9.01 of the APA Ethics Code? Yes.

The APA Ethics Code says what it says, and words have meaning. 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
- DSM-5 and ICD-10 diagnostic systems

120 literature reviewed and cited in the text of this guidelines document is considered to be  
 121 inclusive, representative, seminal, relevant, empirically based, and current. The introductory and

Dr. Childress Comment:

I would disagree. See the analysis of their References (Appendix 2). They are asserting **false** statements regarding the professional quality of their work. To deceive is highly problematic.

#### **5.01 Avoidance of False or Deceptive Statements**

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. **Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities** or those of persons or organizations with which they are affiliated.

From the Proposed Guidelines: “the literature reviewed and cited in the text of this guidelines document is considered to be inclusive, representative, seminal, relevant, empirically based, and current.”

Guidelines for Custody Evaluation: References Analysis. That statement is knowingly **false, deceptive, and fraudulent** concerning their work activities.

Their References list is NOT “inclusive, representative, seminal, relevant, empirically based, and current” for the application of the “established scientific and professional knowledge of the discipline.” That is a **false** and **deceptive** public statement. This is a deeply problematic “Working Group.”

Who are they? Why are they a secret “Working Group”? Why is the APA not releasing their vitae? Why is there no authorship responsibility for this “Working Group” product?

Violations to Standards 2.04, 9.01, 5.01 of the APA Ethics Code... and failure in their duty to protect:

From the Proposed Guidelines: “Child protection evaluations are separate and distinct from child custody evaluations.”

No, they’re not. Child protection obligations are ALWAYS relevant to any contact and assessment with a child. All dangerousness pathologies (suicide, homicide, abuse) are relevant considerations in all evaluations – and professional obligations to respond exist – called “duty to protect” obligations for all dangerousness pathologies, suicide, homicide, abuse – spousal abuse, child abuse, elder abuse.



We always have child protection obligations and child protection is never “separate” and “distinct” from our evaluation and our professional obligations.

Furthermore, whether or not the child is being psychologically abused by a parent is always relevant to the court’s consideration, and is always relevant to professional duty to protect obligations.

122 guidelines sections are informed by the APA Ethical Code of Conduct (APA, 2017) (hereafter referred to

Dr. Childress Comment:

I am anticipating their discussions of Principle D Justice (equal access and equal quality), Standard 2.04 Bases of Scientific and Professional Judgments, Standard 9.01 Bases for Assessment, Standard 2.01 Boundaries of Competence, Standard 3.04 Avoiding Harm.

123 as the “APA Ethics Code”; APA, 2017), APA guidelines and reports, and scientific literature from peer  
124 reviewed sources. Books and book chapters were selected for their relevance and scientific support.

124

125

**126 Distinction between Standards and Guidelines / Compatibility with APA Ethics Code**

127 As noted above, these guidelines are informed by the American Psychological Association's (APA's)

128 “Ethical Principles of Psychologists and Code of Conduct”. The term *guidelines* refers to statements that

129 suggest or recommend specific professional behavior, endeavors, or conduct for psychologists (APA,

130 2015). Guidelines differ from standards in that standards are mandatory and may be accompanied by an

131 enforcement mechanism. Guidelines are aspirational in intent. They are intended to facilitate the

Dr. Childress Comment:

There was a need to update the “aspirational intent” of child custody evaluations? Of what purpose are these “Guidelines,” they are nothing more than a class project by six “Working Group” members – who are non-disclosed – who were assigned (for unclear reasons) to re-develop aspirational guidelines for child custody evaluations – we suddenly need new “aspirations” for child custody evaluations.

These are merely the personal opinions of six unknown and unqualified people.

132 continued development of the profession and to help facilitate a high level of practice by psychologists.

Dr. Childress Comment:

Exempting child custody evaluators from “child protection” obligations is NOT a “high level of practice by psychologists. Their statement is a **false** and **deceptive**, it is not true (Standard 5.01). There were zero citation references to Bowlby, Minuchin, Bowen, Beck, Millon, Kernberg, Linehan,

van der Kolk, Cicchetti, Tronick, Kohut, nor to the DSM-5 or ICD-10 diagnostic systems (they apparently aren't relevant) – that is NOT a “high level of practice by psychologists” – that is a **false** and **deceptive** statement.

133 Guidelines are not intended to be mandatory or exhaustive and may not be applicable to every  
 134 professional situation. They are not definitive, and they are not intended to take precedence over the  
 135 measured, independent judgment of psychologists (APA, 2015).

Dr. Childress Comment:

These “Guidelines” are mere aspirational suggestions, that may be applied, not applied, or misapplied in any way for any reason. Of what purpose are these “Guidelines”? We suddenly need NEW “aspirations” for child custody evaluations? The prior “aspirations” for the last 50 years needed updating?

- 60% of the total number of citations were from BEFORE 2015.
- 60% of the forensic psychology references were from BEFORE 2015.

136 It is not possible for these guidelines to identify every course of action that a child custody evaluator  
 137 might be encouraged to pursue or avoid. For these reasons, it would not be accurate for legal and other  
 138 advocates to assume that these guidelines offer a comprehensive and definitive overview of all relevant  
 139 issues. In addition, psychologists should refrain from using these guidelines as an exclusive blueprint for  
 140 conducting child custody evaluations, rather than acquiring from other sources the requisite knowledge,  
 141 skill, education, experience, and training for doing so.

Dr. Childress Comment:

The “Guidelines” exempt themselves from all potential applicability. They may or may not be useful in any given circumstance, they are not comprehensive, so things might have been left out, they are not definitive, so there's alternative options and opinions, and psychologists should not use these Guidelines if they disagree for some reason (and should not be used to replace knowledge in attachment, family systems therapy, personality disorders, complex trauma, child development, and the DSM-5 and ICD-10 diagnostic systems; i.e., “requisite knowledge, skill, education, experience, and training” – Standard 2.01 Boundaries of Competence).

**142 Conflict of Interest**

143 The guidelines developers did not receive external support for this project. No funding was received to  
 144 assist with the preparation of these guidelines or for conducting this literature review. No funds, grants,

Dr. Childress Comment:

What “literature review”? Appendix B: References Analysis

145 or other support was received in support of this project other than what was allocated in support of APA  
146 boards and committees to meet and develop guidance. The guidelines developers were compliant with  
147 APA policy on conflicts of interest.

148

149

**150 Expiration**

151 These guidelines are scheduled to expire 10 years from 2021 [the date of adoption by APA Council of  
152 Representatives]. After that date, users are encouraged to contact the APA Practice Directorate to  
153 determine whether this document remains in effect.

Dr. Childress Comment:

That this work product with 61 references, and only 50 references that aren't other Guidelines, with no citations of Bowlby, Minuchin, Bowen, Beck, Millon, Kernberg, Linehan, van der Kolk, Cicchetti, or Tronick can be proposed as the “Guidelines” for quality of professional work for the next ten years is astounding conceit by the “Working Group” regarding the quality of their work product – an undergraduate group project in the Forensic Psychology class, “If you were asked to develop aspirational guidelines for child custody evaluations, what recommendations would you make? Paper due by 2/21 with a Powerpoint the following week. Choose if you want to all present a portion, or if you want to select a “leader” of the group to present your recommendations to the class.”

These are the Guidelines for early childhood mental health:

Delivery of Infant-Family and Early Mental Health Services: Training Guidelines and Recommended Personnel Competencies

<https://drcachildress.org/wp-content/uploads/2020/02/early-childhood-competency-guidelines.pdf>

These are what real Guidelines developed by actual professionals look like.

Guidelines for Child Custody Evaluations in Family Law Proceedings

Analysis (Draft) of Proposed APA Child Custody Evaluation

Scope: Guidelines 1 2 3

(authors unknown)

Analysis & Commentary by C.A. Childress, Psy.D. (2/1/21)

DRAFT

155 **GUIDELINES STATEMENTS**

156 **I. Scope of the Child Custody Evaluation**

157 **Guideline 1. The purpose of the child custody evaluation is to assist in identifying the best interests of**  
 158 **the child, in recognition that the child’s welfare is paramount.**

Dr. Childress Comment:

It is always in the child’s best interests to restore parent-child attachment bonds of love and affection during childhood, and to return to the child a normal-range and healthy childhood.

That is always the definition of the child’s best interests.

Any other “best interests” requires an operational definition that is impossible to develop because it requires predicting the future, which no one, not even forensic child custody evaluators, can do.

What if one parent dies unexpectedly in the next year? The entire prior calculation of the child’s “best interests” would change based on this foreknowledge, if it was known. What if in resolving their current conflict, the parent and child develop a deeper emotional and psychological bond because of the conflict and their successful resolution of it – so the conflict at the time was actually something that led to positive developments once it was resolved.

We cannot predict the future, and the factors of “best interest” consideration are too complex and fundamentally unknown.

- It is always in the child’s best interests to restore love and affection in the parent-child attachment bond.
- It is always in the child’s best interest to fix family conflict and to return to the child a normal-range and healthy childhood.

159 **Rationale.** Psychologists with appropriate clinical and forensic training are able to investigate the needs,  
 160 conditions, and capacities of all family members. Courts rely on this input when crafting a legal decision  
 161 that identifies and promotes the best interests of the child.

Dr. Childress Comment:

“Psychologists with appropriate clinical and forensic training are able to investigate the needs, conditions, and capacities of all family members” – the problem is not the “investigation,” it is the conclusions, interpretations, and recommendations reached that are problematic.

The task is not to “investigate” it is to determine what is the cause and what to do to fix it, what should the court do to fix the family conflict that is resulting in the custody dispute and litigation? How do we fix things, not simply “investigate” them. The problem is in the conclusions, interpretations, and recommendations reached, not in the “investigation.”

162 **Application.** Psychologists are encouraged to weigh and incorporate many factors sufficient to identify

163 the best interests of the child. Parental factors may include parenting style and practices; ability to co-

Dr. Childress Comment:

These “many factors” are sufficiently vague as to be entirely pointless and unusable in actual application – they have no operational definitions relative to an assessment – how? How are they measured? How are they interpreted? What relative weightings do we give to each factor in any individual case? How?

It is entirely left to the discretion of the custody evaluator to apply, misapply, or not apply any, some, or none, of the constructs listed. These “Guidelines” are entirely without practical purpose.

It is always in the child’s best interests to restore loving parent-child attachment bonds in childhood. To leave ruptured attachment bonds untreated and unresolved in childhood is NOT in the child’s best interests – ever.

The child’s best interests are served by a written treatment plan that effectively restores the child’s healthy and normal-range attachment bond to their parents following divorce, with specified Goals, Interventions, Outcome Measures, and Timeframes for goal accomplishment. It is always in the child’s best interests to restore healthy and loving attachment bonds to their mother or father.

There are four primary parent-child relationships, and they differ based on the gender of the child and gender of the parent. There are two cross-gender parent-child bonds (mother-son, father-daughter), these are the high-affection bonds. There are two same-gender parent-child bonds (father-son, mother-daughter), these are the self-identity bonds. They differ, and they serve different functions during childhood development – moms are not dads, and dads are not moms, and it depends on the gender of the child.

The mother-daughter attachment bond (i.e., same-gender identity bond) is not the same and cannot be replaced by the father-daughter attachment bond (cross-gender high-affection bond). Nor can the father-son bond be replaced by the mother-son bond. They are not replaceable, none are not expendable, each is unique.

Children will have more conflict with the structuring parent who sets rules (e.g., makes them do homework and eat healthy food), and children will have less conflict with a lax and permissive parent (e.g., who lets them play video games and eat high-calorie junk food). Conflict is not the determining factor in parenting quality, and it is easy for one parent to obtain the child’s “favor,” just be more permissive.

The issue is not the family conflict, the issue is how to fix it, to restore to the child a healthy and normal-range childhood after the divorce. Divorce ends the marriage, not the family, there will always be a family. We need to fix things in childhood, we need to teach the child how to fix relationships.

It is always in the child’s best interest to restore healthy attachment bonds of love and affection with their mother or father, it is never in the child’s best interests to leave an attachment bond unrepaired during childhood (Tronick; “the good, the bad, and the ugly” – we always repair, we never leave a breached attachment bond, that’s the “ugly”).

164 parent; family interactions; interpersonal support; cultural and environmental variables; relevant

165 challenges; and functioning and aptitudes for all examined parties. Factors concerning children may

166 include their developmental, educational, physical, social, recreational, cultural, and psychological

167 needs, as well as the child’s wishes. Psychologists are aware that considerations of the children’s wishes

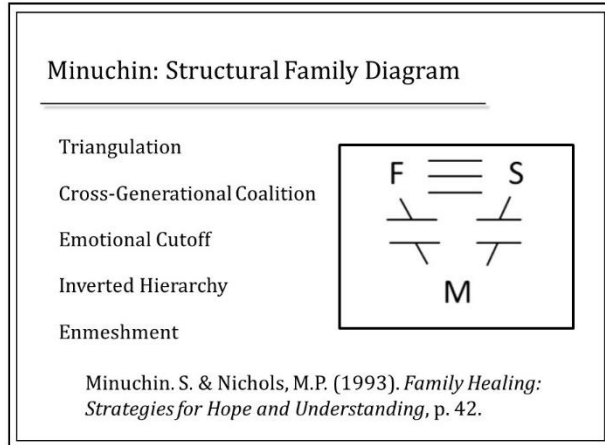
Dr. Childress Comment:

The child’s “wishes” should only be considered with extreme caution when family conflict exists because family conflict is always three-person “triangles” (Bowen).

From the Bowen Center: Triangles

“A triangle is a three-person relationship system. It is considered the building block or “molecule” of larger emotional systems because a triangle is the smallest stable relationship system. A two-person system is unstable because it tolerates little tension before involving a third person. A triangle can contain much more tension without involving another person because the tension can shift around three relationships. If the tension is too high for one triangle to contain, it spreads to a series of “interlocking” triangles. Spreading the tension can stabilize a system, but nothing gets resolved.”

From Minuchin: Cross Generational Coalition & Emotional Cutoff



From Barber & Harmon: Psychological Control

“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)

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.

From Stone, Buehler, and Barber: Psychological Control & Triangles

“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)

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.

In non-conflict family situations, the child's thoughts and feelings might be considered (the child's brain is not fully functional, particularly some foresight and reasoning systems, the judgment of children in decision-making is not to be relied on). In the midst of active family conflict, seeking and valuing the child's input will only serve to triangulate the child into the middle of the spousal conflict by making the child's expressed "opinions" and "beliefs" a custody-prize to be won by the parents (because the child's "opinions" and "beliefs" carry influence with others, they become of value for the parents to obtain).

Seeking and valuing "children's wishes" in the middle of a divorce situation of high-intensity spousal conflict does not adequately address issues of potential cross-generational coalitions (Minuchin, Haley, Madanes) and psychological control of the child (Barber).

168 are often regulated by law, and that children's expressed preferences may be influenced by several  
 169 factors, including traumatic bonding with an abusive parent (Reid et al., 2013). Psychologists may

Dr. Childress Comment:

The construct of "trauma-bonding" is not an established construct in professional psychology. It has been proposed as a loose general term for a set of trauma-related relationship features involving coalitions and psychological control in a relationship, as well as issues of domination and intimidation, along with factors of psychological enmeshment and "intersubjectivity" (Stern, Tronick).

None of the family systems issues involved (i.e., triangulation, cross-generational coalitions, emotional cutoffs, shared delusional disorders, psychological control of the child) are identified or addressed by these "Guidelines," with only a single reference citation offered for a construct of "trauma bonding."

170 include assessment of the children's vulnerabilities and special needs, including any disabilities, as well  
 171 as the strength of the children's bond to the parents and other family members, detrimental effects of  
 172 separation, and the health of the parent-child relationship.

Dr. Childress Comment:

The is a general statement of nothingness, "Psychologists may include assessments of..." the children's astrological signs and sign compatibility with the parent's, the grades the child is getting in school, the parent's income and socio-economic status, the weather last Tuesday. Psychologist "may include" a lot



of things – what *should* they include and what do they NEED to include? And what weighting to they give to the different parts of the data relative to others? How are the results interpreted?

This is a statement indicative of a bunch of people who sat around on conference calls talking about the various factors from off the top-of-their-heads, as would be reflected by the low-quality of their Reference citations (References Analysis section) – they are lazy.

Compare to the Guidelines for early childhood mental health:

Delivery of Infant-Family and Early Mental Health Services: Training Guidelines and Recommended Personnel Competencies

<https://drcachildress.org/wp-content/uploads/2020/02/early-childhood-competency-guidelines.pdf>

- 173 In addition, foci of a child custody evaluation may encompass, among other factors, threats to the  
 174 child’s safety and well-being such as abuse, neglect, coercion, addictive behavior, exposure to parental  
 175 conflict, and antagonistic interactions between extended family members. Psychologists ~~endeavor to~~<sup>cc</sup>  
 176 assess risk of family physical, psychological, and/or sexual violence and to understand child protection  
 177 laws, research, and guidelines in child protection matters (APA, 2013a). Child custodyevaluators

Dr. Childress Comment:

“Psychologists endeavor to assess risk of family physical, psychological, and/or sexual violence”  
 and yet,

“child protection evaluations are separate and distinct from child custody evaluations.”

These statements are internally inconsistent and irreconcilable. Either custody evaluators assess for child protection factors or they don’t. Is it that child custody evaluators don’t assess for child protection factors, but the rest of psychologists do “assess risk of family physical, psychological, and/or sexual violence”?

How are child protection factors integrated into the custody evaluation? How do child custody evaluators assess for Child Psychological Abuse (DSM-5 V995.51)? Do they? Or do they refer to another mental health professional for assessment of Child Psychological Abuse (DSM-5 V995.51)?

What do child custody evaluators do when there is possible psychological abuse of the child?

From the Proposed Guidelines: “Psychologists endeavor to assess risk of family physical, psychological, and/or sexual violence,”

From the Proposed Guidelines: “Child protection evaluations are separate and distinct from child custody evaluations.”

So, which is it? Are child protection evaluations “separate” and “distinct” from child custody evaluations, or do psychologists “assess risk of family physical, psychological, and/pr sexual violence”?

Furthermore, do psychologists “endeavor” to assess, or do they actually conduct a risk assessment for dangerousness, i.e., abuse, and do they document the results of this assessment in the medical record,

with an indication of specific steps taken to discharge their duty to protect?

Psychologists conduct a risk assessment, they don't "endeavor" to conduct a risk assessment of dangerousness (suicide, homicide, abuse; child, spousal, elder) or they refer to someone capable of conducting a proper risk assessment.

178 understand that the custody evaluations can be exploited as a tool for further control and harassment  
 179 after separation. Children may be affected negatively by the child custody evaluation process (Turkat,  
 180 2018), as well as by the dissolution of the parenting unit. Parents who are undergoing an evaluation

Dr. Childress Comment:

These are general statements without significance, verbal pablum and emptiness. So, the question is how to assess for the "further control and harassment" of one parent by the other (IPV spousal emotional and psychological abuse), and how to resolve the children's negative response to the "dissolution of the parenting unit," i.e., divorce. Children are distressed by divorce. Divorce is a normal-range part of modern families. Divorce is not "traumatic," and most children adjust within the normal-range to the family restructuring.

The family is transitioning from its prior intact family structure united by the marital attachment bond, to a new separated family structure now united by the children, and their shared attachment and parenting bonds to each and both parents, mother and father.

181 may advance their concerns in a forceful and contentious manner, drawing children into their conflicts.  
 182 Psychologists ~~strive to~~ demonstrate and inform parents about appropriate boundaries at the beginning  
 183 of the evaluation to protect the children.

Dr. Childress Comment:

Further self-evident statements, i.e., the family is in conflict, parents/ex-spouses are upset, it is important to establish appropriate boundaries.

"strive" or do? Strive to demonstrate and inform? Or demonstrate and inform. Why does the "Working Group" keep softening professional obligations, i.e., "endeavor" and "strive," instead of assess and establish. Someone on the "Working Group" wants to give themselves wiggle-room to fail. They don't perform a risk assessment, they endeavor to perform, they strive to inform, they don't inform, they try, sometimes they fail. But they tried. They did their best. They "endeavored" to perform a risk assessment for child abuse, they just failed.

- The effort of Guideline 1 to define the "best interests" of the child is ill-conceived and ill-considered in application. It is always in the child's best interests to restore healthy and normal-range attachment bonds of love and affection with their mother or father.
- Parsing and dividing the child based on a psychologist's opinion of which parent is a supposedly better parent who more deserves to be a parent is extraordinarily ill-conceived and misguided. We cannot predict the future, and without the ability to predict we cannot say with any degree of certainty what outcomes may develop in a parent-child bond. Parents have the right to be parents. In the absence of child abuse, parents have the right to parent according to their cultural values,

their personal values, and their religious values. If there is conflict, we fix it. We never leave a child's attachment bond to a parent unrepaired and unresolved, and we always protect the child.

- It is always in the child's best interest to restore a healthy and normal-range attachment bond to their mother or father.

**184 Guideline 2. The evaluation focuses upon parenting abilities, the children's needs, and the resulting**

**185 fit.**

Dr. Childress Comment:

That is an overly vague, ill-defined, and extraordinarily problematic referral question for assessment.

How are "parenting abilities" operationally defined for assessment purposes?

How are the "children's needs" operationally defined for assessment purposes?

How is the "resulting fit" operationally defined for assessment purposes?

Forensic psychology needs outside independent review from Psychometrics of Assessment.

What "established scientific and professional knowledge of the discipline" is applied to determine "parenting abilities," "children's needs," and the "resulting fit"? Or is it just the opinion of the custody evaluator?

It is just the random opinion of the child custody evaluator. There is zero inter-rater reliability to child custody evaluations, and they apply zero of the "established scientific and professional knowledge of the discipline"; i.e., attachment (Bowlby), family systems therapy (Minuchin), personality disorders (Beck), complex trauma (van der Kolk), child development (Tronick), the DSM-5 and ICD-10 diagnostic systems. Look at the References list for this Guidelines proposal (Appendix B: References for Proposed Guidelines). They apply zero of the "established scientific and professional knowledge of the discipline."

And yet they are self-appointing to answer a referral question that allows them to sit in judgment of the "parenting abilities," the "children's needs," and their opinion regarding the "resulting fit," gods in their domains of judging "parenting" and the "needs" of children.

- 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 foundational human right of parenting.
- In the absence of child abuse, each parent should have as much time and involvement with their child as possible. To restrict either parent's time and involvement with their child would harm the parent, would harm the child's attachment bond to this parent, and would harm the child. If there is parent-child conflict, we fix it with a written treatment plan.

Google "mental health treatment plans" and read the top two returns. One of those. With specified Goals, Interventions, Outcome Measures, and Timeframes for benchmarks and goal accomplishment. If there is parent-child conflict, we fix it, and in the process, we teach the child how to fix relationship bonds that have become ruptured by conflict. We never leave a child's ruptured attachment bond to a parent untreated and unresolved.

In the absence of child abuse, parents have the right to parent according to their cultural values, their

personal values, and their religious values. Professional psychology does not sit in judgment of who deserves to be a mother or father and who doesn't.

Determining the "parental abilities," "children's needs," and the "resulting fit" is an overly broad, vague, ill-defined, ill-conceived, and highly problematic referral question for assessment, prone to substantial influences from evaluator biases and ignorance.

It is always in the child's best interests to restore normal-range and affectionate attachment bonds with a parent, the referral question of concern in court-involved family conflict is, "Which parent is the source of pathogenic parenting creating the child's attachment pathology to the parent, and what are the treatment implications?"

186 **Rationale.** From the court's perspective, the most valuable contributions by psychologists reflect a

187 clinically astute and scientifically sound approach to legally relevant issues. Issues that are central to the

Dr. Childress Comment:

Another vague and amorphous statement. What courts need is an answer to their question, what is the problem and what do we do about it? i.e., to identify (diagnose) what the problem (pathology) is, and to have a plan put forward to fix (treat) the family conflict surrounding the child, and solve it.

These two sentences mean exactly the same thing:

- We must first *diagnose* what the *pathology* is before we know how to *treat* it.
- We must first *identify* what the *problem* is before we know how to *fix* it.

Diagnose = identify

Pathology = problem

Treatment = fix it

The court is seeking consultation from healthcare (professional psychology) to identify what the problem is, and what needs to be done to fix it; i.e., to diagnose what the pathology is, and what the treatment plan is to resolve the family conflict surrounding the child.

Referral Question: Which parent is the source of pathogenic parenting creating the child's attachment pathology, and what are the treatment implications?

In the absence of child abuse, parents have the right to parent according to their cultural values, their personal values, and their religious values. In the absence of child abuse, each parent should have as much time and involvement with the child as possible. To restrict either parent's time and involvement with their child would harm the parent, would harm the child's attachment bond to this parent, and would harm the child.

The question of concern is to identify (diagnose) who is causing the child's attachment, emotional, and behavioral pathology (problems), so that we can develop an effective written treatment plan to fix it, with Goals, Interventions, Outcome Measures, and Timeframes for goal accomplishment.

188 court's ultimate decision-making obligations in child custody matters include parenting abilities, the

189 child's needs, and the resulting fit (Waller & Daniel, 2004).

Dr. Childress Comment:

The court's considerations are the court's considerations, they are the legal system, professional psychology is the healthcare system, two entirely different systems that function in parallel – legal and healthcare. Psychologists must first meet our obligations as healthcare professionals. The court will have many things to consider, our obligation is to provide full, complete, and accurate information about the pathology (problem) in the family, its origins (diagnosis) and its treatment (how we fix it).

When we become instruments of the legal system, instruments of justice, we violate our oaths as healthcare professionals to do no harm. To restrict either parent's time and involvement with their child would harm the parent, would harm the child's attachment bond to the parent, and would harm the child. Do no harm is our first obligation in healthcare.

The court wants to know what is causing the family conflict, the court wants professional psychology to identify (diagnose) what the problem is (the pathology). The court then wants to know what to do to fix it (the treatment).

There are only three basic child visitation schedules:

- Equal shared parenting (approximately 50-50%).
- School-week primacy to one parent, every-other-weekend and a mid-week overnight or dinner to the other.
- School year primacy to one parent who is separated by distance from the other, vacation schedule allowances to the other parent.

The court can, and likely has already decided on a visitation and custody schedule. The problem is that the child is protesting somehow and one parent is seeking a change. What is the problem (pathology)? How do we fix the family conflict (treatment)? That is the domain of professional psychology, and this is the information of value that professional psychology has to offer the courts.

The court can decide on custody and visitation schedules based on all the factors for its consideration, one of which is the report from professional psychology that identifies (diagnoses) the problem (pathology), and identifies a plan to fix it (a written treatment plan – with Goals, Interventions, Outcome Measures, and Timeframes).

- The referral question for child custody evaluations is overly vague, ill-defined, and extremely problematic.
- The rationale is unjustified and beyond the scope of an appropriate role for professional psychology.
- There are no grounds for accepting Guideline 2. There are substantial professional reasons for rejecting Guideline 2 as appropriate professional practice.

190 **Application.** The most useful evaluations generally focus on assessment of the needs of the children and  
 191 on parenting dimensions in order to compare parents between each other and with normative groups.

Dr. Childress Comment:

Citation please. This is a **false** statement. There is no research anywhere indicating this. There is no research whatsoever on outcomes of child custody evaluations. I assert they are 100% unproductive

and unhelpful based on consistency of parental report and my personal review of many child custody evaluations in my role as an expert witness in court-involved family conflict matters.

Citation please, to any outcome research at all. Then to outcome research showing that “the most useful evaluations generally focus on...” That is a **false** and **deceptive** statement. There are 61 citations in the Reference section, which one supports this statement?

It is deeply disturbing that a “Working Group” should self-assert an opinion as if it were supported, when it’s not. I assert that no child custody evaluation is “useful.” Prove me wrong. Show me the data that demonstrates they are “useful.”

Of deep concern is the justification these child custody evaluators give themselves to intrude into the lives of others to direct, control, and violate the autonomy of their clients, the consumers of their professional services. They self-assert that their role is to sit in judgement of the parents, to “compare” the parents to see which one is better, “Are you good enough? Do you deserve a child?”

That is NOT the role for a professional psychologist. We can diagnose the problem and tell you how to fix it. We do NOT sit in judgement of parents to “compare parents between each other” to see who deserves to be a mother or father.

In the absence of child abuse, parents have the foundational human right to parent according to their cultural values, their personal values, and their religious values. If there is no child abuse, psychologists do NOT “compare parents between each other and normative groups” to determine who deserves to be a mother or father.

This is a distasteful Application of an ill-conceived Guideline.

If these are “aspirational” Guidelines, to “compare parents between each other” to determine who deserves to be a mother or father, this is deeply a troubling “aspiration” that does not serve the client-consumer of professional services well.

192 Comparatively little weight may be afforded to evaluations that offer a general personality assessment <sup>cc</sup>

193 that fails to address parenting capacities and the child’s needs. The custody evaluation **strives to**

Dr. Childress Comment:

These child custody evaluators appear highly motivated to judge the parent. It’s not enough to simply report on the personality characteristics of the parents, they also want to express their opinions regarding “parenting capacities” and the “child’s needs” – yet they remain immensely vague as to how these are operationally defined for assessment purposes. They’re not. Each custody evaluator is free to render an opinion on the “parenting capacities” and the “child’s needs” based on the application of no “established scientific and professional knowledge of the discipline” – not attachment (Bowlby), not family systems therapy (Minuchin), not personality disorders (Beck), not child development (Tronick), not the ICD-10 and DSM-5 diagnostic systems.

Forensic child custody evaluators are constructing their evaluation specifically to allow them to judge parents as to who is the “better” parent and so which one “deserves” to have the child. That is professionally distasteful. Psychologists should NOT be the role of judging parents, if there are problems we help to fix them. In the absence of child abuse, all parents have the foundational human right to parent according to their cultural values, their personal values, and their religious values. In the absence of child abuse, professional psychology does not intrude into this foundational human

right of parents.

If there are problems, we fix them with a written treatment plan. Treatment depends on diagnosis. The treatment for cancer is different than the treatment for diabetes, diagnosis guides treatment. In all of healthcare, including mental health care, diagnosis guides treatment

Before we can decide what to do to fix things (treatment), we must first identify (diagnose) what the problem is. The recommendations (treatment) for cancer are different than the recommendations (treatment) for diabetes. Diagnosis guides recommendations.

Is it relevant to the court's consideration whether the child is being psychologically abused by a parent? Yes. So all assessments of court-involved family conflict should routinely assess for Child Psychological Abuse (DSM-5 V995.51).

Is it relevant to the court's consideration whether one parent has a thought disorder (an encapsulated persecutory delusion) that this parent is then imposing onto the child, thereby destroying the child's attachment bond to the other parent? Yes. So all assessments of court-involved family conflict should routinely assess for thought disorder pathology in the parent and child.

194 address issues of central importance to custody and the psycho-legal constructs relevant to the matters

195 before the court. Psychologists aspire to contextualize the evaluation data within relevant theory and to

Dr. Childress Comment:

Again, the Working Group "strives" rather than does, they "strive to address," they don't actually address, trying is good enough for them, they are allowed to fail.

Is it "of central importance to custody and the psycho-legal constructs relevant to the matters before the court" whether a child is being psychologically abused by a parent? Yes. Then custody evaluators routinely address this issue "of central importance to custody and the psycho-legal constructs relevant to the matters before the court," right? Wrong. "Child protection evaluations are separate and distinct from child custody evaluations."

But then again, "Psychologists endeavor to assess risk of family physical, psychological, and/or sexual violence," so it's not quite clear what the Guidelines are recommending. I'm clear on what I recommend: we always conduct an appropriate risk assessment for any dangerousness pathology, or make referral for an appropriate assessment.

This includes all three categories of dangerousness:

- Suicide
- Homicide
- Abuse (child, spousal, elder)

A risk assessment for a dangerousness pathology is conducted as the pathology presents and emerges. With court-involved family conflict, there is little reason to anticipate possible suicidal or homicidal risk by the family members surrounding child visitation (although it can and does emerge). There is, however, substantial reason to anticipate possible child abuse pathology surrounding high-intensity family conflict, so it is reasonable to assume that a risk assessment for child abuse, and possibly for child psychological abuse (DSM-5 V995.51), will be warranted.

All assessments of high-intensity family conflict should routinely screen for, and possibly assess for risk

factors surrounding child and spousal abuse, Intimate Partner Violence (IPV) using the child as the weapon of emotional spousal (ex-spousal) abuse.

Is a potential thought disorder in a parent that is being imposed on the child an issue “of central importance to custody and the psycho-legal constructs relevant to the matters before the court”? Yes. Then custody evaluators routinely address this issue “of central importance to custody and the psycho-legal constructs relevant to the matters before the court,” right? Wrong.

Child custody evaluators never assess for a thought disorder in a parent, an encapsulated persecutory delusion that’s being imposed on the child, a shared persecutory delusion (ICD-10 F24).

Is it “of central importance to custody and the psycho-legal constructs relevant to the matters before the court” that the cause of the conflict is a shared persecutory delusion, a thought disorder, imposed by one parent on the child? Yes.

Do child custody evaluators know how to conduct a diagnostic assessment for a thought disorder? No. Standard 2.01 Boundaries of Competence. Do they refer for an appropriate diagnostic assessment for a possible thought disorder? No. Why not? A failure in their “child protection” obligations, i.e., a failure in their duty to protect.

196 use scientific data to help the court understand the best interest of the child. Psychologists ~~endeavor to~~ <sup>cc</sup>

Dr. Childress Comment:

Again, do psychologists aspire, or do we do it? Do we endeavor to do, or do we just do or don’t do? I don’t aspire, I do. I don’t endeavor, I do. And I document what I do in the patient record.

The “relevant theory” and “scientific data” from professional psychology 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)
- The DSM-5 & ICD-10 diagnostic systems

Citations in the References list of these Guidelines:

- Bowlby citations – 0
- Minuchin citations – 0
- Beck citations – 0
- van der Kolk citations – 0
- Tronick citations – 0
- DSM-5/ICD-10 citations – 0

The “Working Group” apparently “aspires” rather than does. In healthcare, including mental health care, we diagnose pathology, that’s what our license means, we are licensed by the state to diagnose and treat pathology. Medical doctors diagnose and treat medical pathology, psychological doctors diagnose and treat psychological pathology. I was trained at Children’s Hospital Los Angeles. In healthcare, we don’t “aspire,” we do.

If you don’t know what to do, go away until you do. Patient care is serious. As doctors, we don’t aspire, we do. Especially with children, especially when the lives of children hang in the balance of our



professional competence. In healthcare, including mental health care, we diagnose and treat pathology. We don't aspire to do that, we do that. We do it well or poorly.

If we aspire to do it well, we are currently doing it poorly. Guidelines are not "enforceable," Guidelines are expected standards of practice (citation to Early Childhood Guidelines).

- 197 provide the court with information specifically germane to its role in apportioning decision making,  
 198 caregiving, and access.

Dr. Childress Comment:

Again "endeavor," "strive," "aspire," not do, not provide the court with information... endeavor to provide, they'll try, but they might not succeed. They'll do the best they can, that's all that can be expected, they'll "endeavor" to provide, they'll "strive," they'll "aspire," but not do.

Is possible child psychological abuse by a parent "information specifically germane to its role in apportioning decision making caregiving, and access"? Yes.

How do they assess for possible child psychological abuse by a parent? They don't. Child protection evaluations are "separate and distinct from child custody evaluations."

So then, they don't provide the court with necessary and vitally "important information specifically germane to its role in apportioning decision making, caregiving, and access," they just say they do, but they don't.

Saying they do when they don't is a **false** and **deceptive** public statement made by the "Working Group," whoever they are.

Is identifying for the court possible thought disorder pathology in a parent that is being imposed on the child (i.e., an encapsulated persecutory delusion) "important information specifically germane to its role in apportioning decision making, caregiving, and access"? Yes.

How do they assess for possible thought disorder pathology in a parent (an encapsulated persecutory delusion being imposed on the child)? They don't. They don't know how.

So then, they don't provide the court with necessary and vitally "important information specifically germane to its role in apportioning decision making, caregiving, and access," they just say they do, but they don't.

Saying they do when they don't is a **false** and **deceptive** public statement made by the "Working Group," whoever they are.

- 199 "Parent-child fit" refers to the nexus between the parent's characteristics, strengths, and weaknesses,  
 200 and the child's developmental, emotional, physical, and psychological needs. Psychologists seek to

Dr. Childress Comment:

In the absence of child abuse, all parents have the foundational human right to parent according to their cultural values, their personal values, and their religious values, and professional psychology does NOT intrude into this basic human right of parenting. If there are problems, we fix them with a written

treatment plan based on a diagnosis.

It is beyond – far beyond – the scope of professional psychology to judge by our perception of the “parent’s characteristics, strengths, and weaknesses” as balanced against our perceptions of “the child’s developmental, emotional, physical, and psychological needs” to reach some – judgment – of who does and does not deserve to be a mother or father based on our opinion as a psychologist. No. That is beyond a professional scope of practice for a psychologist.

We do not judge people, we help them. We do not judge who deserves to be a mother or father, and who doesn’t, based on some “nexus” of our opinion about the “parent’s characteristics, strengths, and weaknesses” and the “child’s developmental, emotional, physical, and psychological needs.”

If there is child abuse, we protect the child. In the absence of child abuse, parents have the fundamental human 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 parenting.

If there are problems, we fix them with a written treatment plan, with specified Goals, Interventions, Outcome Measures, and Timeframes for goal accomplishment.

201 assess these needs through observation of the children, developmentally appropriate interviewing,

202 psychological testing, record review, and collateral interviewing (see Guideline 13). Psychologists <sup>cc</sup> strive

Dr. Childress Comment:

Again, “seek,” “strive,” not assess, not identify (diagnose).

This is a self-evident statement. We assess the child for ADHD, autism, eating disorders, everything, by “observation of the children, developmentally appropriate interviewing, psychological testing, record review, and collateral interviewing.” How else does the “Working Group” believe we assess anything? ADHD? Autism? We do it by observation, interviewing, testing, record review, and collateral interviews.” This is nothing special. In fact, it is embarrassingly self-evident and is unnecessary for statement. That’s what an assessment is. All assessments, of everything.

203 to identify each parent’s capacity and functioning through the use of an evidence-based, multimethod,

Dr. Childress Comment:

“Strive” allows for failure, what happens if they fail? How much damage will they do if they are wrong?

204 and multitrait assessment approach (see Guideline 10). Assessment of the goodness of fit between the

Dr. Childress Comment:

They misuse the construct of multi-trait/multi-method. It’s an approach to triangulating on a hypothesis (called hypothesis testing) from multiple perspectives, such as self-report questionnaires, behavioral observations, and objective test results. It’s used to triangulate on a specific question. They are using it as a justification for a sloppy, shot-gun, fishing expedition. They do a lot of things but without point, focus, or purpose. That’s not multi-trait/multi-method, that’s just sloppy and ignorant

professional practice.

The practices of forensic psychology child custody evaluations warrant outside independent review from assessment Psychometrics.

205 child’s needs and parental capabilities is further enhanced by observation of parent-child interactions.

Dr. Childress Comment:

Citation please. This is a **false** statement. There is no research ever conducted that demonstrates that the “Assessment of the goodness of fit between the child’s needs and parental capabilities” by a child custody evaluator “is further enhanced by observation of parent-child interactions.”

Citation please. Why wasn’t this citation included in the References? There is none. This is a **false** and **deceptive** public statement made by the members of the “Working Group,” whoever they are.

Standard 5.01 Avoidance of False or Deceptive Statements

Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

154 **Guideline 3. Psychologists <sup>cc</sup> endeavor to identify the child custody evaluation’s stated purpose,**  
 155 **anticipated use, specific scope, and agreed-upon time frame before accepting referrals.**

Dr. Childress Comment:

The “purpose” of the assessment is called the referral question. This entire section can be stated in one sentence; “Psychologists identify and agree to the scope and nature of the referral question prior to beginning the assessment.” This is basic assessment practice learned during the pre-doctoral supervised assessment rotation, i.e., the referral question.

For court-involved family conflict, the referral question for assessment by professional psychology should be:

Referral Question: Which parent is the source of pathogenic parenting creating the child’s attachment pathology, and what are the treatment implications?

156 **Rationale.** The scope, purpose, and anticipated use of the child custody evaluation clarify what is being  
 157 expected and how psychologists can assist the court, if at all. This understanding also helps psychologists  
 158 to decide when communication is needed concerning their continued services, new information, the  
 159 evaluation’s status and so forth, and to confirm with whom such communication will take place.

Dr. Childress Comment:

This is such a basic description as would be expected in an introductory textbook on assessment. This appears to be ignorance speaking as if any grain of knowledge were of value. Licensed psychologists have several years of supervised training, and assessment is a specialty practice of psychologists (MD-

psychiatrists do not conduct psychological assessments, MA-therapists do not conduct assessments, only licensed psychologists conduct psychological assessments. We are trained how to do it).

Telling trained psychologists how to conduct an assessment at such a basic level is seemingly unnecessary – basic information about the importance of the Referral Question may be useful for the general public who are ignorant of assessment practices, or for entering psychology graduate students, but it is not of value to licensed psychologists and does not warrant inclusion more than by reference in Guidelines from the APA to licensed psychologists (“Psychologists establish the scope and nature of the referral question before beginning assessment”).

160 Depending upon the requirements of the child custody evaluation, the referral could call for services  
161 that the psychologist is not competent to provide or cannot deliver in a timely manner. For example, the

Dr. Childress Comment:

This is such a basic and self-evident statement that it does not warrant making.

162 psychologist may lack suitable familiarity with the only language spoken by members of the family in  
163 question, or may have a schedule already so full as to make meeting the Court’s stated deadline  
164 impossible.

Dr. Childress Comment:

Or the psychologist may lack the necessary knowledge in attachment pathology (Bowlby), family systems therapy (Minuchin), personality disorders (Beck), complex trauma (van der Kolk), child development (Tronick), and thought disorders (DSM-5/ICD-10) and is not competent to provide an assessment of attachment pathology creating intense family conflict involving a personality disordered parent transmitting their unresolved trauma to the current family relationships.

Or perhaps they can’t speak the language or are too busy to take the assessment case. Always be sure to check your availability on your calendar. These are not professional level Guidelines. This is a class group assignment evidencing minimal (if any) effort on the part of the “Working Group.”

In addition, “court deadlines” are often dependent on mental health turnaround time on the assessment, diagnosis, and recommendations. An anticipated turnaround time for a clinical diagnostic assessment is between two to six weeks from the start of the assessment to report. Delays beyond six weeks begin to lose relevance for developing a treatment plan for the current situation which is changing.

When child abuse factors are a consideration in the differential diagnosis, as they often are in court-involved family conflict surrounding child custody, then a risk assessment of child psychological abuse should take no longer than two to six weeks to complete. Delays in obtaining results from a risk assessment for child abuse beyond two to six weeks unacceptably expose the child to possible child abuse without protection. There is urgency when child abuse factors are part of the differential diagnostic considerations.

165 **Application.** Child custody evaluation referrals may differ in scope, such as when relocation questions,

166 substance abuse concerns, child abuse issues, and parent-child access problems are specified (See  
167 referral question, the specific scope of the evaluation, and who will receive the final report. They also

Dr Childress Comment:

Different assessments may differ in what they assess. These statements are self-evident and rudimentary.

168 ~~endeavor to~~<sup>cc</sup> determine whether they are expected to provide recommendations, and if they can  
169 potentially provide opinions or recommendations with a scientific basis, which are accurate, impartial,  
170 fair, and independent in response to the referral questions (APA, 2013b, Guideline 1.02). It may be

Dr Childress Comment: They are repeating rudimentary and basic information about assessment that is contained in other Guidelines.

171 helpful to have the psychologist's understanding of the specific scope of the evaluation confirmed in a  
172 court order or by stipulation of all parties and their legal representatives. Psychologists ~~strive to~~<sup>cc</sup> ensure

Dr Childress Comment:

The referral question for court-involved family conflict should be:

Which parent is the source of pathogenic parenting creating the child's attachment pathology, and what are the treatment implications.

173 that the time frame is reasonable in light of both the evaluator's and the parties' schedules. Lengthy

Dr Childress Comment:

The "Working Group" appears more concerned that they can fit the assessment into their schedules than responding with urgency to possible child abuse and child protection factors contained within the referral question itself (i.e., is the targeted parent creating the child's attachment pathology toward this parent through abusive maltreatment of the child, or is the allied parent creating the child's attachment pathology toward the other parent though psychologically abusive parenting?).

Guidelines: We'll see if we can fit a risk assessment for child abuse into our schedules. How's six to nine months from now for the report?

A reasonable and expected turnaround time for a clinical diagnostic assessment of possible child abuse is two to six weeks. Longer would need justification. If "custody evaluators" cannot fit an assessment for child abuse into their schedules, then perhaps they need to work with a different population. Or perhaps they need to become more efficient and focused in their assessments.

Oh that's right, they don't do "brief focused evaluations," (lines 69-71), they do long unfocused ones. When do you need the results of a long and unfocused assessment? They will ~~strive to~~ ensure that the

time frame is reasonable in light of “the evaluator’s schedule.” Be sure to check your schedules, custody evaluators, make sure that the expectations of the court are “reasonable” for your long and unfocused assessments.

These are not Guidelines for professional practice, these are recommendations from six child custody evaluators talking on monthly conference calls about what they want to talk about in “Guidelines,” their “recommendations” for what to do.

174 delays have the potential to increase anxiety and exacerbate other mental health conditions in ways

175 harmful to adults and children alike. Should new information arise, psychologists ~~endeavor to~~<sup>cc</sup>

Dr Childress Comment:

Delays in assessing and diagnosing child abuse can “increase anxiety” in the abused child and parent who is trying to protect the child from child abuse, it can also “exacerbate” the “other mental health conditions” of being a psychologically abused child, undiagnosed, untreated, and unprotected. Not protecting children from child abuse “exacerbates” conditions like child abuse that are harmful to adults and children alike.

The “Working Group” does not appear to grasp the urgency in child protection concerns, especially surrounding a possible DSM-5 diagnosis of Child Psychological Abuse (V995.510).

176 communicate promptly, to clarify, and to adhere to any revised agreements governing the evaluation’s

177 purpose, scope, or time frame.

Dr Childress Comment:

If new information arises, they will consider the new information. These are self-evident and rudimentary statements. They appear to be statements of ignorance thinking itself wise because it knows anything at all – if new information arises, they should consider the new information, and if no new information arises, they will rely on the information they have. These are self-evident and rudimentary statements.

178 Psychologists ~~strive to~~<sup>cc</sup> remain alert not only to the original referral questions, but also to emerging

179 issues and unanticipated developments during the course of the evaluations. As these concerns arise,

Dr Childress Comment:

Their self-evident and rudimentary statements are now also becoming redundantly self-evident and rudimentary statements.

180 psychologists may seek appropriate consultation with counsel and the courts for any modifications to

181 the referral questions or to the course of the evaluation that may be necessary.

Guidelines for Child Custody Evaluations in Family Law Proceedings

Analysis (Draft) of Proposed APA Child Custody Evaluation

Competence: Guidelines 4 5 6

(authors unknown)

Analysis & Commentary by C.A. Childress, Psy.D. (2/1/21)

DRAFT

182 II. Competence

cc

183 Guideline 4. Psychologists ~~aspire to~~ provide child custody evaluations consistent with the highest

cc

184 standards of their profession, and to obtain and maintain the necessary competencies.

Dr. Childress Comment:

“the highest standards of their profession”

- Bowlby citations – 0
- Minuchin citations – 0
- Bowen citations – 0
- Beck citations – 0
- Millon citations – 0
- Kernberg citations – 0
- Linehan citations – 0
- Van der Kolk citations – 0
- Cicchetti citations – 0
- Tronick citations – 0
- Kohut citations – 0
- DSM-5 & ICD-10 citations – 0
- Principle D Justice: equal access & equal quality
- Standard 2.04: Bases for Scientific and Professional Judgments
- Standard 2.01: Boundaries of Competence
- Standard 9.01: Bases for Assessment
- Standard 3.04: Avoiding Harm
- Duty to protect

“obtain and maintain the necessary competencies.”

The “necessary competencies” for working with high-intensity family conflict surrounding divorce are:

- 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)



- DSM-5 & ICD-10 diagnostic systems

233 **Rationale.** Child custody evaluations are a domain of forensic psychology that requires skills, training,

234 knowledge, and competence in the forensic assessment of children, adults, and families. Child custody

Dr Childress Comment:

That is a false, deceptive, and misleading statement. Child custody evaluations require skills, training, knowledge, and competence in the attachment system and attachment pathology during childhood, family systems therapy, personality disorders and their impact on family relationships, complex trauma and the trans-generational transmission of trauma in the distorted parenting that unresolved trauma creates, in thought disorder pathology that is secondary to personality disorders and unresolved trauma, and in child development and the importance of the parent-child relationship context for the neurodevelopment of the brain in childhood – Bowlby – Minuchin – Beck – van der Kolk – Tronick – DSM-5 & ICD-10: the “established scientific and professional knowledge of the discipline.

235 evaluations have a significant impact on people’s lives and involve public scrutiny and trust.

Dr. Childress Comment:

“a significant impact on people’s lives”

There is no excuse for professional sloth or ignorance when the lives of children, their parents, and the court’s decisions affecting their lives hang in the balance.

The “Working Group” is lazy, ignorant, and did not show “proper care” (i.e., negligent) in the development of these Guidelines for Child Custody Evaluations.

- Bowlby citations – 0
- Minuchin citations – 0
- Bowen citations – 0
- Beck citations – 0
- Millon citations – 0
- Kernberg citations – 0
- Linehan citations – 0
- Van der Kolk citations – 0
- Cicchetti citations – 0
- Tronick citations – 0
- Kohut citations – 0
- DSM-5 & ICD-10 citations – 0
- Principle D Justice: equal access & equal quality
- Standard 2.04: Bases for Scientific and Professional Judgments
- Standard 2.01: Boundaries of Competence
- Standard 9.01: Bases for Assessment
- Standard 3.04: Avoiding Harm
- Duty to protect

The “Working Group” fails to even meet basic Standards of professional practice (Standards 2.04, 2.01, 9.01).

cc

236 **Application.** Psychologists continuously ~~strive to~~ update and augment their existing skills and abilities,

237 consistent with a career-long dedication to professional development. They recognize that there has

Dr. Childress Comment:

Forensic psychology applies NO knowledge or information from:

- Psychoanalysis: Freud (transference) Kohut (self-objects functions) – developed in the 1930s
- Cognitive-Behavioral: Skinner (Applied Behavioral Analysis & Functional Behavioral Analysis) and Beck (schemas and irrational beliefs) – developed in the 1940s
- Family Systems: Minuchin (cross-generational coalitions) and Bowen (triangles and emotional cutoffs – developed in the 1970s.
- Attachment: Bowlby (insecure attachments, “goal-corrected” primary motivational system) – developed in the 1970s.
- Complex Trauma: van der Kolk (trauma reenactments, trans-generational transmission of trauma) – developed in the 1990s.
- Child Development: Tronick (breach-and-repair sequence) and others (neurodevelopment in the parent-child relationship context) – developed in the 2000s.

A Checklist of Applied Knowledge was used with the APA’s proposed Guidelines for Child Custody Evaluations (Appendix C), no knowledge from any domain of professional psychology was evident in application.

238 been debate in the literature whether psychologists have an objective basis for determining what

239 factors to evaluate in a best interests of the child determination or even whether such ultimate issue

240 opinions about best interests should be offered (e.g. Melton et al, 2018). The child custody evaluator

Dr. Childress Comment:

They have no idea how to operationally define the construct of the child’s “best interests,” they just make it up. There is no definition available for that construct based on the existing knowledge of professional psychology.

The definition of the child’s “best interests” from clinical psychology is that it is ALWAYS in the child’s best interests for the family to make a successful transition to the new separated family structure following divorce, it is ALWAYS in the child’s best interests to repair broken attachment bonds of love and affection to their mother or father.

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, and should not, intrude upon that foundational human right of parenting. If there are problems (pathology), we fix it (treatment).

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, and that’s true in all of healthcare, including mental health care; diagnosis guides treatment.

The diagnosis of concern is a thought disorder from unresolved trauma in the parent (i.e., narcissistic and/or borderline personality traits) that is being transferred to the child through the aberrant and distorted parenting of this more fragile parent who is psychologically collapsing surrounding the divorce and marital dissolution (ICD-10 F24, a shared persecutory delusion).

From Stahl & Simon: “A critical subject facing those working in the field of family law, whether they’re legal professionals or psychological professionals, is the concept of the best interests of the children. Even recognized experts in this concept differ with regard to what it means, how it should be determined, and what factors should be considered in determining what is in the best interest of a child. Thus, this ubiquitous term escapes consensus and remains fundamentally vague.” (Stahl & Simon, 2013, p. 10-11)

From Stahl & Simon: "It is defined differently from state to state; and even in Arizona, where there are nine statutory factors associated with the best interest of the child, the meaning behind many of the factors is obscure. Additionally, when psychologists refer to the best interests of children, they are referring to a hierarchical set of factors that may have different meanings to different children with different families and that may be understood differently by psychologists with different backgrounds and different training." (Stahl & Simon, 2013, p. 11)

Stahl, P.M. and Simon, R.A. (2013). Forensic Psychology Consultation in Child Custody Litigation: A Handbook for Work Product Review, Case Preparation, and Expert Testimony, Chicago, IL: Section of Family Law of the American Bar Association

They have no idea how to define the construct of the child’s “best interests,” yet that is supposedly the construct they are somehow assessing. They have no idea what they are doing because they are not applying the “established scientific and professional knowledge of the discipline,” i.e., attachment (Bowlby), family systems therapy (Minuchin), personality disorders (Beck), complex trauma (van der Kolk), child development (Tronick), and the DSM-5 and ICD-10 diagnostic systems.

241 <sup>cc</sup> ~~seeks to~~ maintain familiarity with the empirical social science research regarding children’s psychological  
 242 and developmental needs, including health impairments, educational needs, cultural or linguistic  
 243 concerns, other case-specific issues, and the child’s best interests. Psychologists <sup>cc</sup> ~~strive to~~ gain an

Dr. Childress Comment:

- Bowlby citations – 0
- Minuchin citations – 0
- Bowen citations – 0
- Beck citations – 0
- Millon citations – 0

- Kernberg citations – 0
- Linehan citations – 0
- Van der Kolk citations – 0
- Cicchetti citations – 0
- Tronick citations – 0
- Kohut citations – 0
- DSM-5 & ICD-10 citations – 0

244 evolving and up-to-date understanding of the following: parenting; child and family psychopathology;

Dr. Childress Comment:

Parenting:

- Patterson – Applied Behavioral Analysis – Functional Behavioral Analysis
- Tronick – breach-and-repair
- Stern – intersubjectivity, affective attunement
- Fonagy – mentalization and boundary violations
- Kohut – self-object, self-structure, transmuting internalizations
- (Pruter – trauma-informed parenting)

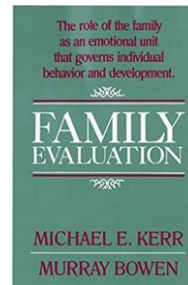
Child and family psychopathology

Family systems therapy

- Kerr & Bowen: *Family Evaluation*
- Minuchin: Structural Family Therapy
- Haley & Madanes: Strategic family therapy

DSM-5 & ICD-10

- DSM-5: V995.51 Child Psychological Abuse
- ICD-10: F24, shared persecutory delusion



245 separation and divorce stress; impact of relationship dissolution and inter-parental conflict and abuse on

Dr. Childress Comment:

Separation and divorce stress:

Personality disorders

- Beck: cognitive therapy with personality disorders  
Beck, Freeman, Davis, & Associates (2004). *Cognitive Therapy of Personality Disorders*
- Millon: narcissistic and borderline personality spectrum

Millon (2011): *Disorders of Personality: Introducing a DSM/ICD Spectrum from Normal to Abnormal*

- Kernberg: narcissistic and borderline personality pathology  
Kernberg (1975). *Borderline Conditions and Pathological Narcissism*.
- Linehan: DBT therapy with borderline spectrum pathology  
Linehan (1993). *Cognitive-Behavioral Treatment of Borderline Personality Disorder*.

246 children; adult development and pathology; forensic psychological assessment; relevant laws and

Dr. Childress Comment:

Conflict & Abuse

- Van der Kolk - Cicchetti – Fonagy – Kohut - DSM-5 V995.51 Child Psychological Abuse

Forensic psychological assessment?

- Forensic? There is no allegation of a crime. There is a family conflict, often an intense and intractable conflict surrounding the child’s custody. If the procedures of a “forensic psychological assessment” are inadequate, inappropriate, unethical, and substantially flawed, then they are a bad thing, not a good thing. First establish reliability and validity, operational define the constructs for assessment, then promote the assessment procedure if it is reliable and valid for the intended purpose. It remains unclear what a “forensic psychological assessment” entails (we know it is not brief and focused, so it is assumed to be long and unfocused), it does not assess for child protection factors (that’s a separate and distinctly different assessment), and there remain many substantial professional concerns surrounding the practice.

Laws and Regulations

- Like the APA ethics code.
- While court-involved psychologists who work with regularity with court-involved family conflict should be familiar with the surrounding laws and procedures of the court, psychologists are not attorneys and should remain contained within their role as healthcare professionals, not legal professionals.

247 regulations; and the specialized child custody literature (as addressed in Guideline 5). In addition, when

Dr. Childress Comment:

“specialized child custody literature”

NOT at the expense of the “established scientific and professional knowledge of the discipline,” i.e., 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), and the DSM-5 and ICD-10 diagnostic systems.

If there is additional relevant research that meets professional standards of practice, then it should also be considered.

\*Note: The construct of “parental alienation” does NOT meet professional standards of practice. All professional use of this construct in any capacity is beneath professional standards of practice. There is the attachment system, there is family systems therapy, there are personality disorders and complex trauma. There is no such pathology as “parental alienation” ever defined.

All “specialized child custody literature” that uses the construct of “parental alienation” as its foundation is irrelevant and beneath professional standards of practice. All “specialized child custody literature” that proposes new forms of pathology unsupported by any research, such as “resist and refuse dynamics” (Daubert and Kelly-Frye the construct, there is no support, it’s the new PAS “junk science offering) are irrelevant and beneath professional standards of practice.

Standard 2.04 is clear on the Bases for Scientific and Professional Judgments

**2.04 Bases for Scientific and Professional Judgments**

Psychologists' work is based upon established scientific and professional knowledge of the discipline.

The “established scientific and professional knowledge of the discipline” is attachment, family systems therapy, personality disorders, complex trauma, child development, and the DSM-5 and ICD-10 diagnostic systems – Bowlby – Minuchin – Beck – van der Kolk – Tronick – DSM-5 & ICD-10.

248 making recommendations, psychologists <sup>cc</sup> endeavor to remain current and knowledgeable about  
 249 treatments, interventions, and resources to address different dysfunctions as well as the types of  
 250 custody arrangements that promote healthy patterns. Psychologists <sup>cc</sup> strive to update routinely their

Dr. Childress Comment:

“treatments, interventions”

- Family systems therapy – Bowenian (Bowen) – Structural (Minuchin) – Strategic (Haley & Madanes)
- Personality disorders – Beck & cognitive therapy – Schema Therapy – Emotion Focused Therapy – DBT
- Solution-focused therapy – de Shazer & Berg
- Pruter: *High Road Workshop, Higher Purpose Parenting*

“the types of custody arrangements that promote healthy patterns”

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 violate that foundational human right of parenting.

Question: Is our White Northern-European parenting a “healthy pattern” – healthier than Blacks? Healthier than Asians? Healthier than Hispanics or Muslims? It becomes exceedingly dangerous when psychologists self-authorize to judge parents for “healthy patterns”... what “patterns” and by whose decision?

No. 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 right of parenting.

If there are problems, we fix them with a written treatment plan, with specified and agreed to Goals, Interventions, Outcome Measures, and Timeframes for goal accomplishment.

251 child custody evaluation practices in accordance with developments in the peer-reviewed literature.

Dr. Childress Comment:

“developments in the peer-reviewed literature”

- Bowlby – attachment
- Minuchin, Bowen, Haley, Madanes – family systems therapy
- de Shazer, Berg – solution-focused therapy
- Beck, Millon, Kernberg, Linehan – personality disorder pathology
  - Schema Therapy – Emotion-Focused Therapy – DBT
- van der Kolk, Courtois, Cicchetti – complex trauma and child abuse
- Tronick, Fonagy, Stern, Kohut – child development

“peer-reviewed”

Peer review is relevant for research studies to ensure appropriate methodology and limitations to the conclusions drawn based on the methodology. Peer-review is not relevant to opinion pieces. One set of Editors for one Journal can hold one set of opinions, they “peer-review” similar opinions and publish those opinions in their journal. Another Journal’s Editors hold a different opinion and peer-review and publish opinion articles that hold a similar opinion as the Editors. This is not peer-reviewed research – the operative words being all three – peer – review – research – not opinions. A peer-reviewed opinion is still an opinion.

There are even-still peer-reviewed journals that publish opinion articles using the construct of “parental alienation.” These are not peer-reviewed research. We need to base our decisions on the current and latest peer-reviewed research. That would be attachment (Bowlby, Ainsworth, Mains, Ruth-Lyons, Sroufe, Fonagy, Tronick), that would be trauma-informed and complex trauma (van der Kolk, Courtois, Perry, Briere). That would be the DSM-5 and ICD-10 diagnostic systems (thought disorders and Mental Status Exams of frontal lobe executive functions).

These forensic psychologists use “peer-reviewed” as a mantra for “we all agree, right?” That’s not what it means. There are three works – peer – reviewed – research... research, not opinions.

How many of the forensic citations in the References to these proposed Guidelines for Child Custody Evaluations are to peer-reviewed research and how many are citations to forensic psychology opinion pieces?

Appendix A: 78% of the forensic reference citations (26/33) are to opinion pieces, and two of the research studies cited were to survey research regarding the opinions of forensic psychologists.

Three words – peer – reviewed – research – not opinions – research.

252 When ~~the specifics of a case are such that~~<sup>cc</sup> the psychologist does not possess the requisite competency  
 253 to conduct the custody evaluation, ~~this situation provides~~<sup>cc</sup> psychologists ~~with an important opportunity~~  
 254 ~~to~~<sup>cc</sup> decline involvement and ~~suggest~~<sup>cc refer to</sup> a more suitable evaluator. Exceptions to this guidance may exist

Dr. Childress Comment:

This is basic, fundamental, standard of practice throughout all of psychology and all of healthcare. If the healthcare provider in any capacity, psychologist, social worker, MD physician, is not competent to perform the service, they decline and refer to someone who is. These are not guidelines, it's an undergraduate group paper made up off the top of their heads. They are simply reciting basic principles of professional practice as if they were special "Guidelines," i.e., if you are not competent, decline the service and refer.

255 when the custody evaluation takes place where no other more appropriate referral source is available or  
 256 when there are distinctive attributes or qualities of an individual or family (e.g., uncommon culture,  
 257 clinical condition). In such situations, rather than withdrawing from the case, the psychologist might

Dr. Childress Comment:

Proposed "exceptions" to professional competency

- "no other more *appropriate* referral source is available" – if the custody evaluator feels there is not a "more appropriate" source for the custody evaluation available, then they can make an "exception" to their incompetence and go ahead with the evaluation anyway.
- "distinctive attributes" – if the custody evaluator feels there is something interesting and special about the family situation, then they can make an "exception" to their incompetence and go ahead with the evaluation anyway.

From the APA ethics code, Standard 2.01 Boundaries of Competence

Standard 2.01 Boundaries of Competence

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a **reasonable effort to obtain the competence required** by using relevant research, **training, consultation**, or study.

There are very limited exceptions to professional competence requirements under Standard 2.01(d), i.e., so that services are not denied, with closely related prior training or experience, and IF they make a reasonable effort to OBTAIN the competence required.

Why did the "Working Group" not cite the relevant APA ethics code, Standard 2.01(d). There are no



exceptions for competence unless reasonable efforts are made to OBTAIN the competence (such as through training and consultation), and only in cases where the professional has “closely related” professional experience and, if not provided, then no services will be available.

The “Working Group” seems lax in their requirements for professional competence. No mention of Standard 2.04, no mention of required competence in attachment pathology, family systems, personality disorders, complex trauma, or the diagnostic systems of the DSM-5 and ICD-10, just some vague and general statements about parenting and childhood.

258 consider obtaining the appropriate consultation or supervision so that the custody evaluation can

259 proceed where otherwise it could not.

Dr. Childress Comment:

This is improper. They twist the meaning of Standard 2.01(d) to give permission to accept the case, “rather than a strict prohibition to incompetent practice, with a limited qualifier in Standard 2.01(d)

“rather than withdrawing from the case, the psychologist might consider...”

No. If the psychologist does not possess the necessary competence, the psychologist declines the case and makes a referral. In a situation where a referral is not available because the competence is not available in the community, and if the psychologist has closely related knowledge, then the psychologist may accept the case so that services won’t be denied – IF – IF – the psychologist makes a reasonable effort to “obtain the competence required.

They left that part out, the part about “obtain the competence required.” They mentioned the “consultation” part that follows.

They are technically in accord with Standard 2.01(d) – however, why did they not cite it, why did they not reference “reasonable effort to obtain the competence required,” why did they instead give themselves additional latitude not allowed by Standard 2.01(d) to accept cases beyond the boundaries of their competence if they feel that there are no other “appropriate referrals” and if there are “distinctive attributes” (never mentioned in Standard 2.01) that would somehow allow them to accept a case for which they are incompetent.

They should have directly cited the APA ethics code, Standard 2.01(d).

No mention of Standard 2.04. No mention that “psychologists’ work is based upon established scientific and professional knowledge of the discipline,” i.e., attachment, family systems therapy, personality disorders, complex trauma, child development, and the DSM-5 and ICD-10 diagnostic systems.

260 **Guideline 5. Psychologists ~~endeavor to~~ acquire and maintain specialized competencies to address**

261 **complex issues in child custody evaluations.**

Dr. Childress Comment:

“specialized competencies”

Such as:

- Attachment: specialized competency in the nature, functioning, and dysfunctioning of the attachment system in childhood (Bowlby, Ainsworth, Mains, Sroufe, Cassidy, Lyons-Ruth), including the treatment and restoration of damaged parent-child attachment bonds, i.e., the breach-and-repair sequence (Tronick, Stern).
- Intersubjectivity: specialized competency in the neurologically based relationship system of intersubjectivity (Stern, Tronick, Fonagy, Kohut), a psychological connection system mediated by the mirror neuron network (Siegel), called “enmeshment” in the family systems literature (i.e., the loss of psychological boundaries).
- Personality Disorders: specialized competency in the assessment, diagnosis, and treatment of personality spectrum pathology, specifically narcissistic and borderline personality pathology (Beck, Millon, Kernberg). Narcissistic pathology is vulnerable to rejection, borderline pathology is vulnerable to abandonment, divorce involves both rejection and abandonment by the spousal attachment figure. The activation of narcissistic and borderline personality disorder traits and pathology in a parent would be expected by divorce and the marital rejection and perceived abandonment involved. Specialized competency in the assessment, diagnosis, and treatment of narcissistic and borderline personality pathology is required.
- Complex Trauma: Specialized competency in complex trauma (van der Kolk, Courtois, Cicchetti) and the reenactment of unresolved childhood trauma in the current family relationships (called the “transference” by Freud, “schemas” by Beck, and “internal working models” by Bowlby) is required.
- Brain Development: Specialized competency in the neuro-development of the brain across all stages of childhood is necessary since both assessment factors and recommendations will depend on a variety of neuro-developmental stage factors with the child, and in the parent-child relationship and communication bond. When making life-altering recommendations for children, a specialized competency in the stages and issues in the neurodevelopment of the brain in the parent-child relationship is required.
- Thought Disorders: Specialized competency in thought disorders is required because both narcissistic and borderline pathology will collapse into thought disorders (persecutory delusions) when placed under stress, and divorce represents a significant stress to the narcissistic or borderline personality because of the inherent rejection and abandonment involved.

From Millon: Under conditions of unrelieved adversity and failure, narcissists may decompensate into **paranoid** disorders. Owing to their excessive use of fantasy mechanisms, they are disposed to misinterpret events and to construct **delusional** beliefs. Unwilling to accept constraints on their independence and unable to accept the viewpoints of others, narcissists may isolate themselves from the corrective effects of shared thinking. Alone, they may ruminate and weave their beliefs into a network of fanciful and totally **invalid suspicions**. Among narcissists, delusions often take form after a serious challenge or setback has upset their image of superiority and omnipotence. They tend to exhibit compensatory grandiosity and jealousy **delusions** in which they **reconstruct reality** to match the image they are unable or unwilling to give up. **Delusional** systems may also develop as a result of having felt betrayed and humiliated. Here we may see the rapid unfolding of persecutory **delusions** and an arrogant grandiosity characterized by verbal attacks and bombast.” (Millon, 2011, pp. 407-408).

It is a reasonable expectation that psychologists working with court-involved high-intensity family conflict may frequently encounter parental narcissistic or borderline pathology. Specialized competency in the

assessment and diagnosis of thought disorder pathology (i.e., delusions) is required.

262 **Rationale.** Families requiring custody evaluations are complex and are often characterized by special  
 263 situations and difficult experiences (Drozd et al., 2016). Some specialized areas of child custody

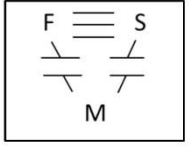
Dr. Childress Comment:

This is a false statement. The family pathology only appears “complex” to the ignorant. The application of the established professional knowledge from family systems therapy brings clarity to the family dynamics:

Family Systems Description: The child is being *triangulated* into the spousal conflict through the formation of a *cross-generational coalition* with one parent against the other parent, resulting in an *emotional cutoff* in the child’s attachment bond to the other parent. (Bowen; Titelman)<sup>1</sup>

Minuchin has a Structural family diagram for exactly the pathology (i.e., *cross-generational coalition* and *emotional cutoff*). In this diagram from Minuchin (1993), the father has formed a *cross-generational coalition* with the son against the mother. The *triangle* pattern is evident, as is the breached parent-child bonds with the mother (called an *emotional cutoff*).

Minuchin: Structural Family Diagram

Triangulation	
Cross-Generational Coalition	
Emotional Cutoff	
Inverted Hierarchy	
Enmeshment	

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

The pathology is not “complex” to anyone who is competent in family systems, it only appears “complex” to ignorance.

An additional problematic feature in the family becomes the addition of parental narcissistic or borderline personality pathology, particularly the pathology of “splitting” (extreme polarization and rigidity of beliefs), which creates the intractable sides in the family and the “loyalty conflicts” (Boszormenyi-Nagy; *Invisible Loyalties*)

The addition of parental personality pathology to the cross-generational coalition and psychologically enmeshed relationship with the child (i.e., the three lines between the father and son in Minuchin’s diagram), requires that the assessing mental health professional have competence in both family systems and personality disorder pathology, that includes competence in the assessment and diagnosis of thought disorders relative to the collapse of a narcissistic or borderline personality surrounding the divorce and spousal conflict.

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I notice that Drozd is cited three times for opinion pieces (what makes her opinion special?), which is notable for the number (3 citations) when Bowlby, Minuchin, Beck, van der Kolk, Millon, Kernberg, Cicchetti, Linehan, Bowlby, and Tronick received zero citations combined, yet Drozd’s work is so important that it receives three separate citations.

I wonder if she was on the “Working Group”? They won’t release the names and vitae of who was on the

<sup>1</sup> Bowen, M. (1978). *Family Therapy in Clinical Practice*. New York: Jason Aronson.

Titelman, P. (2003). *Emotional Cutoff: Bowen Family Systems Theory Perspectives*. New York: Haworth Press.

“Working Group” or how they were chosen.

Drozd, L. M., Olesen, N. W., & Saini, M. A. (2013). *Parenting plan & child custody evaluations: Using decision trees to increase evaluator competence & avoid preventable errors*. Professional Resource Press.

- Opinion piece – not peer-reviewed research

Drozd, L., Saini, M., & Oleson, N. (Eds.). (2016). *Parenting plan evaluations: Applied research for the family court*. Oxford University Press.

- Opinion piece – not peer-reviewed research

Austin, W. G., & Drozd, L. M. (2012). Intimate partner violence and child custody evaluation, part 1: **Theoretical framework**, forensic model, and assessment issues. *Journal of Child Custody: Research, Issues, and Practices*, 9(4), 250–309.

- Opinion piece – not peer reviewed research

It is a curious set of priorities for the “Working Group” to cite opinions of Drozd (who?) three times (5% of the total citations; 3/61), while Bowlby, Minuchin, Bowen, Beck, Millon, van der Kolk, Kohut, Tronick, receive zero combined.

We need to see the names and vitae of who was on the “Working Group.”

The “Working Group” notes the intention of publishing these proposed Guidelines in the APA’s journal *American Psychologist*. They wouldn’t be doing this to advance their vitae and careers would they, rather than conducting an authentic review of the research and recommendations for the conduct of professional practice?

206 “the document was submitted for posting on the APA website and disseminated through

207 official APA communications channels. The document was also submitted for consideration for

208 publication in the *American Psychologist*.”

Yet there is no “conflict of interest” in developing “Guidelines” for their vitae? Drozd (who?) receives 5% of the overall citations promoting her opinions, while Bowlby, Minchin, Beck, van der Kolk, Millon, Kohut, Linehan, Bowen, receive zero – combined.

264 evaluations are well grounded in scientific literature, while other areas are not as well informed. For  
 265 example, a child may experience physical challenges requiring unique support services, a parent may be  
 266 diagnosed with a communication disorder necessitating specialized assessment techniques, or parent-  
 267 child bonds may reflect a highly a typical interpersonal history.

Dr. Childress Comment:

Or there may be a cross-generational coalition with one parent against the other parent resulting in an emotional cutoff, or there might be a shared persecutory delusion created by the collapse of a narcissistic-borderline parent surrounding the divorce, or it might be a severe attachment pathology in the child as the

result of the trans-generational transmission of unresolved trauma from the allied parent, who is recreating their own trauma reenactment narrative from childhood (called the “transference” by Freud, called “schemas” by Beck, and called “internal working models” by Bowlby).

268 **Application.** Complex issues in child custody evaluations may include, but are not limited to: relocation,  
 269 attachment, parent-child contact problems, intimate partner violence, child maltreatment (See  
 270 Guideline 15), effects of substance abuse (See Guideline 16), and mental health. Psychologists <sup>cc</sup>strive to  
 271 understand and evaluate factors affecting the child’s adaptation to relocation, that include, but are not  
 272 limited to, loss of contact with one parent, level of parental conflict, and difficulty of travel (Austin et al.,  
 273 2016; Stevenson et al., 2018).  
 274 Attachment issues with parents (Schore & McIntosh, 2011) and with siblings (Shumaker et al., 2011) are

Dr. Childress Comment:

When they cite attachment, they city Alan Shore in a forensic journal. They have never read Alan Shore. I have. Here are Shore’s citations on the Reference list for *Foundations*:

Shore, A.N. (1997). Early organization of the nonlinear right brain and development of a predisposition to psychiatric disorders. *Development and Psychopathology*, 9, 595-631.

Shore, A.N. (1996). The experience-dependent maturation of a regulatory system in the orbital prefrontal cortex and the origin of developmental psychopathology. *Development and Psychopathology*, 8, 59-87.

Schore A.N. (1994). *Affect Regulation and the Origin of the Self: The Neurobiology of Emotional Development*. Hillsdale, NJ: Erlbaum.

I’m fairly confident that the “Working Group” members do not understand the work of Alan Shore. This is like a student paper where they needed an “attachment” citation and the only one they know of is from their forensic journals, and Shore’s work sounds scientific and neurological, so they cited that as representing “attachment issues with parents.”

Not Bowlby Volume 1: Attachment. Not Bowlby Volume 2: Separation – Anxiety and Anger. Not Volume 3: Loss. Probably (likely) because they have never ready any Bowlby, or any attachment literature. Alan Shore in a forensic journal is their citation for “attachment issues with parents.” This is little more than an undergraduate “group” project (and not a good one). This is far from a professional caliber work product.

Which speaks to the caliber of work product in child custody evaluations.

275 important complex issues for child custody evaluations, with <sup>cc</sup>the goal of restoring a healthy attachment bond ~~effort being made to optimize the bond~~

276 with both parents, <sup>cc</sup>particularly with young children. Psychologists <sup>cc</sup>strive to understand and evaluate

Dr. Childress Comment:

“particularly with young children” – NO, with all children.

The attachment system does NOT stop developing in early childhood, it continues to develop across all the developmental stages of childhood, shifting and changing with the stage and genders involved. The attachment system is a primary motivational system of the brain, like eating or sex. It is the brain system that governs all aspects of love and bonding throughout the lifespan, including grief and loss. The eating system doesn’t stop after early childhood and the child learns how to feed themselves, eating remains important across the entire lifespan. Proper nutrition and healthy eating is important throughout childhood. So is love and bonding to mom and dad. Pathology in attachment bonding is bad, very bad, whenever it happens in childhood – not “particularly” – always.

There are four primary parent-child attachment bonds and they differ on the genders of the child and parent; mother-son, mother-daughter, father-son, father-daughter. Two are cross-gender (mother-son, father-daughter), these are the high-affection bonds. Two are same-gender (mother-daughter, father-son), these are the identity bonds.

Mothers are not exchangeable for fathers in the attachment networks of their children, nor are fathers exchangeable with mothers – the father daughter bond is different and serves different functions than does the mother-daughter bond, same for the mother-son and father-son bonds, they are unique to the relationship, and the functions of these bonds change across developmental stages.

“particularly in young children” – NO. In all children throughout the period of childhood. The “internal working models” of attachment (schemas) are developing throughout the childhood period. We NEVER leave a parent child attachment bond untreated and unrepaired. Never. That is the worst possible thing to do (Tronick: “the good, the bad, and the ugly” Still Face:  
<https://www.youtube.com/watch?v=apzXGEbZht0&t=11s>)

277 issues of bonding within the existing family dynamics.

278 Parent-child access problems are a complex area of study such that psychologists <sup>cc</sup> ~~seek to~~ obtain

279 knowledge of the state-of-the art literature in this topic. The employment of such terms as “parental

Dr. Childress Comment:

“Parent-child access problems” is NOT a defined pathology. What is the diagnosis? Diagnosis guides treatment – including “recommendations” – what is the diagnosis.

It is NOT “complex,” it is simple, you tell me the diagnosis, I’ll tell you what to do about it (i.e., the treatment).

If the pathology is a shared persecutory delusion, then the DSM-5 diagnosis is Child Psychological Abuse (V995.51) and the treatment is to protect the child. Is that complex? No, that’s simple.

The “state of the art” literature on the topic of thought disorder pathology are the DSM-5 and ICD-10 diagnostic systems. This is the description of a shared delusional disorder from the American Psychiatric Association:

**From the APA:** “Usually the primary case in Shared Psychotic Disorder is dominant in the

relationship and gradually imposes the delusional system on the more passive and initially healthy second person. **If the relationship with the primary case is interrupted**, the delusional beliefs of the other individual usually **diminish or disappear**. Although most commonly seen in relationships of only two people, Shared Psychotic Disorder can occur in larger number of individuals, **especially in family situations** in which the parent is the primary case and the children, sometimes to varying degrees, adopt the parent’s delusional beliefs.” (American Psychiatric Association, 2000, p. 333)

**From the APA:** “Course - Without intervention, the course is usually chronic, because this disorder most commonly occurs in relationships that are long-standing and resistant to change. **With separation from the primary case**, the individual’s delusional beliefs disappear, sometimes quickly and sometimes quite slowly.” (American Psychiatric Association, 2000, p. 333)

Was that complex? No that was simple. Apply knowledge to solve pathology, ignorance solves nothing.

280 alienation syndrome” and “alienating behaviors” (e.g., Warshak, 2015) to address parent-child contact

Dr. Childress Comment:

The use of the construct of “parental alienation” in a professional capacity is unsupported and beneath professional standards of practice.

281 problems has engendered considerable controversy and confusion, because these terms do not convey

282 the full complexity of these problems. Psychologists <sup>cc</sup> ~~strive to~~ understand parent-child contact problems

283 through a suitably thorough investigation of all potential causes, including vulnerabilities of the children

284 and evidence of behavior, vulnerabilities of the parents including healthy and unhealthy attachments of

285 parents and children, and other family dynamics. Competencies may be enhanced by participation in

Dr. Childress Comment:

Including a cross-generational coalition with one parent against the other that is resulting in an emotional cutoff in the child’s relationship with the other parent (Minuchin, Bowen, Haley, Madanes), and a shared persecutory delusion created in the child by the allied parent (ICD-10 F24) resulting in Child Psychological Abuse (DSM-5 V995.51) by the allied parent.

Do they consider these possibilities? No. Because they don’t know anything about family systems therapy, attachment, personality disorders, complex trauma, child development, and the ICD-10 and DSM-5 diagnostic systems.

286 case supervision, peer consultation, and continuing education, particularly when complex issues

287 unexpectedly arise that are outside the psychologist’s scope of expertise when conducting child custody

288 evaluations.

Dr. Childress Comment:

Or competencies may be acquired BEFORE beginning practice with attachment pathology, family systems conflicts, collapsing personality disorders surrounding a divorce, child development decisions, and the assessment of possible thought disorder pathology in the family.

Bowlby – Minuchin – Beck – van der Kolk – Tronick – DSM-5 & ICD-10 diagnostic systems, i.e., “the established scientific and professional knowledge of the discipline” Standard 2.04 Bases for Scientific and Professional Judgments

289 **Guideline 6. Psychologists conducting child custody evaluations ~~strive to~~<sup>cc</sup> engage in culturally**

290 **competent practice.**

Dr. Childress Comment:

Cultural competence probably should have been Guideline 1.

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 psychologists do not intrude into that fundamental human right of parenting.

Children belong to and unite within themselves and their self-identity, two cultures, two family lineages, two family heritages, and both cultures, both heritages, from the mother and from the father, need to be fully respected by professional psychology.

The cultural orientation and background of the psychologist, will always – always – enter the assessment and recommendation process, it is impossible to avoid our own cultural orientation influencing our perceptions and world-view. All psychologists working with family conflict, particularly surrounding attachment pathology, should receive focused personal work on their cultural and family-of-origin issues relative to love and attachment bonding.

The counter-transference can be high when working with family conflict and attachment pathology (i.e., problems with love-and-bonding in the parent-child relationship). Unmet childhood (or spousal) needs of the evaluator can unconsciously influence perceptions and judgments, as can cultural comfort and discomfort with various parenting and interpersonal styles.

Cultural competence should probably be Guideline 1.

291 **Rationale.** Psychologists encounter unique issues and special considerations when evaluating persons of

292 diverse backgrounds. These issues often reflect such overlapping elements as gender, gender identity,

293 sexual orientation, culture, racial and ethnic minority status, socioeconomic status, ability status,

294 immigration status, religion and spirituality, language diversity, relative assimilation with the dominant

295 culture, and age (Howard & Renfrow, 2014).



Dr. Childress Comment:  
A self-evident statement.

296 **Application.** Psychologists consider how culture, broadly defined, influences children and parents and  
297 the evaluator’s own values and expectations (Gallardo, 2014). In particular, psychologists ~~strive to~~

Dr. Childress Comment:  
A self-evident statement.

298 understand the challenges, strengths, and diverse issues that impact co-parenting, family dynamics, and  
299 child adjustment, and that are based in frameworks different from an evaluator’s own background.

Dr. Childress Comment:  
This seems a confusing and unfocused statement on cultural competence. Who was the member on the Working Group representing for Cultural psychology? Was the Cultural psychology Division of the APA consulted (Division 45 Society for the Psychological Study of Culture, Ethnicity and Race)? Why not, in two years of “work” (perhaps four years), why not consult with Division 45 on cultural aspects of child custody evaluations?

300 One approach to working with diverse individuals is to consider that a person’s identity is shaped by  
301 multiple social and cultural contexts or viewed in biosociocultural contexts (APA, 2017a and Principle E;  
302 APA, 2017b). Psychologists ~~aspire to~~<sup>cc</sup> assess and understand how diversity issues impact the balance of

Dr. Childress Comment:  
For Cultural Competence Guidelines, they simply cite the Multicultural Guidelines for the APA.  
American Psychological Association (2017b). *Multicultural guidelines: An ecological approach to context, identity, and intersectionality*. <http://www.apa.org/about/policy/multicultural-guidelines.pdf>

303 status, power, and equality between the parents in multiethnic families and families with diverse  
304 identities. In particular, when conducting examinations, interpreting data, and formulating opinions,  
305 psychologists consider how the structure and functions of diverse families may differ from cultural  
306 stereotypes, especially in areas such as attachment, parenting attitudes, child development, child and

307 partner abuse, family functioning, childrearing practices, gender role including caregiving roles, and  
 308 disability in children (Saini & Ma, 2012). Psychologists remain aware of their need to relate and work  
 309 effectively across cultures, bearing in mind that their own explicit and implicit biases could compromise  
 310 data collection, its interpretation, and the subsequent development of valid opinions and  
 311 recommendations (APA, 2017b).

Dr. Childress Comment:

“...their own explicit and implicit biases could compromise data collection, its interpretation, and the subsequent development of valid opinions and recommendations”

Wrong, the explicit and implicit biases from the cultural context of the evaluator WILL affect and influence the data collection, its interpretation, and their subsequent development of their opinions and recommendations. Whether or not they are “valid” opinions and recommendations is based on how much influence the evaluator’s explicit and implicit biases from their own cultural context (and personal history) influence their conduct of the assessment and their subsequent interpretation of the data collected.

We are all cultural beings, a product of our cultural surround and development. We cannot see the world except through our eyes shaped by our culture. Multi-cultural competence is more than understanding “them” – it’s understanding me – and the lens from which I view the world – and recognizing that I always see with my cultural biases.

The issue is to recognize them and address them. The “Working Group” should have invited the collaboration of a representative from Division 45 Society for the Psychological Study of Culture, Ethnicity and Race.

312 Cultural considerations may require changes in customary procedures, such as the use of interpreters  
 313 and test translations. Psychologists <sup>cc are</sup> ~~strive to be~~ aware of how these changes may affect the evaluation  
 314 data they collect.

Guidelines for Child Custody Evaluations in Family Law Proceedings

Analysis (Draft) of Proposed APA Child Custody Evaluation

Preparing: Guidelines 7 8 9 10

(authors unknown)

Analysis & Commentary by C.A. Childress, Psy.D. (2/1/21)

DRAFT

320

## III Preparing for the Child Custody Evaluation

Childress Comment:

This proposal for Guidelines for Child Custody Evaluations fails on multiple levels as a professional work-product.

It is devolving now into personal opinions of the six “Working Group” members without support from the “established scientific and professional knowledge of the discipline” and their Guidelines are not based on “information and techniques sufficient to substantiate their findings.” The “Working Group” for these proposed Guidelines failed to show proper care

Google Negligence: failure to take proper care in doing something.

**321 Guideline 7. Psychologists strive to obtain informed consent when indicated.**

322 **Rationale.** Providing informed consent in written form as “an explanation of the nature and purpose of  
323 the assessment, fees, involvement of third parties, and limits of confidentiality” and allowing  
324 opportunity to “ask questions and receive answers” (APA Ethics Code, Standard 9.03) enhances valid  
325 participation and supports shared legal and ethical goals of fundamental fairness.

Dr. Childress Comment:

This is a self-evident statement.

326 **Application.** Psychologists endeavor to have all capable adults participating in the evaluation sign an  
327 informed consent form (APA Ethics Code, Standard 3.10). If the adult is not capable of giving consent,

Dr. Childress Comment:

The informed consent – process – is more than simply obtaining a signature on a piece of paper, it is actually informing the person of the factors and potential consequences of their participation and then obtaining their voluntary agreement based on their informed understanding.

328 then consent is sought from an appropriate legal representative. A full explanation of procedures,  
329 specific referral questions, policies, timelines, interpretive sessions, fees, release of records, and  
330 consideration of publicly available social media activity allow persons to raise questions before the  
331 evaluation is initiated. When a custody evaluation is court ordered, informed consent may not be  
332 necessary (APA Ethics Code, Standard 3.01; APA 2013b), although the same information, such as

cc should (called "informed assent" for those with diminished capacity)

333 purpose, fees, and involvement of the court, ~~may~~ be offered to the examinee.

334 Psychologists ~~attempt to~~<sup>cc</sup> document all efforts to obtain informed consent, and if informed consent is

335 not obtained (e.g., the parent does not understand the purpose of the evaluation, or is unwilling to

336 consent to the parameters of the custody evaluation), the psychologist ~~strives to~~<sup>cc</sup> notify the referral

337 source. The evaluator ~~strives to~~<sup>cc</sup> ensure that all parties understand with whom information may be

338 shared and any other limits of confidentiality. There is generally no privileged information or

339 communication in a child custody evaluation.

Dr. Childress Comment:

Despite there being no assumption of privilege or confidentiality in the communications made during a child custody evaluation, psychologists nevertheless recognize and respect all individuals' right to privacy and do not disclose private information except as is necessary to the purposes of the assessment and referral question. While released from confidentiality under some circumstances (e.g., agreement of the patient, danger or risk of harm, or by court order), psychologists still recognize the fundamental human right of privacy, and psychologists disclose only as much information as is necessary to the purpose of the disclosure.

340 In the process of obtaining informed consent, psychologists ~~endeavor to~~<sup>cc</sup> advise the parties that written

341 or oral communications germane to the child custody evaluation will be sent to the court and counsel

342 for each party, unless such communications address administrative or procedural matters that call for

343 more limited distribution. For example, court appointed psychologists may find it prudent to raise

344 ~~payment~~ issues or potential withdrawal from an evaluation due to personal conflicts directly with the

345 court; while, in some instances, privately retained psychologists may appropriately raise similar or other

346 concerns directly with the attorneys who hire them. ~~It is worth bearing in mind that~~<sup>cc</sup> communications

Dr. Childress Comment:

Forensic psychologists seem highly concerned with "payment" but as yet they have reported on no outcome data indicating any success at solving anything.

Where are the follow-up questionnaires at 6-months and 12-months regarding the outcome produced by the custody evaluation? There are none. They solve nothing. Yet they are prominently concerned with their "payment."

347 intended to be **exclusive** may subsequently be ordered by the court to be disclosed to all parties or are  
 348 sometimes shared by attorneys on their own initiative.

Dr. Childress Comment:

“communications intended to be exclusive”

There should be no “exclusive” communication in a family evaluation – there should be NO secrets. That the “Working Group” sees a potential need for “exclusive” communication between the evaluator and some parties is immensely inappropriate.

349 Explanations of how findings of the evaluation will be communicated, and to whom, **may** be included in

Dr. Childress Comment:

This is part of informed consent and informed assessment, people have the right to know what is happening to them, and what the potential consequences might be. Even if court ordered, they have the right to information about what is happening.

350 the informed consent. For example, the informed consent <sup>cc or may not</sup> **may** describe if and how the psychologist will  
 351 explain assessment findings to examinees. Psychologists also <sup>cc</sup> **endeavor to** make clear how  
 352 communication will take place regarding the status of the evaluation (APA, 2013b). <sup>cc they are simply citing other Guidelines</sup>  
 353 Clarification about who owns the report may be useful to the litigants in the informed consent. For  
 354 example, court-ordered evaluations are owned by the court, which, in addition to other sources of law,  
 355 may control further distribution. Non-court ordered evaluations may be owned by the examinees.  
 356 Psychologists <sup>cc</sup> **endeavor to** include in the informed consent an explanation of mandatory obligations,  
 357 such as those triggered by child abuse, elder abuse, or other legally defined circumstances.  
 358 Psychologists <sup>cc</sup> **strive to** give children an age-appropriate explanation of the purpose of the evaluation,  
 359 consistent with each child’s cognitive abilities and verbal skills, in order that assent may be obtained  
 360 (Calloway & Lee, 2017). Consent for children must be provided by the legal guardian(s) unless the court  
 361 has ordered it. Psychologists also strive to provide collateral sources, whether the evaluation is court-  
 362 ordered or not, with “information that might reasonably be expected to inform their decisions about

cc they are simply citing other Guidelines

363 participating” (APA, 2013b; p. 13). Such information may include who has retained the psychologist, the  
 364 nature, purpose, and intended use of the information they provide, and the limits of confidentiality and  
 365 privacy regarding the information they offer (APA, 2013b).  
 cc they are simply citing other Guidelines

366 **Guideline 8. Psychologists <sup>cc</sup>endeavor to identify, request, and review relevant records.**

367 **Rationale.** Background and historical information obtained from relevant records improves  
 368 psychologists’ ability to obtain a fuller sense of the family’s functioning and dynamics. Records also

Dr. Childress Comment:

Citation please. This is a false statement. Relevant history may improve diagnosis and recommendations, irrelevant history does not. There is no research supporting the statement made by the “Working Group.”  
 Review of records can be time-consuming and therefore expensive for the patient and financially lucrative for the evaluator. This is a vulnerable population of clients with compromised autonomy because of court involvement, and they are in deep emotional need and emotional distress. It would be easy for the evaluating psychologist to exploit the family and situation for their own financial gain by extending the “record review,” “home observations,” and “collateral contacts” that result in more billable time for the psychologist but are of no appreciable value to the assessment or outcome.

369 assist in understanding the chronology of the challenges the family has encountered over the course of  
 370 their development. Information from children’s medical, educational, and other relevant records is  
 371 useful for understanding children’s challenges, resilience, family relationships, and current and future  
 372 needs.

Dr. Childress Comment:

I have prominent professional concerns for potential exploitation of these vulnerable clients by forensic custody evaluators who are conducting long and unfocused assessments with substantial collection of irrelevant history because their evaluation is entirely unfocused in its intent.

373 **Application.** Psychologists <sup>cc</sup>strive to identify in a timely manner which records should be reviewed. To  
 374 facilitate collection of particularly sensitive information, such as child protective service documentation,  
 375 psychologists may request that permission to obtain particular records is incorporated into the court  
 376 order for the evaluation. Psychologists <sup>cc</sup>endeavor to consider the content of obtained records when  
 377 organizing interview questions and testing protocols, which can inform efforts to gather further

378 information regarding such issues as school performance as well as document review, parent and child  
379 interviews, parent-child interactions, psychological testing, collateral (e.g., teachers, physicians, and  
380 therapists) interviews, substance abuse and family violence screenings, and legal histories (Geffner et  
381 al., 2009). When psychologists identify a potential delay in the receipt of some records, they may find it

Dr. Childress Comment:

They have no idea what they are doing so they have no idea what they are looking for. They collect information on a shot-gun fishing expedition because it is all billable time and very financially lucrative for them, and there is no incentive whatsoever to hold down their costs to the parents, while there ARE personal financial incentives to increase the costs through extensive and unnecessary record review to answer the referral question – which parent is causing the child’s attachment pathology, and what are the treatment implications? (i.e., how do we fix it?)

382 prudent to begin conducting initial examinations in order to ensure that the overall evaluation is  
383 completed in a timely fashion.

Dr. Childress Comment:

The standard turnaround time for a clinical diagnostic assessment is two-six weeks from first session to report. Longer than two to six weeks, and the information becomes out-of-date for decision-making purposes.

384 **Guideline 9. Psychologists <sup>cc</sup>~~endeavor to~~ structure child custody evaluations in accordance with**  
385 **psychological science and evolving practice standards.**

Dr. Childress Comment:

An entire Guideline to restate Standard 2.04

**2.04 Bases for Scientific and Professional Judgments**

Psychologists' work is based upon established scientific and professional knowledge of the discipline.

386 **Rationale.** Each case presents its own set of demands. Codes and guidelines are continually updated,  
387 and psychological tests are periodically revised. Interview procedures, informed by analyses reflected in  
388 the professional literature, improve with the psychologist’s increased experience and with the  
389 availability of ongoing peer supervision. Psychological science contributes to the development and



390 refinement of each of these components and enriches the plan that would guide the implementation of  
 391 the evaluation and outcomes. Child custody opinions that reflect the psychologist’s familiarity with such  
 392 considerations and that best fit the case are the most valid, accurate, and appropriately persuasive. citation please

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)
- DSM-5 & ICD-10 diagnostic systems

The proposed Guidelines for Child Custody Evaluations:

- Bowlby citations – 0
- Minuchin citations – 0
- Bowen citations – 0
- Beck citations – 0
- Millon citations – 0
- Kernberg citations – 0
- Linehan citations – 0
- Van der Kolk citations – 0
- Cicchetti citations – 0
- Tronick citations – 0
- Kohut citations – 0
- DSM-5 & ICD-10 citations – 0
- 54% if the citations are to forensic literature, of which 75% of the citations are to opinion pieces in forensic psychology, and two of the research studies were surveys of the opinions of forensic psychologists.
- Applied Behavioral Analysis – 0 citations
- Functional Behavioral Analysis – 0 citations
- The “transference” (Freud and psychoanalysis) – 0 citations
- “Schemas” (Beck and cognitive psychology) – 0 citations
- “Internal working models” (Bowlby and attachment) – 0 citations

“Psychological science contributes to the development and refinement of each of these components and enriches the plan that would guide the implementation of the evaluation and outcomes”

393 **Application.** Psychologists <sup>cc</sup> ~~endeavor to~~ structure child custody evaluations in **case-specific** ways, and to  
 394 update ~~templates~~ regularly. In accordance with evolving practice standards and psychological science,  
 395 psychologists <sup>cc</sup> ~~strive to~~ include such components as conducting parent interviews, observing parent-child  
 396 and caregiver-child interactions, reviewing documents, interviewing and/or observing each child,  
 397 administering psychological testing to parents and children, interviewing cohabitating partners,  
 398 interviewing and obtaining materials from collateral sources (e.g., teachers, physicians, and therapists),  
 399 and screening for substance abuse and family violence (including intimate partner violence and child  
 400 maltreatment) (Geffner et al., 2009). The planful inclusion of specific steps and tasks provides the  
 401 structure that guides an evaluation to its final product.

Dr. Childress Comment:

Rudimentary and basic information that is typically provided in the Introduction chapter to a beginning textbook on assessment.

402 Psychologists <sup>cc</sup> ~~endeavor to~~ **as opposed to uniformed decisions?** make informed decisions that enable the most appropriate and timely  
 403 execution of the evaluation. Relevant issues include time management, compensation and **financial**  
 404 arrangements, external consultations that may be needed, order of assessment instruments,  
 405 instruments and methods to utilize, collateral information to review, and necessary adaptations to the  
 406 particulars of the family. Psychologists <sup>cc</sup> ~~strive to~~ ensure that decisions about these issues are based on  
 407 the referral question and consistent with psychological science and evolving practice standards.  
 408 Psychologists attempt to anticipate challenges, reduce risks and obstacles, and build reasonable  
 409 flexibility into the structure of the evaluation. Evaluation methodologies may change based on the court  
 410 order and the issues of the case. Psychologists <sup>cc</sup> ~~strive to~~ understand how psychological science and  
 411 practice standards inform any procedural changes that may occur, as well as the limitations that those  
 412 changes may place on the conclusions of the evaluation.

Dr. Childress Comment:

These are 100% fluff statements that have no meaning or practical value (“Psychologists strive for world peace and the betterment of all humanity, and when things change, psychologists take this change into consideration.”)

That was an entirely pointless Guideline.

- 413 **Guideline 10.** Psychologists <sup>cc</sup> **strive to** construct an evidence-based, multimethod, and multitrait  
 414 **assessment format that reflects valid and reliable methods of data gathering.**

**Dr. Childress Comment:**

Multi-method/multi-trait assessment procedures are to – triangulate – on an issue from several different approaches – look at several issues, not just one (multi-trait), and look at each using several different approaches – types of data (e.g., observational, clinical interview, test results – all pointing to the same issue or factor – triangulating on the cause from multiple perspectives.

Forensic psychology does not use multi-method/multi-trait in this way. They use it as an excuse to do a lot of irrelevant things that provide no useful information (but pad the expenses and fees charged for the evaluation). It is a shot-gun, fishing expedition because they don’t know relevant from irrelevant information (because they are not applying any of the “established scientific and professional knowledge of the discipline” to their assessment).

Forensic psychology and child custody evaluations need outside and independent review from:

- Ethics
- Cultural Psychology
- Psychometrics of Assessment
- Clinical Psychology
- Child Development
- Attachment
- Family Systems Therapy

Not forensic psychology, they should not be allowed to self-review their practices.

- 415 **Rationale.** Evidence-based multimethod assessment practices include the selection of assessment  
 416 instruments with sound psychometric properties that draw upon complementary data sources (Mihura,  
 417 2012). Multitrait and <sup>cc multimethod</sup> ~~multitrait~~ assessments help balance the limitations on reliability and validity of

Dr. Childress Comment:

“sound psychometric properties”

There is NO inter-rater reliability for child custody evaluations – zero. If an assessment procedure is not

reliable in CANNOT be a valid assessment of anything. That is basic and axiomatic in the psychometrics of assessment – if an assessment procedure is not reliable, it cannot possibly be valid.

There are four methods of establishing the reliability of an assessment procedure – test-retest, alternate forms, split-half (internal consistency), and inter-rater reliability. In the case of an interview assessment procedure, such as a child custody evaluation, the applicable reliability approach is inter-rater reliability, i.e., do two evaluators reach the same conclusions and recommendations based on the same data?

There is zero inter-rater reliability for child custody evaluations. Two different evaluators can reach entirely different conclusions and recommendations based on the same data. Child custody evaluations are not a valid assessment of anything, except the opinions of the one random person who does the evaluation.

The “multitrait/multimethod” approach they advocate in this context is simply a means to appear “scientific” and pad their billable time and financial income by exploiting the vulnerability of the parents.

418 single measures by deliberately selecting data sources with contrasting strengths and weaknesses.

Dr. Childress Comment:

They are reciting by rote certain phrases without actually understanding what they mean. They are just using the multi-method/multi-trait argument to appear scientific (when they’re not) and to pad the time involvement and financial income from each custody evaluation (do lots of things that take a lot of time, but don’t add anything to the outcome for the child, the family, or the court).

419 Similarly, when integrating data from different modalities and convergences and divergences are  
 420 assessed, multitrait assessment allows relevant aspects of an examinee’s functioning to be analyzed  
 421 directly (Hopwood & Bornstein, 2014). Unreliable, invalid, and scientifically unsupported or otherwise  
 422 poorly chosen methods may be harmful to the parties as well as to the process in which these persons  
 423 are engaged.

Dr. Childress Comment:

If custody evaluators cannot even apply a diagram from Minuchin of exactly the pathology (cross-generational coalition and emotional cutoff), then “integrating data from different modalities and convergences and divergences” to allow “relevant aspects of an examinee’s functioning to be analyzed directly” is far beyond their capability.

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 that foundational human right of parents.

424 **Application.** Psychologists ~~strive to~~<sup>cc</sup> create an assessment battery that employs scientifically valid and  
 425 reliable methods that are relevant to the issues being assessed. Psychologists are mindful that courts  
 426 often confuse these two notions by mentioning only “reliability” when addressing the sufficiency of

427 forensic mental health assessment techniques. It may be helpful for psychologists to find a way to  
 428 convey that “validity” refers to whether a test or other measure assesses what it is meant to measure,  
 429 and that “reliability” refers to the consistency of the obtained results.

Dr. Childress Comment:

Apparently, it would also be helpful to “find a way to convey” to the “Working Group” that “reliability” of child custody evaluations “refers to the consistency of obtained results” from one evaluator to the next, i.e., the “inter-rater reliability.”

If an assessment procedure, like a child custody evaluation, has no inter-rater reliability, then it CANNOT possibly be a valid assessment of anything, because it has no “consistency in the obtained results” from one custody evaluator to the next.

I suspect the “Working Group” may be interested to learn this principle of psychometrics and assessment, that child custody evaluations are not reliable, and so they are also not valid (“validity” refers to whether a test or other measure, like a child custody evaluation, assesses what it is meant to measure).

430 Multitrait assessment practices yield stronger, more clinically useful data (Hopwood & Bornstein, 2014;  
 431 AERA et al., 2014). Psychologists ~~attempt to~~<sup>cc</sup> develop an assessment battery consisting of psychological

Dr. Childress Comment:

No. Multi-trait assessment only yields an assessment on multiple traits, multi-method/multi-trait will yield stronger, more clinically useful data when used to triangulate on a specific issue, but NOT when used as a hodge-podge random fishing expedition by throwing in everything AND the kitchen sink. That’s just creates a... long and unfocused (and expensive/lucrative) assessment.

432 tests, instruments, techniques, and other data gathering sources that are suited to the characteristics of  
 433 the case. This battery takes into account specific family members’ cultural and demographic

Dr. Childress Comment:

Child custody evaluations are primarily structured around long and extensive interviews with the family, with psychological testing sometimes added as an adjunctive assessment procedure (typically for unclear purpose and with no appreciable impact on the interpretations or outcome of the evaluation, which is mostly relies on opinions formed during the interviews based on everyone’s reporting of history and relationships).

Characterizing a custody evaluation as “an assessment battery consisting of psychological tests, instruments, techniques, and other data gathering” is not accurate. It is a set of interviews with the family members that sometimes has additional “psychological tests” and home-observations added (of highly questionable validity, although they pad the expenses and financial income for the custody evaluator, who appears to have no motivation or desire to limit the time and expense of the custody evaluation).

citation please

434 characteristics and addresses the referral questions. Direct methods of data gathering typically include

Dr. Childress Comment:

They are asserting a fact: “This battery takes into account specific family members’ cultural and demographic characteristics and addresses the referral questions” – citation please. This is not true. Prove it.

This is a **false** and **deceptive** statement.

#### 5.01 Avoidance of False or Deceptive Statements

Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

“This battery takes into account specific family members’ cultural and demographic characteristics and addresses the referral questions” – that is a **false** and **deceptive** statement concerning the practice of child custody evaluations with which the “Working Group” is affiliated

“Six members of the Working Group were selected with different areas of expertise and levels of experience in conducting child custody evaluation.” (lines 97-99)

“This battery takes into account specific family members’ cultural and demographic characteristics and addresses the referral questions” Prove it. Citation please.

They are promoting a practice that they themselves conduct with false and deceptive statements about its quality and with no evidence to support their false and deceptive public statements regarding the nature and quality of child custody evaluations. **Citation please.**

435 psychological testing, **forensic interviews**, and behavioral observations (Ackerman & Pritzl, 2011).

Dr. Childress Comment:

“forensic interview” – Question: did the forensic evaluator fail to take proper care by conducting a *forensic* rather than *clinical* interview? Is this a crime, or pathology? Are they an investigator, or a healthcare professional? Did they assess for a possible thought disorder? How? Did they assess for possible child psychological abuse? How?

Google negligence: failure to take proper care in doing something.

436 Person-focused rather than test focused evaluations are described in the empirical literature as

437 providing more individualized, context-relevant, and reliable findings (Groth-Marnat & Wright, 2016).  
(cc “**strive to**” recognize? “**aspire**” to recognize?)

438 Psychologists recognize the importance of utilizing pertinent evidence-based theoretical frameworks

439 when appropriate. One example is the interpretation of data through a trauma informed lens when

440 traits and symptoms may be better explained as evidence of trauma from abuse inside or outside the

441 family, while another example is the adoption of culturally informed perspectives on interpretation of

Dr. Childress Comment:

“utilizing pertinent evidence-based theoretical frameworks”

- Family conflict = family systems therapy – one of the four primary schools of psychotherapy and the only school focused on understanding families, family relationships, and family conflicts (Minuchin, Bowen, Haley, Madanes): i.e., THE pertinent theoretical framework when assessing family conflicts.
- Attachment pathology = the attachment system – a problem in parent-child bonding is a problem in the love-and-bonding system of the brain, i.e., the attachment system: i.e., THE pertinent theoretical framework when assessing attachment pathology in the family.
- Trauma-informed = personality disorders – both narcissistic and borderline personality disorders are the product of unresolved childhood trauma (distorted “schemas” of self and other), and a trauma-informed theoretical framework would include van der Kolk and Beck (trauma reenactment narrative), Linehan (borderline), Kernberg (narcissistic and borderline), and Millon (all “personality” pathology) surrounding the collapse of a narcissistic or borderline “personality disordered” parent that is creating significant relationship conflict and pathology in the family surrounding the divorce and spousal conflict.
  - Minuchin, Bowen, Haley, Madanes citations – 0
  - Bowlby, Ainsworth, Sroufe, Ruth-Lyons citations – 0
  - van der Kolk, Courtois, Perry, Briere citations – 0

442 psychological test outcomes (Chiu, 2014). Psychologists are also encouraged to access documentation  
 443 from a variety of sources (e.g., schools, health care providers, childcare providers, agencies, and other  
 444 institutions) and to contact members of the extended family, friends, acquaintances, and other  
 445 collateral sources when the resulting information is likely to be relevant, while bearing in mind the  
 446 potential biases of such informants.

Dr. Childress Comment:

There seems to be absolutely no consideration for the financial cost for the parents of such a long and unfocused assessment, or perhaps there is a full and complete understanding for the financial costs of accessing “documentation from a variety of sources (e.g., schools, health care providers, childcare providers, agencies, and other institutions) and to contact members of the extended family, friends, acquaintances, and other collateral sources” even though the information may be entirely irrelevant or add nothing to the outcome conclusions and recommendations, or are acknowledged to be biased sources of information of little practical value – but all of it is billable time (not to insurance, full private practice fees, court guaranteed) for reviewing a whole variety of sources of possible information, whether its relevant or useful, or not.

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. (2/1/21)

DRAFT



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**IV. Conducting a Child Custody Evaluation**

**Relationships**

**Guideline 11. Psychologists <sup>cc</sup> ~~strive to~~ function as fair and impartial evaluators.**  
<sup>cc as opposed to an unfair and biased evaluator</sup>  
<sup>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.</sup>

**Rationale.** Child custody evaluations address complex and emotionally charged disputes over highly personal matters, and the parties are usually deeply invested in a specific outcome. The volatility of this situation is often exacerbated by a growing realization that there may be no resolution that will satisfy every person involved. In this contentious atmosphere, cognitive, confirmatory, implicit, or other biases 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  
457  
458

**Application.** Psychologists are encouraged to monitor actively their own values, perceptions, and reactions, and to seek peer consultation and education in the face of threats to impartiality, fairness, or 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  
 462 to construe the merits of the data accordingly. Psychologists consider how the language they employ in  
 cc “aspire” to consider”; “strive” to consider?

Dr. Childress Comment:

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

463 reports, testimony, and communications with counsel and others may **inadvertently** suggest bias. For  
 cc and represent  
 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  
 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**

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.

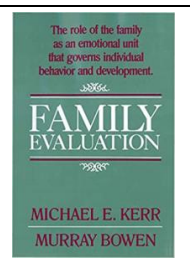
Then they need to learn about the breach-and-repair sequence (Tronick) and empathic failures (Tronick, Stern). The domain of empathic failures extends to Kohut, optimal frustration, self-object functions, developing self-structure and transmuting internalizations.

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 substantial degree of counter-transfere ntial 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-transfere ntial 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 <sup>cc</sup> ~~strive to~~ 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). 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 <sup>cc</sup> ~~strive to~~ 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 <sup>cc</sup>aspire to 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 <sup>cc</sup>strive to collect and assess information**  
529 **relevant to parenting strengths and weaknesses, <sup>cc</sup>in an attempt to 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.

538 **Application.** Psychologists ~~strive to~~<sup>cc</sup> 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.

540 approach may be structured or unstructured, psychologists endeavor to avoid pursuing irrelevant  
 541 information. They also seek to ~~go beyond a cursory assessment~~<sup>cc</sup> of information that is relevant (e.g.,  
 542 domestic violence and substance abuse, among other factors). Psychologists ~~endeavor to~~<sup>cc</sup> 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.”

543 <sup>cc absurdly self-evident.</sup> 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  
 548 parent’s view of their child’s needs and functioning are part of an overarching multimethod approach. <sup>cc i.e., anything relevant</sup>  
 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  
 551 relationship with the other parent. Psychologists <sup>cc are</sup> ~~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). <sup>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.</sup>  
 555 Contextual complexities (e.g., military families, relocation cases) may make in-person interviewing  
 556 impractical or even impossible. Psychologists <sup>cc</sup> ~~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.

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 conducting a proper assessment of child abuse and spousal abuse factors, and exempting themselves (or seeking to) from their professional duty to 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. They 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,

571 and promote safe, healthy and functional relationships and living arrangements. Psychologists <sup>cc do or don't do</sup> ~~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.  
 576 Psychologists <sup>cc</sup>strive to maintain an in-depth knowledge of abuse dynamics in order to <sup>cc assess</sup>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  
 579 <sup>cc assessment</sup>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  
 581 children. Such <sup>cc assessment</sup> **screening** contributes to the identification of information, behaviors, or disclosures  
 582 indicating that violence, abuse, coercion, or intimidation is or may become an issue. <sup>cc assessment</sup> **Screening** 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)<sup>2</sup>

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)<sup>3</sup>

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,

<sup>2</sup> 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.

<sup>3</sup> 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.

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)<sup>4</sup>

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

“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)

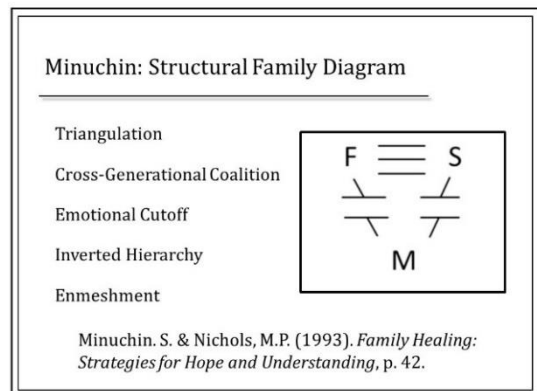
Stone, Buehler, and Barber offer an explanation for their finding that intrusive parental psychological control of children is related to high inter-spousal conflict:

“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.



<sup>4</sup> 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.



583 an ongoing process throughout the custody evaluation, rather than a one-time event. Psychologists  
 584 <sup>cc</sup> ~~strive to~~ implement <sup>cc assessment</sup> ~~screening~~ 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  
 587 <sup>cc psychologists also have duty to protect obligations</sup> safety to the parties, and they are prepared to seek court guidance as needed. When making parenting  
 588 recommendations concerning parental decision-making and child access, psychologists <sup>cc</sup> ~~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.

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  
 596 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.

cc

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

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

cc

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 Child Neglect; DSM-5 V995.52

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

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

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, such 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  
 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 <sup>cc</sup> ~~try to~~ authorize only persons who may  
 653 competently perform these services either independently or with the level of supervision provided (APA  
 654 <sup>cc</sup> ~~citing the APA ethics code on testing, basic stuff you learn as a trainee (the one being delegated to)~~  
 Ethics Code, Standard 2.05; 9.97).

655 Psychologists consider the benefits and challenges regarding the presence of recording devices or third-  
 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 <sup>cc</sup> ~~strive to~~ 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  
 665 <sup>cc</sup> ~~citing the APA ethics code on testing, basic stuff you learn as a trainee~~ 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~~<sup>cc</sup> 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  
 672 ~~cc citing the APA ethics code on testing, basic stuff you learn as a trainee~~ 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.

675 **Guideline 18. Psychologists ~~strive to~~<sup>cc</sup> 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  
 679 the overall assessment process (Saini & Polak, 2014). This approach ~~may~~<sup>cc</sup> 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~~<sup>cc</sup> 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  
 685 parent and child variables that may have particular meaning to the court and that can serve to clarify  
~~cc no they don’t. citation please.~~

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-  
688 public settings—such as an airport, school, or waiting room—psychologists <sup>cc</sup> **strive to** consider with  
689 especial care the confidentiality and informed consent ramifications (see Guideline 7) of these  
690 arrangements.

691 When observing parent-child interactions, psychologists <sup>cc</sup> **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  
696 with the parent, <sup>cc</sup> **and cue structure for and the function served by the child’s non-compliance and emotional dysregulation**

697 Psychologists take into consideration cultural factors that may influence the manner in which parents  
698 demonstrate these aspects. Psychologists <sup>cc</sup> **strive to** <sup>cc</sup> report these interactions as behavioral observations,  
699 and to take care that methods of recording and documenting these interactions are both valid and  
700 <sup>cc</sup> **observational data is the least reliable and the least valid (unless highly structured)**  
701 **is a reported “safety” concern in having direct parent-child contact in an observation arranged by the psychologist.**  
observed (Henry et al., 2015; Goodwin, et al., 2017).

702 Suitably familiar with the professional literature on different approaches to observation, psychologists  
703 <sup>cc</sup> **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  
706 the child’s <sup>cc</sup> **safety**, based upon such factors as the parent’s <sup>cc</sup> **problematic presentation**, the child’s  
707 <sup>cc</sup> **expressed wishes**, or situations in which the child has never met or has no recollection of the parent  
<sup>cc</sup> **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 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**<sup>cc</sup> understand the impact of such factors on the resulting opinions.

706 Observations of parent-child interactions are **not in and of themselves**<sup>cc</sup> “attachment” (i.e., the quality of

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

cc ANY

711 (Schore & McIntosh, 2011). When the situation requires a ~~formal~~ attachment evaluation, psychologists  
 712 ~~endeavor to effectuate a referral~~ <sup>cc refer</sup> for this type of ~~procedure~~ <sup>cc assessment</sup> if they do not have the ~~formal~~ 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 not 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 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~~ <sup>cc</sup> collect sufficient data to address the scope of the evaluation and**  
 715 **to support their conclusions with an appropriate combination of examinations.**

716 **Rationale.** <sup>cc as opposed to collecting insufficient information that does not support their conclusions. Some of these Guidelines seem self-evident</sup> 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  
 718 effective when they reflect thorough examinations of each parent and child, in order to address

719 parenting abilities, children’s needs, and the resulting **fit**.  
<sup>cc what do they mean by “fit” if not the attachment bond that they are not competent to assess?</sup>

720 **Application.** Psychologists ~~strive to~~ <sup>cc</sup> 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,

725 scheduling problems, or financial concerns, psychologists ~~endeavor to~~ <sup>cc</sup> 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  
 733 <sup>cc</sup> they are simply reciting the APA ethics code corresponding obligation.

734 Psychologists <sup>cc</sup> ~~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  
 736 to evaluate only the children. In such cases, psychologists <sup>cc</sup> ~~endeavor to~~ refrain from comparing the  
 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 <sup>cc</sup> ~~strive to~~ 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, <sup>cc</sup> ~~endeavor to~~ 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.

788 **Guideline 22. Psychologists ~~endeavor to~~<sup>cc</sup> ensure that their recommendations address and support the**  
 789 **best interests of the child.** <sup>cc</sup> 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  
 792 <sup>cc</sup> Standard 2.04 Bases for Scientific and Professional Judgments <sup>cc</sup> outcome measures  
 792 analyses from which they are derived, the availability of empirical support, and the psychologist’s  
 793 <sup>cc</sup> interpretations <sup>cc</sup> “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  
 797 enmeshment in secondary, competitive disputes between the parties. <sup>cc</sup> you mean like solving the parent-child conflict?

798 **Application.** If offering recommendations, psychologists <sup>cc</sup> ~~strive to~~ ensure that these opinions reflect an  
 799 identified referral question, a careful review of evaluation data, a solid grasp of relevant psychological  
<sup>cc</sup> 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.  
 809 Psychologists <sup>cc</sup>endeavor to anticipate and address the viability of potential recommendations that might  
 810 differ from their own. When formulating recommendations, psychologists <sup>cc</sup>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).

745 **Guideline 20. Psychologists <sup>cc</sup>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  
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**

773 **Guideline 21. Psychologists ~~strive to~~<sup>cc</sup> 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~~<sup>cc</sup> 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~~<sup>cc</sup> account for the implications of these circumstances when attempting to understand  
 791 and describe family members and family dynamics. Psychologists ~~aspire to~~<sup>cc</sup> be aware of their own inherent  
 792 biases when integrating and analyzing evaluation data. ~~cc the honor system~~  
 793 Psychologists ~~endeavor to~~<sup>cc</sup> 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).  
 798 **Guideline 23. When generating written reports and testifying about child custody evaluations,**  
 799 **psychologists ~~strive to~~<sup>cc</sup> 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~~<sup>cc</sup> provide a transparent, fair and accurate depiction of each aspect of the

806 evaluation. Psychologists ~~strive to~~<sup>cc</sup> 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~~<sup>cc</sup> avoid choosing data to confirm a particular position while ignoring  
 812 contradictory information. Psychologists ~~strive to~~<sup>cc</sup> 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~~<sup>cc</sup> create written reports that are well-organized, easy to follow, appropriately  
 816 ~~succinct~~<sup>cc ??? have you ever seen the length of a child custody evaluation?</sup>, and readable, with appropriate grammar and spelling. They ~~endeavor to~~<sup>cc</sup> avoid the use of  
 817 jargon that may confuse the reader and lead to misunderstanding or eventual misrepresentation of their  
 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~~<sup>cc</sup>  
 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~~<sup>cc</sup> ensure that their reports and testimony are objective and unbiased with  
 824 respect to all parties. They ~~endeavor to~~<sup>cc</sup> 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~~<sup>cc</sup> 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~~

References for Proposed APA Guidelines for Child Custody Evaluations in Family Law Proceedings

Unknown “Working Group” (2021)

<b>Total Number of Citations</b>	61	
Forensic Journals & Books	33	54%
Professional Guidelines	12	20%
<ul style="list-style-type: none"> <li>74% of the citations are from forensic publications or from various other Guidelines</li> </ul>		
Introductory Textbooks	4	7%
Substance Abuse	7	11%
Tele-psychology	2	3%
“Trauma bonding”	1	2%
Hawthorne Effect	2	3%
<b>Remaining Citations:</b> Eliminate professional guidelines, substance abuse studies, introductory textbooks, and tele-psychology citations		33 forensic citations from forensic publications  3 other citations (two Hawthorne effect, one “trauma-bonding”)
Citations Prior to 2015	37	61%
Citations after 2015	24	39%
Forensic research citations from Before 2015:	19	60%
Forensic research citations from After 2015:	13	40%
<b>Attachment</b>		
Citations of Bowlby	0	
Citations of Ainsworth, Sroufe, Cassidy, Mains, Ruth-Lyons	0	
<b>Family Systems</b>		
Citations of Minuchin	0	
Citations of Bowen	0	
Citations of Haley, Madanes, Satir, Borzermenji-Nagy	0	
<b>Trauma</b>		
Citations of van der Kolk	0	
Citations of Perry	0	
Citations of Cicchetti	0	
<b>Personality Disorders</b>		
Citations of Beck	0	
Citations of Kernberg	0	
Citations of Millon	0	
Citations of Linehan	0	
<b>Child Development</b>		
Citations of Tronick	0	
Citations of Kohut	0	

## References for Proposed APA Guidelines for Child Custody Evaluations in Family Law Proceedings

## Forensic Publications

54% of all the citations are from forensic publications, with three journals accounting for the primary source (42%) of the forensic citations in the Reference section.

- **Family Court Review – 8 (24%)**
- **Journal of Child Custody – 4 (12%)**
- **American Journal of Family Law – 2 (6%)**

42% of the cited forensic studies come from three forensic journals.

Opinion piece publications account for most of the forensic publications cited (78%), with two survey research studies of opinions. Only 12% of the literature cited involved actual research studies.

- Opinion piece publications: 26 (78%)
- Survey research of opinions: 2 (6%)
- Research: 4 (12%)
  - MMPI meta-analysis
  - Research on note-taking accuracy
  - Research on validity of observational measures
  - Research on distance separations

84% of the forensic literature cited are opinion pieces, not direct research

Ackerman, M. J., & Pritzl, T. B. (2011). Child custody evaluation practices: A 20-year follow-up. *Family Court Review*, 49, 618-628.

- Survey research of opinions

Amundson, J. & Lux, G. (2019). Tippins and Wittman revisited: Law, social science, and the role of the child custody expert 14 years later. *Family Court Review*, 57, 88-106.

- Opinion piece

Austin, W. G., & Drozd, L. M. (2012). Intimate partner violence and child custody evaluation, part 1: Theoretical framework, forensic model, and assessment issues. *Journal of Child Custody: Research, Issues, and Practices*, 9(4), 250–309. <https://doi.org/10.1080/15379418.2012.749717>

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Austin, W., Bow, J. N., Knoll, A., & Ellens, R. (2016). Relocation issues in child custody evaluations: A survey of professionals. *Family Court Review*, 54, 477-486. <https://doi.org/10.1111/fcre.12224>

- Survey research of opinions

Calloway, G. C., & Lee, M. (2017). Using research to assess children and “hear” their voices in court proceedings. *American Journal of Family Law*, 31, 140-157.

- Opinion piece

Child information Gateway, Department of Health and Human Services. (2018). *Determining the best interests of the child*. <https://www.childwelfare.gov/topics/systemwides/laws-policies/statutes/best-interest>

- Opinion piece

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- Opinion piece
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- Opinion piece
- DiFonzo, J. H. (2014). From the rule of one to shared parenting: Custody presumptions in law and parenting. *Family Court Review*, 52, 213-228.
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- Opinion piece
- Farina, F., Redondo, L., Seijo, D., Novo, M., & Arce, R. (2017). A meta-analytic review of the MMPI validity scales and indexes to detect defensiveness in custody evaluations. *International Journal of Clinical and Health Psychology*, 17, 128-138. <http://dx.doi.org/10.ijchp.2017.02.002>
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- Court case

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- Opinion piece

Warshak, R. (2015). Ten **parental alienation** fallacies that compromise **decisions in court** and in therapy. *Professional Psychology: Research and Practice*, 46, 235-249. <http://dx.doi.org/10.1037/pro0000031>

- Opinion piece

## Guidelines

Twelve Guidelines cited (20% of the citations are of other Guidelines)

APA Guidelines for:

- Testing
- **Child Custody Evaluations (1994)**
- Record Keeping
- **Child Custody Evaluations (2010)**
- Child Protection
- **Forensic Psychology**
- Telepsychology
- Psychological Assessment
- Developing Guidelines
- Ethics Code
- Cultural Competency

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<p><i>evaluation</i>. Author.</p> <p>American Psychological Association. (2015). Professional practice guidelines: Guidance for developers and users. <i>American Psychologist</i>, 70, 823-831.</p> <p>American Psychological Association (2017a). <i>Ethical principles of psychologists and code of conduct</i> (2002, Amended June 1, 2010 and January 1, 2017). <a href="https://www.apa.org/ethics/code/index.aspx">https://www.apa.org/ethics/code/index.aspx</a></p> <p>American Psychological Association (2017b). <i>Multicultural guidelines: An ecological approach to context, identity, and intersectionality</i>. <a href="http://www.apa.org/about/policy/multicultural-guidelines.pdf">http://www.apa.org/about/policy/multicultural-guidelines.pdf</a></p> <p>Committee on Psychological Tests and Assessment, American Psychological Association. (2007). <i>Statement on third party observers in psychological testing and assessment: A framework for decision making</i>. <a href="https://www.apa.org/science/programs/testing/third-party-observers.pdf">https://www.apa.org/science/programs/testing/third-party-observers.pdf</a></p>
<p>Introductory Textbooks</p>
<p>Groth-Marnat, G., &amp; Wright, A. J. (2016). <i>Handbook of psychological assessment</i> (7<sup>th</sup> ed.). Wiley.</p> <p>Hopwood, C. J., &amp; Bornstein, R. F. (2014). <i>Multimethod clinical assessment</i>. Guilford Press.</p> <p>Howard, J. A., &amp; Renfrow, D. G. (2014). Intersectionality. In J. D. McLeod, E. J. Lawler, &amp; M. Schwalbe (Eds.), <i>Handbook of the social psychology of inequality</i> (pp. 95–121). Springer.</p> <p>Gallardo, M. E. (2014). <i>Developing cultural humility: Embracing race, privilege and power</i>. Sage</p>
<p>Substance Abuse Citations</p> <p>7 citations for substance abuse (11%)</p>
<p>Boles, S. M., &amp; Miotto, K. (2003). <a href="#">Substance abuse and violence</a>: A review of the literature. <i>Aggression and Violent Behavior</i>, 8, 155-174.</p> <p>Bracken, B. K., Rodolico, J., &amp; Hill, K. P. (2013). Sex, age, and progression of <a href="#">drug use in adolescents</a> admitted for substance abuse disorder treatment in the northeastern United States: Comparison with a national survey. <i>Substance Abuse</i>, 34, 263-272.</p> <p>National Institute on Drug Abuse. (2018). Screening and assessment tools chart. <a href="https://tinyurl.com/nida-screening">https://tinyurl.com/nida-screening</a></p> <p>Ondersma, S. J., Chang, G., Blake-Lamb, T., Gilstad-Hayden, K., Orav, J., Beatty, J. R., Goyert, G. L., &amp; Yonkers, K. A. (2019). Accuracy of five self-report screening instruments for <a href="#">substance abuse</a> in pregnancy. <i>Addiction</i>, 114, 1683-1693.</p> <p>Soper, R. G. (2014, October 6). Intimate partner violence and co-occurring <a href="#">substance abuse/addiction</a>. American Society of Addiction Medicine. <a href="https://tinyurl.com/ASAM2014article">https://tinyurl.com/ASAM2014article</a></p> <p><a href="#">Substance Abuse</a> and Mental Health Services Administration. (n.d.). Screening tools. <a href="https://tinyurl.com/samsha-screening">https://tinyurl.com/samsha-screening</a></p> <p>Tucker, J. S., Miles, J. N., D’Amico, E. J., Zhou, A. J., Green, H. D., &amp; Shih, R. A. (2013). Temporal associations of popularity and <a href="#">alcohol use</a> among middle school students. <i>Journal of Adolescent Health</i>, 52, 108-115.</p>
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<p>McCord, C., Bernhard, P., Walsh, M., Rosner, C., &amp; Console, K. (2020). A consolidated model for <a href="#">telepsychology</a> practice. <i>Journal of Clinical Psychology</i>, 76(6), 1060–1082. <a href="https://doi.org/10.1002/jclp.22954">https://doi.org/10.1002/jclp.22954</a></p>

57Sage, T. E., & Sage, M. (2016). [Social media](#) use in child welfare practice. *Advances in Social Work*, 17, 93-112.

“Trauma Bonding: citation

Reid, J. A., Haskell, R. A., Dillahunt-Aspillaga, C., and Thor, J. A. (2013). Contemporary review of empirical and clinical studies of [trauma bonding](#) in violent or exploitative relationships. *International Journal of Psychology Research*, 8, 37-73.

Hawthorn effect of observation

Goodwin, M. A., Stange, K. C., Zyzanski, S. J., Crabtree, B. F., Borawski, E. A., & Flocke, S. A. (2017). The [Hawthorne effect](#) in direct observation research with physicians and patients. *Journal of Evaluation in Clinical Practice*, 23, 1322-1328

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Checklist of Applied Knowledge

Guidelines for Child Custody Evaluations in Family Law Proceedings

Applied Constructs:	Description	Rating
Ethical Standards	No reference to Principle D, Standards 2.04, 2.01, 9.01 relative to custody evaluations	deficient
Assessment Constructs	Used terms “reliability” and validity” but did not apply to custody evaluations (i.e., inter-rater reliability and validity of custody evaluations).  Used multi-method-multi-trait, but misapplied the construct to justify a shot-gun fishing expedition approach of an unfocused assessment.	deficient
Family Systems: Constructs	None used	deficient
Attachment Constructs:	None used	deficient
Trauma Constructs:	Used term “trauma-informed, but no trauma constructs used in application	deficient
Personality Disorder Constructs	None used	deficient
Child Development Constructs	None used	deficient
Cognitive-Behavioral Constructs	None used	deficient
Psychoanalytic Constructs	None used	deficient
Diagnostic Constructs	None used	deficient

Dr. Childress Summary:

There was no knowledge from any domain of professional psychology evident by application in proposed APA Guidelines for Child Custody Evaluations (authors unknown 1/21).

Ethics: Standards of the APA ethics code were recited but were not self-applied to the practice of custody evaluations. There was no discussion regarding the specific “established scientific and professional knowledge” of professional psychology required for competence (attachment, family systems therapy, complex trauma, personality disorders, child development, thought disorder pathology, the risk assessment of child psychological abuse) nor was the application of established scientific and professional knowledge modeled by the “Working Group” in the Guidelines.

Trauma: The term “trauma-informed” (and “scientific”) were used several times in superficial ways, with no further elaboration or citation of trauma research, knowledge, or literature.

Forensic: The “Working Group” relied solely on opinion-piece citations from the forensic literature and citations of other various Guidelines, and there was no evidence in application of any knowledge from any domain of professional psychology.



**3. Family Systems Constructs Applied**

1	2	3	4
<b>No use</b>	<b>Inadequate</b>	<b>Adequate</b>	<b>Full</b>
No family systems constructs used	Some but inadequate or inaccurate application of family systems constructs	Some but not complete application of family systems constructs	A full and complete application of family systems constructs

<u>Constructs Used</u>	Yes	No
Triangulation.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cross-Generational Coalition .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Emotional Cutoff.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Differentiation of Self .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Multigenerational Transmission .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Inverted Hierarchy .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**4. Attachment Constructs Applied**

1	2	3	4
<b>No use</b>	<b>Inadequate</b>	<b>Adequate</b>	<b>Full</b>
No attachment related constructs used	Some but inadequate or inaccurate use of attachment constructs	Some but not complete use of attachment constructs	A complete use of attachment constructs is

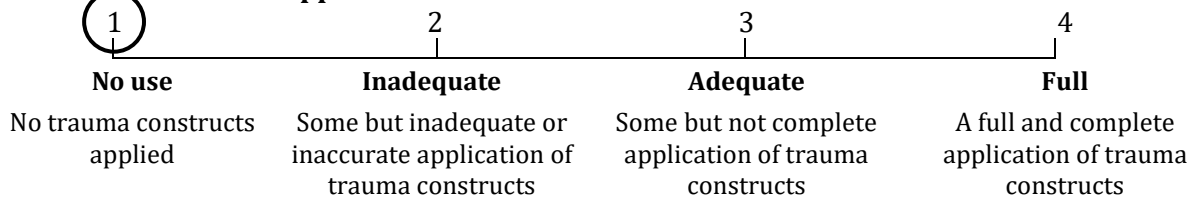
<u>Constructs Used</u>	Yes	No
Description of Attachment .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Insecure Attachment Patterns .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Emotional Dysregulation .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Breach-and-Repair Sequence .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Role-Reversal .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**5. Personality Disorder Constructs Applied**

1	2	3	4
<b>No use</b>	<b>Inadequate</b>	<b>Adequate</b>	<b>Full</b>
No personality pathology constructs applied	Some but inadequate or inaccurate application of personality constructs	Some but not complete application of personality constructs	A full and complete application of personality disorder constructs

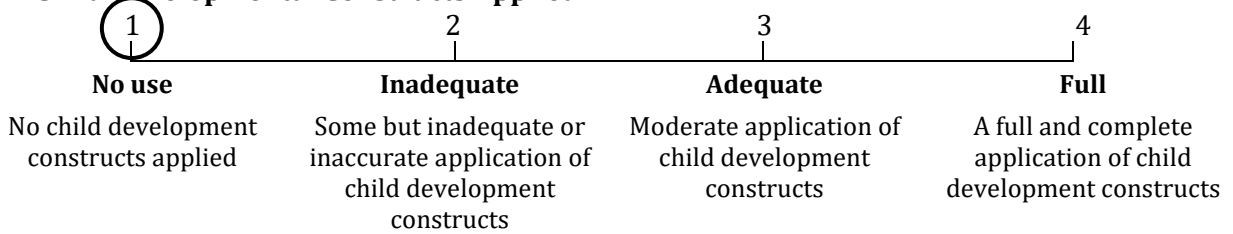
<u>Constructs Used</u>	Yes	No
Splitting .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Absence of Empathy .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Emotional Dysregulation .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
False "Abuse" Allegations .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Power, Control, & Domination .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**6. Trauma Constructs Applied**



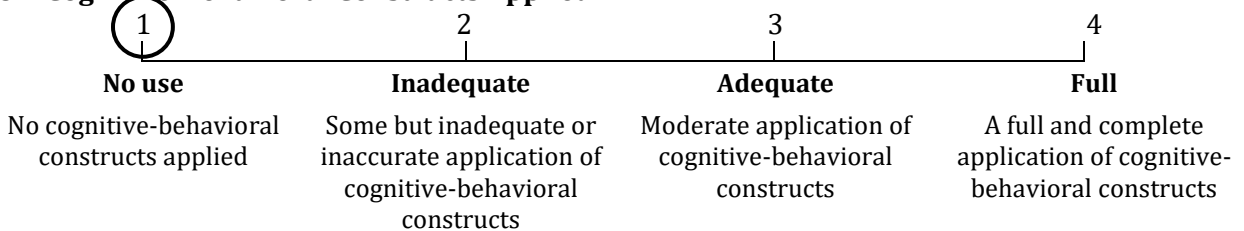
<u>Constructs Used</u>	Yes	No
Persecutory Delusion .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trauma Reenactment Pattern .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PTSD Identified and discussed.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PTSD Criterion discussed.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Phobic Anxiety discussed .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**7. Child Developmental Constructs Applied**



<u>Constructs Used</u>	Yes	No
Intersubjectivity .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Co-Construction .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use-Dependent Development .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Breach-and-Repair Sequence .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Age-Gender Neuro-Maturation .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**8. Cognitive-Behavioral Constructs Applied**



<u>Constructs Used</u>	Yes	No
Schemas.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Applied Behavioral Analysis.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Functional Behavioral Analysis.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Behavior chain interview.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Outcome measures and data.....

**9. Psychoanalytic Constructs Applied**

1	2	3	4
<b>No use</b>	<b>Inadequate</b>	<b>Adequate</b>	<b>Full</b>
No psychoanalytic constructs applied	Some but inadequate or inaccurate application of psychoanalytic constructs	Moderate application of psychoanalytic constructs	A full and complete application of psychoanalytic constructs

<u>Constructs Used</u>	Yes	No
Empathic failure .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Regulatory self-object.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Countertransference.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Self-structure development.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The transference.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**10. Diagnostic Constructs Applied**

1	2	3	4
<b>No use</b>	<b>Inadequate</b>	<b>Adequate</b>	<b>Full</b>
No diagnostic constructs applied	Some but inadequate or inaccurate application of diagnostic constructs	Moderate application of diagnostic constructs	A full and complete application of diagnostic constructs

<u>Constructs Used</u>	Yes	No
Thought disorders.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Personality disorders.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Child psychological abuse.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FDIA and false allegations.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MSE of thought and perception.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>





## Appendix A: Comment Made in 2018 Call for Public Comment on Child Custody Evaluations

### Comment on Child Custody Evaluations

C. A. Childress, Psy.D. (7/30/18)

<https://drcraigchildressblog.com/2018/07/31/comment-on-child-custody-evaluations/>

The American Psychological Association has asked for comment on the assessment practice of child custody evaluations. This is my comment:

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I am a clinical child and family psychologist. My professional background includes work with a full range of childhood pathologies, with a specialty in ADHD, early childhood mental health, attachment trauma, oppositional-defiant pathology and family conflict.

In the early 2000s, I was on medical staff at Children’s Hospital of Orange County working on a collaborative intervention project with the University of California, Irvine Child Development Center (Dr. Swanson) on the identification and treatment of ADHD in preschool-age children. I then became the Clinical Director for an early childhood assessment and treatment center dealing primarily with children in the foster care system.

In 2008, I left the Clinical Director position to enter private practice as I began to wind down my career. It was when I entered private practice that I first became acquainted with court-involved family conflict and attachment-related family pathology surrounding divorce. As I began to unravel the pathology, and the mental health response to attachment-related family pathology surrounding court-involved high-conflict divorce, I have increasingly been called on to provide expert consultation and expert testimony for family law attorneys regarding the assessment, diagnosis, and treatment of family pathology.

In this capacity as an expert consultant and witness regarding clinical child and family psychology, I have often been asked to review as a clinical psychologist the information contained in a child custody evaluation that has been conducted for the family. As a clinical psychologist with extensive experience with a range of child and family pathology, who has worked throughout my career with top level institutions and projects, I am deeply concerned regarding the apparent profound professional ignorance and deficient standards of professional practice that I have encountered with regard to the practice of child custody evaluations.

Clinical psychologists are trained to specialty practice in assessment. As a clinical psychologist, the practice of child custody evaluations is particularly disturbing to me because child custody evaluations violate every standard of professional practice for the construction of psychological assessment procedures. In my professional opinion as a clinical psychologist, the practice of child custody evaluation is substantially below the professional standards of practice expected in clinical psychology.

### **Issues of Prominent Concern:**

#### **1.) No Inter-Rater Reliability**

If an assessment procedure is not reliable, it cannot, by definition, be valid. If an IQ test gives a score for a client of 120 this week (above average) and when this same test is administered the following week it produces a score of 70 (below average) for this same client, this IQ test is not reliable (test-retest reliability). If the IQ test is not reliable, the results and conclusions of the test cannot possibly be valid (true) because the test results are not stable (one week the test results say the client is a genius, and the

next week the test results say the client is cognitively challenged). It is axiomatic in professional assessment that an assessment procedure **MUST** be reliable in order to be valid. Reliability does not ensure that the test results are valid, but reliability is required for validity.

There are four types of reliability in professional assessment, 1) test-retest reliability, 2) inter-rater reliability, 3) alternate forms reliability, and 4) split-half internal consistency reliability. For the assessment procedure of child custody evaluations that rely on the opinions of the evaluator for interpreting the meaning of the data, the appropriate form of reliability would be inter-rater reliability (that two evaluators would reach the same conclusions based on the same data).

There is no inter-rater reliability established for child custody evaluations. Zero. None.

Without established inter-rater reliability, two different child custody evaluators can reach entirely different conclusions and recommendations based on exactly the same data. This means that the conclusions and recommendations reached by child custody evaluations represent the lone opinion of a single individual evaluator, and are not necessarily based on any underlying constructs or principles of professional psychology.

If an assessment procedure is not reliable – in the case of child custody evaluations; inter-rater reliability – then the assessment procedure cannot, by definition, be valid. This is axiomatic in assessment. This means that the conclusions and recommendations reached by child custody evaluations cannot, by definition, be valid because they are not stable across evaluators.

The absence of scientifically established inter-rater reliability and hence validity to the conclusions and recommendations reached by child custody evaluations, by itself, represents sufficient reason for discontinuing the assessment practice of child custody evaluations, since the conclusions and recommendations reached by child custody evaluations (and therefore, the assessment procedure itself) are not valid.

## **2.) No Established Validity**

The assessment procedure's reliability is just the ground foundation of establishing the validity of an assessment procedure. Once reliability is established, the next psychometric procedure is to establish the validity of the assessment. There are a variety of methods used to establish the validity of an assessment procedure, including face validity, construct validity, content validity, predictive validity, concurrent validity, and discriminant validity.

No study has ever even tried to establish the validity of the conclusions and recommendations of child custody evaluations. The conclusions and recommendations of child custody evaluations have no established validity. The conclusions and recommendations of child custody evaluations are merely the opinions of one person, and these opinions may or may not be accurate.

The absence of established validity (face validity, construct validity, content validity, predictive validity, concurrent validity, discriminant validity) for the conclusions and recommendations of child custody evaluations represents sufficient reason for discontinuing the practice of child custody evaluations because it is not a valid assessment procedure.

## **3.) No Operational Definitions**

Foundational to the construction of an assessment procedure is to begin by operationally defining the key constructs of the assessment. With regard to child custody decision-making surrounding the custody evaluation, the key construct is the child's "best interests." However, there is no operational

definition for the construct of the child’s “best interests” for the purposes of the child custody assessment.

In their review of forensic practice in child custody evaluation, two leading figures in forensic psychology, Stahl and Simon, describe the problematic definition of “best interests of the child” (note who published this work, The Family Law Section of the American Bar Association):

**From Stahl & Simon:** “A critical subject facing those working in the field of family law, whether they’re legal professionals or psychological professionals, is the concept of the best interests of the children. Even recognized experts in this concept differ with regard to what it means, how it should be determined, and what factors should be considered in determining what is in the best interest of a child. Thus, this ubiquitous term escapes consensus and remains fundamentally vague.” (Stahl & Simon, 2013, p. 10-11)

**From Stahl & Simon:** “It is defined differently from state to state; and even in Arizona, where there are nine statutory factors associated with the best interest of the child, the meaning behind many of the factors is obscure. Additionally, when psychologists refer to the best interests of children, they are referring to a hierarchical set of factors that may have different meanings to different children with different families and that may be understood differently by psychologists with different backgrounds and different training.” (Stahl & Simon, 2013, p. 11)

Stahl, P.M. and Simon, R.A. (2013). *Forensic Psychology Consultation in Child Custody Litigation: A Handbook for Work Product Review, Case Preparation, and Expert Testimony*, Chicago, IL: **Section of Family Law of the American Bar Association.**

There is no operational definition in the assessment procedure for the key construct of the child’s “best interests.” Substantial information is collected as part of the child custody evaluation, but what constructs and principles from professional psychology are then applied to the information to reach a conclusion about the “best interests” of the child remains arbitrary and undefined.

Each individual custody evaluator is allowed to apply, not apply, or misapply, any, some, or none of the established constructs and principles of professional psychology. Child custody evaluators are even allowed to make up idiosyncratic new forms of pathology that are absent a professional-level definition in clinical psychology.

The absence of an operational definition for the construct of the child’s “best interests” would be analogous to conducting an assessment of intelligence without first providing a definition for the construct of intelligence. In the history of developing an assessment protocol for intelligence, there was a vigorous professional discussion regarding the meaning of the construct “intelligence.” This vigorous professional debate is a good thing because it helps elaborate the nature of the construct being assessed, with differing professional definitions of the construct producing differing assessment protocols that are based on the definition.

For a construct as important as the “best interests” of the child surrounding the child's post-divorce custody and visitation schedule, a decision that can have profound and life-long consequences for the child, a similarly robust and vigorous professional debate is needed regarding the definition of the construct, the “best interests” of the child. However, as noted by Stahl and Simon, the construct of the child's "best interests" has never been defined. Instead, each individual custody evaluator is allowed to make up their own idiosyncratic definition for the meaning of this term in each individual case, and this definition is not necessarily based on any established constructs or principles of professional psychology.

In the development of an assessment procedure, the first step is to *define the construct* being assessed; in the case of custody evaluations, it is the “best interests” of the child construct. The second step is to identify the procedures used to assess the construct definition; the operational definition for the construct.

However, the first step of a vigorous professional debate regarding how the construct of the child's “best interests” is to be defined has not occurred, and the practice of child custody evaluation skips the second step of developing an operational definition of the construct for assessment purposes. Instead, child custody evaluations skip directly to collecting the data to assess a non-defined construct. In skipping the first steps in the professional standards of practice for developing an assessment protocol of defining the construct to be assessed and then creating an operational definition of the construct for assessment purposes, the practice in forensic psychology of conducting child custody evaluations has preempted professional debate regarding the meaning of the construct, “best interests” of the child.

Furthermore, as a clinical psychologist familiar with the scientific literature on parenting and child development, I would submit that the definition of the child’s “best interests” is an undefinable construct in professional psychology because it involves too many variables and unknown parameters.

There is no information from professional psychology that can provide supported criteria to differentiate the possible outcomes for the child from a 60-40%, 70-30%, 80-20%, or 90-10% custody visitation schedule in any given situation. No criteria are available from professional psychology for these differential opinions regarding the “best interests” construct. Furthermore, rendering an opinion on the “best interests” of the child requires prognosticating an outcome for the future development of the child based on these fine-grained current custody visitation schedules. Predicting the future is beyond the capacity of professional psychology.

The only scientifically and theoretically supported recommendation from professional psychology for post-divorce child custody is for shared 50-50% custody visitation in all cases except diagnosed child abuse (see cultural considerations below).

In family systems therapy (Bowen, Minuchin, Haley), the family is transitioning from an intact family structure that was united by the marriage, to a new separated family structure that is united by the child through the child’s shared bonds of affection with both parents. It is always in the child’s best interests for the family to make a successful transition to a healthy and cooperative separated family structure. This is the only definition of the child's best interests supported by the professional literature.

Beyond that broad outcome definition for the child’s best interests (that the family makes a successful transition to a healthy separated family structure following divorce), children benefit from a complex relationship with both parents. There are four types of primary relationship, each central to the child’s emotional and psychological development:

- Mother-son,
- Mother-daughter,
- Father-son,
- Father-daughter.

Each of these relationship types is unique, and each is of profound emotional and psychological value for the child. None of these relationships is expendable to the child’s healthy development. The loss of any of these primary parent-child bonds during childhood will be damaging and traumatic to the child’s development (the death of a parent, the loss of a parent, is a traumatic childhood experience), and there is no supported foundation in the scientific or professional literature that would allow for a

professional opinion on the relative costs and benefits to the child's emotional and psychological development from a 60-40%, 70-30%, 80-20%, or 90-10% visitation time-share in any given situation.

Example: [Two Scenarios](#)

Before any assessment procedure can be developed to determine the “best interests” of the child, both the broader definition of the child's “best interests” must be specified, and an operational definition of this construct for assessment purposes must be provided. Child custody evaluations should be discontinued as an assessment procedure until an operational definition for the key assessment construct of the child’s “best interests” is identified.

#### **4.) Violation of Principle D of the APA Ethics Code**

The forensic psychology practice of child custody evaluation is in violation of Principle D: Justice of the APA’s ethics code.

##### **Principle D: Justice**

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists.

Child custody evaluations are prohibitively expensive for a large number of families, typically costing between \$20,000 to \$40,000 to complete, and yet child custody evaluations are required by established standards of practice in forensic psychology before a mental health professional can render an opinion on child custody visitation schedules for the family. The excessive financial cost of child custody evaluations effectively denies lower-income families “access to and benefit from the contributions of psychology” regarding the court’s child custody decision-making with their families.

Child custody evaluations also deny “equal quality in the processes, procedures, and services being conducted by psychologists” by having no established inter-rater reliability for the assessment procedure. Without any established inter-rater reliability for the assessment procedure, different custody evaluations can reach entirely different conclusions and recommendations based on the exactly same data. The arbitrary, idiosyncratic, and potentially differing conclusions and recommendations reached by child custody evaluators - who are free to arbitrarily apply, misapply, or not apply, any, some, or none of the established constructs and principles of professional psychology – denies “equal quality in the processes, procedures, and services being conducted by psychologists.”

Child custody evaluations are in violation of two separate components of Principle D: Justice of the APA’s ethics code. Each violation individually would warrant the discontinuation of the assessment procedure.

#### **5.) Over-broad & Unanswerable Referral Question**

Axiomatic in professional assessment is that the referral question organizes the assessment procedures. The psychometrics underlying assessment are based on probability and statistics. An over-broad and unfocused referral question (such as “What’s wrong with Johnny?”) leads to the collection of large amounts of information in a wide range of domains that statistically raise the probability of spurious findings based on statistical probability alone (associations in the data that are just chance associations). A more focused referral question, on the other hand (such as, “Does Johnny have autism?”), limits the scope of data collection to the information necessary to answer the referral question, thereby limiting the probability of obtaining spurious associations based on chance.

Child custody evaluations seek to answer the referral question, “What should the child’s custody visitation schedule be?” This is an overbroad referral question that results in the unfocused collection of family history information. Spurious associations will occur in the information simply as a result of the over-extended collection of data and the psychometric context created by an over-broad referral question.

In clinical psychology, when an over-broad referral question is initially offered by the client, clinical psychologists (who are knowledgeable in assessment) work with the client to develop a more appropriate limited-scope referral question. In court-involved family conflict surrounding attachment-related family pathology following divorce, I would propose that a more professionally responsible referral question for assessment is:

**Limited Scope Referral Question:** “Which parent is the source of pathogenic parenting creating the child’s attachment-related family pathology surrounding divorce, and what are the treatment implications?”

This more limited scope referral question avoids having to operationally define the “best interests” of the child and provides the structure necessary for a structured and limited-scope assessment of pathology (that substantially reduces the financial costs of the assessment, making the benefits from professional psychology accessible to all families, including lower-income families).

#### [A Limited Scope Assessment Protocol](#)

### **6.) Cultural and Personal Bias**

The practice of child custody evaluations is highly vulnerable to cultural and personal bias. Personal bias would enter the assessment through the evaluator’s own unresolved family of origin issues (counter-transference). Cultural bias would similarly enter the assessment process through the evaluator’s own cultural context for interpreting the data.

While some may argue that personal bias can be eliminated by self-awareness (not a position I would take), cultural bias is absolutely present in the evaluator’s assessment. Everything we do as psychologists is embedded within a historical and cultural context. This is established foundational knowledge of cultural psychology. The child custody evaluator will be influenced by this evaluator’s historical and cultural context. That is a fact established by the field of cultural psychology.

The issue is not whether the historical and cultural context is influencing the custody evaluator, the issue is limiting the bias inherent to the assessment process against cultural value systems that differ from the White Protestant Northern-European values of the surrounding culture in the United States, and from the culturally embedded personal beliefs and values of the individual custody evaluator.

The more latitude the evaluator is allowed regarding the interpretation of the evaluation data, the greater the potential for unconscious personal and cultural bias to enter the conclusions and recommendations reached by the evaluator. Both personal and cultural bias in assessment can be substantially limited the more structured the assessment protocol becomes.

What specific steps do child custody evaluations take to limit the personal and cultural bias of the evaluator? None. Guidelines can encourage evaluators to refrain from bias due to personal or cultural beliefs, but these Guidelines have no practical impact on the actual conduct of any individual custody evaluation. Custody evaluations are conducted by one person and the reports are typically sealed by the court. Custody evaluations never receive review by any other psychologist regarding the accuracy of the interpretations contained in the evaluation, nor for the potential of cultural bias in the conclusions

and recommendations offered. Because custody evaluations are sealed by the court and are not reviewed for accuracy and bias, an evaluator who introduces personal bias and the evaluator's own personal cultural bias into the interpretation of the data, the conclusions reached, and the recommendations made, is never revealed.

There exist NO structural safeguards with the child custody evaluation protocol to limit the impact of personal and cultural bias on the interpretation of family data, on the conclusions reached, and on the recommendations made in child custody evaluations, and to the degree that there are no guidelines specific to how designated principles and constructs of professional psychology are to be applied to interpret the child custody data (identification of relevance and weighting), child custody evaluators are allowed to apply, not apply, or misapply, any, some, or none of the constructs and principles of professional psychology. This is exactly the type of arbitrary assessment procedure that becomes extremely vulnerable to the introduction of personal and cultural bias into the interpretation of data.

### **7.) No Professional Oversight or Review**

Child custody evaluations are typically sealed by the court to protect the privacy of the child, which is a laudable goal. However, this creates a professional problem in that the interpretations, conclusions, and recommendations of child custody evaluations are never subject to professional review for accuracy.

When child custody reports are reviewed, they are typically reviewed by another forensic child custody evaluator as to whether the proper procedures were followed, NOT as to whether the interpretations, conclusions, and recommendations made are accurate.

The financial cost and extensive data collection procedures associated with child custody evaluations essentially prevent parents from seeking second opinions regarding the custody decisions being addressed by the court. A more limited scope treatment focused clinical assessment protocol can be conducted in a relatively brief time frame (six to eight weeks) at a substantially reduced cost (\$2,500) compared to financial cost of a child custody evaluation (\$20,000 - \$40,000). This reduced financial cost and time frame for a limited scope treatment focused assessment allows parents to seek a second opinion regarding the symptoms evident and the interpretation of these symptoms.

### **8.) The Custody Prize**

Child custody evaluations support the family pathology of the child's triangulation into the spousal conflict through the formation of a cross-generational coalition with one parent against the other parent (Minuchin, Haley, Bowen) by making the child a prize to be won by the supposedly "better parent" - which is a symbolic substitution for the "better spouse" within the spousal conflict surrounding the divorce. Professional psychology has been seduced by the premise that the child represents a prize to be awarded to the "better parent," as determined by the custody evaluator.

It is an inappropriate role for professional psychology to become the arbiter of who is the "better parent" who should be awarded the "custody prize" of the child following divorce. Based on the four types of parent-child relationship (father-son, father-daughter, mother-son, mother-daughter) and the foundational principle that children benefit from a complex relationship with both parents, the only recommendation from professional psychology for child custody that is supported by the scientific and professional literature is a 50-50% custody time-share in all cases except child abuse.

If there are family conflicts, this is a treatment issue, not a custody issue. If the child is evidencing parent-child attachment-related pathology surrounding the divorce, the differential diagnosis becomes

identifying which parent is the source of pathogenic parenting creating the child's attachment-related pathology following divorce

Furthermore, when the custody evaluation procedure seeks and values the child's expressed preferences for parent, this supports the family pathology of triangulating the child into the spousal conflict by making the child's beliefs and expressed wishes a prize to be won by the parent, with each parent seeking to convince the child to choose them as the child's "preferred" parent. This creates a destructive family environment where each parent seeks to convince, manipulate, and coerce the child into choosing them as the "preferred parent" (creating a loyalty conflict that can rip the child apart psychologically).

If either parent has empathy for the child and does not put the child in the middle of having to choose a parent, this parent will lose custody to the parent who does put the child in the middle, and who does seek to convince, manipulate, and psychologically coerce the child to select them as the "preferred parent." Children should be neutral in the spousal conflict surrounding divorce, and children should never be placed in a position of choosing between parents following divorce.

To the extent that child custody evaluations seek, value, and report on the child's "preferences" for parents, the child custody evaluation supports the pathology in the family of a cross-generational coalition by turning the child into a custody prize to be won by whichever parent convinces, manipulates, and psychologically coerces the child to choose them as the child's supposedly "preferred parent" following the divorce.

Professional psychology should not be in the role of determining the "better parent" who should be awarded the "custody prize" of the child.

### **Conclusion**

Each of these eight issues of prominent concern would individually warrant the discontinuation of the practice of child custody evaluation. Taken together, they represent a robust and compelling argument for the discontinuation of child custody evaluations.

My recommendation as a clinical psychologist is for professional psychology to get out of the business of identifying the "better parent" who is to be awarded the "custody prize" of the child following divorce. This can be achieved by the professional recommendation for shared 50-50% custody in all cases except child abuse.

Craig Childress, Psy.D.  
Clinical Psychologist, PSY 18857



Appendix B: Dr. Childress Vitae

**Craig Childress, Psy.D.**  
**CA License # PSY 18857**

**Office:** 525 Homestead Lane NE  
Bainbridge Island, WA 98110  
email: drcachildress.bainbridge@gmail.com

**Education:**

Pepperdine University; 11/00

Psy.D. degree in Clinical Psychology, APA accredited

California State University, Northridge; 6/85

M.A. degree in Clinical/Community Psychology

University of California, Los Angeles; 3/78

B.A. in Psychology, cum laude

**Recent Presentations:**

- **American Psychological Association.** Empathy, the Family, and the Core of Social Justice. Childress, C.A. & Pruter, D. Paper Presentation at the APA National Convention, Division 24, 8/8/19; Chicago, IL.
- **Erasmus University Medical Center.** Attachment-Based Parental Alienation: Trauma Informed Assessment of Complex Family Conflict. Rotterdam, Netherlands; 2/25/19.
- **Dutch Ministry of Justice.** Invited meeting; 2/27/19.
- **Law Society of Saskatchewan.** Solutions for the Family Court and Professional Psychology; Saskatoon 11/20/18; Regina 11/21/18.
- **Certification Seminars for the Houston Pilot Program for the Family Courts.** Attachment-Based Parental Alienation (AB-PA). 5/22-24/18; Houston, Texas.
- **California Association for Licensed Professional Clinical Counselors (CALPCC).** Parental Alienation Testing, Orders, and Treatment in BPD/NPD Custody Proceedings. April 20, 2018; San Francisco, CA.
- **Legislature Briefing.** Pennsylvania State Legislature; House Children and Youth Committee. Solutions to High-Conflict Divorce in the Family Court. November 15, 2017; Harrisburg, PA (<https://www.youtube.com/watch?v=Ala1KbfsWIM>)
- **Legislature Briefing.** Massachusetts State Legislature. Grandparent and Family Alienation; Hosted by Representative Walsh. 5/31/17; Boston MA.
- **Association of Family and Conciliation Courts (AFCC).** An Attachment-Based Model of Parental Alienation: Diagnosis and Treatment. Childress & Pruter, Presentation at the AFCC National Convention, 6/1/17; Boston, MA.

**Employment History:**

**6/08 – Current: Private Practice**

525 Homestead Lane NE  
Bainbridge Island, WA 98110

Psychotherapy with adults, couples, children, and families. Specializing in attachment pathology, ADHD, anger and impulse control problems in childhood, childhood trauma, family psychotherapy, marital therapy, and parent-child conflict. Consultation and expert testimony with court-involved family conflict.

**10/06 - 6/08: Clinical Director**

START Pediatric Neurodevelopmental Assessment and Treatment Center  
California State University, San Bernardino  
Institute of Child Development and Family Relations

Clinical director for an early childhood assessment and treatment center providing comprehensive developmental assessment and psychotherapy services to children ages 0-5 years old. Directed the clinical operations, clinical staff, and the provision of comprehensive psychological assessment and treatment services across clinic-based, home-based, and school-based services. A three-university collaboration with speech and language services through the University of Redlands, occupational therapy through Loma Linda University, and psychology through Calif. State University, San Bernardino.

**5/03 – 10/06: Clinical Director**

Fineman Consulting Group  
Fire F.R.I.E.N.D.S. Juvenile Firesetting Intervention Program  
Executive Director: Kenneth Fineman, Ph.D.

Through grants from FEMA and the Department of Justice to develop a national model for juvenile firesetting intervention, collaborated with Dr. Fineman in developing a comprehensive clinical psychology assessment protocol for the mental health evaluation of juvenile firesetting behavior.

**1/12 – 12/17: Faculty**

University of Phoenix; Pasadena Campus; Ontario Campus

Courses taught: Child Development; Assessment and Treatment Planning; Advanced Diagnosis; Models of Psychotherapy; Counseling Psychometrics; Research Methods; Cultural Psychology

**1/09 – 9/10: Faculty**

Argosy University; San Bernardino Campus

Courses taught: Diagnosis and Psychopathology; Child and Adolescent Psychotherapy; Child Development

**4/02 – 10/06: Pediatric Psychologist**

Children's Hospital Orange County – UCI Child Development Center  
Early Identification and Treatment of ADHD in Preschoolers  
Director: James Swanson, Ph.D.

Served as the primary clinical psychologist on a joint CHOC-UCI project for early identification of ADHD in preschool-age children.

**4/02 - 9/02: Research Associate**

Children's Hospital Los Angeles

Principle Investigator: Ernest Katz, Ph.D.

Multi-site Children's Hospital study of remediation of attention deficits of children with cancer.

**9/00 – 4/02 Postdoctoral Fellow**

Children's Hospital Los Angeles

Two-year post-doctoral fellowship. Specialty focus: ADHD; spina bifida; early childhood mental health

**9/99 - 9/00 Predoctoral Psychology Intern – APA Accredited**

Children's Hospital Los Angeles

Rotations: spina bifida, early childhood preschool consultation

**9/98 - 9/99 Research Associate**

UCLA Neuropsychiatric Institute

Principle Investigator: Elisabeth Dykens, Ph.D.

Area: Cognitive functioning in Williams Syndrome. Test administration and coding of behavioral observation data

**9/85 - 9/98 Research Associate**

UCLA Neuropsychiatric Institute

Principle Investigator: Keith Nuechterlein, Ph.D.

Area: Longitudinal study of initial-onset schizophrenia. Received annual training to research and clinical reliability in the rating of psychotic symptoms using the Brief Psychiatric Rating Scale (BPRS). Managed all aspects of data collection and data processing.

**9/80 – 9/85 Psychiatric Aide**

Crossroads Adolescent Psychiatric Hospital Woodview-Calabassas Psychiatric Hospital. Northridge Psychiatric Hospital).

**3/74 – 6/78 Crisis Counselor**

Los Angeles Suicide Prevention Center

Crisis telephone counselor and shift supervisor for Los Angeles Suicide Prevention Center crisis telephone hotline. Supervisor and resource for crisis counselors.

**Divorce Training**

Certificate Program: Certification in Divorce Mediation. Conflict Resolution Training, Inc. 2/24/16 – 2/27/16. Susan Deveney, Instructor

**Early Childhood Training:**

Certificate Program: Parent-Infant Mental Health: Fielding Graduate University, 1/14/08; 1/15/08.

Early Childhood Diagnostic System: *DC:0-3R Diagnostic Criteria*: Orange County Early Childhood Mental Health Collaborative.

Early Childhood Diagnostic System: *DMIC: Diagnostic Manual for Infancy and Early Childhood*.

Interdisciplinary Council on Developmental and Learning Disorders: assessment, diagnosis, and intervention for developmental and emotional disorders, autistic spectrum disorders, multisystem developmental disorders, regulatory disorders involving attention, learning and behavioral problems, cognitive, language, motor, and sensory disturbances.

Early Childhood Treatment Intervention: *Watch, Wait, and Wonder*: Nancy Cohen, Ph.D. Hincks-Dellcrest Centre & the University of Toronto.

Early Childhood Treatment Intervention: *Circle of Security*: Glen Cooper, MFT, Center for Clinical Intervention, Marycliff Institute, Spokane, Washington.

### Recent Seminars Taken

Bessell van der Kolk: Complex Trauma

The Body Keeps Score – two-day PESI seminar, Pasadena, CA; 1/9/20 – 1/10/20

The Bowen Center: Emotional Cutoff

The Bowen Center for Study of the Family: 56<sup>th</sup> Annual Symposium on Family Theory and Family Psychotherapy. Dr Plimer “***Family Rifts and How to Mend Them: Findings from the Cornell Estrangement and Reconciliation Project***” – three-day symposium, Johns Hopkins University, MD; **11-7/19 – 11-9-19.**

### Publications:

Childress, C.A. (2018). *The Petition to the American Psychological Association*. Claremont, CA: The Childress Institute.

Childress, C.A. (2017). *Assessment of Attachment-Related Pathology Surrounding Divorce*. Claremont, CA: Oaksong Press.

Childress, C.A. (2017). *Strategic Family Systems Intervention for AB-PA: Contingent Visitation Schedule*. Claremont, CA: Oaksong Press.

Childress, C.A. (2017). *The Key to Solving High-Conflict Divorce in the Family Courts: Proposal for a Pilot Program in the Family Law Courts*. Claremont, CA: Oaksong Press.

Childress, C.A. (2016). *The Narcissistic Parent: A Guidebook for Legal Professionals Working with Families in High-Conflict Divorce*. Claremont, CA: Oaksong Press.

Childress, C.A. (2015). *An Attachment-Based Model of Parental Alienation: Foundations*. Claremont, CA: Oaksong Press.

Childress, C.A. (2015). *An Attachment-Based Model of Parental Alienation: Single Case ABAB Assessment and Remedy*. Claremont, CA: Oaksong Press.

Childress, C.A. (2015). *An Attachment-Based Model of Parental Alienation: Professional Consultation*. Claremont, CA: Oaksong Press.

Childress, C.A. (2015). *Essays in Attachment-Based Parental Alienation: The Internet Writings of Dr. Childress*. Claremont, CA: Oaksong Press.

Childress C.A. (2000) *Ethical issues in providing online psychotherapeutic interventions*. Journal of Medical Internet Research, 2(1):e5.

Childress, C.A. (1999). *Interactive e-mail journals: A model for providing psychotherapeutic interventions using the Internet*, *Cyberpsychology and Behavior*, 2(3), 213-221

Childress, C.A., & Asamen, J.K. (1998). *The emerging relationship of psychology and the Internet: Proposed guidelines for conducting Internet intervention research*. *Ethics and Behavior*, 8, 19-35.

**“Parental Alienation” Seminars and Presentations Given:**

- Law Society of Saskatchewan. Solutions for the Family Court and Professional Psychology; Saskatoon 11/20/18; Regina 11/21/18.
- Certification Seminars for the Houston Pilot Program for the Family Courts. Attachment-Based Parental Alienation (AB-PA) May 22-24, 2018; Houston, Texas.
- California Association for Licensed Professional Clinical Counselors (CALPCC). Parental Alienation Testing, Orders, and Treatment in BPD/NPD Custody Proceedings. April 20, 2018; San Francisco, CA.
- Certification in Attachment-Based Parental Alienation (AB-PA). Provided Basic and Advanced Certification Seminars in AB-PA. November 18-20. Westin Hotel Pasadena, CA.
- Legislature Briefing. Pennsylvania State Legislature; House Children and Youth Committee. Solutions to High-Conflict Divorce in the Family Court. November 15, 2017; Harrisburg, PA (<https://www.youtube.com/watch?v=Ala1KbfsWIM>)
- Legislature Briefing. Massachusetts State Legislature. Grandparent and Family Alienation. Hosted by Representative Walsh. 5/31/17. Boston MA.
- Association of Family and Conciliation Courts Annual Convention. An Attachment-Based Model of Parental Alienation: Diagnosis and Treatment. June 1, 2017. Boston, MA.
- Keynote Address. Parental Alienation Symposium 2017: Solutions for Professionals and Families. 4/29/17; Dallas, Texas.
- Master Lecture Series; California Southern University. *Treatment of Attachment-Based Parental Alienation*. November 21, 2014; Irvine, CA. (available online at [www.calsouthern.edu/content/events/treatment-of-attachment-based-parental-alienation](http://www.calsouthern.edu/content/events/treatment-of-attachment-based-parental-alienation))
- Master Lecture Series; California Southern University. *Theoretical Foundations of Attachment-Based Model of “Parental Alienation.”* July 18, 2014; Irvine, CA. (available online at [www.calsouthern.edu/content/events/parental-alienation-an-attachment-based-model](http://www.calsouthern.edu/content/events/parental-alienation-an-attachment-based-model))
- Family Law Reform Conference. Invited Panelist: *Parental Alienation and Domestic Violence*. Hosted by DivorceCorp. November 15-16, 2014; Alexandria, VA.

**Early Childhood Mental Health Seminars and Trainings Given:**

- Early Childhood Intervention with “Behavior Problems” in the Preschool Classroom. San Bernardino Head Start Preschool Teacher Training Series (10/27/06; 11/3/06; 11/17/06).
- Early Childhood Intervention with “Behavior Problems” in the Preschool Classroom. San Bernardino West End SELPA Preschool Teacher Training Series (10/17/06; 11/7/06; 12/5/06).
- Early Childhood Intervention with “Behavior Problems” in the Preschool Classroom. San Bernardino West End SELPA Preschool Teacher Training Series (10/31/06; 11/14/06; 12/12/06).
- Early Childhood Intervention with “Behavior Problems” in the Preschool Classroom (5/5/06). Victorville Head Start. Victorville, CA

- Early Childhood Intervention with “Behavior Problems” in the Preschool Classroom. (11/12/04). National Association for the Education of Young Children Conference, Anaheim, CA
- Functional Behavioral Analysis and Positive Child Guidance with Preschoolers. (5/1/04). Westminster School District. Westminster, CA.
- Functional Behavioral Analysis with Preschool-Age Children - Seminar Series. (3/5/04; 4/2/04). Placentia Yorba Linda School District; School Readiness Coordinators. Yorba Linda, CA
- Functional Behavioral Analysis with Preschool-Age Children - Seminar Series. (2/6/04; 2/13/04; 2/20/04). Irvine Unified School District. Irvine, CA.
- Functional Behavioral Analysis and Positive Behavior Management with Children. (12/3/03). Orangewood Preschool, Irvine, CA
- Early Childhood Working with “Problem Behavior” in the Preschool Classroom (10/31/03). Orange County Head Start; Teachers & Teacher Aides. Bren Events Center, University of California; Irvine, CA.
- Functional Behavioral Analysis and Positive Child Guidance with Preschool-Age Children. (10/17/03). Irvine Unified School District. Irvine, CA.
- Functional Behavioral Analysis with Preschool-Age Children - Seminar Series. (9/26/03; 10/17/03). Orange County Head Start Center Directors and Multi-disciplinary Teams. Orange, CA.

#### **Internet Psychology Seminars and Presentations Given**

- **World Health Organization**, 2nd International Symposium on Psychiatry and Internet: Information – Support – Therapy. Invited presentation on *Ethical Issues in Online Psychotherapeutic Interventions*. 4/2002, Munich, Germany.
- **American Association for the Advancement of Science** and the Office of Protection from Research Risks, Conference on the Ethical and Legal Aspects of Human Subjects Research in Cyberspace. Invited paper presentation on *Privacy and Confidentiality Issues in Internet Research*. 6/1999, June. Washington, D.C.
- **American Psychological Association** Convention, Symposium on Using the Internet for Change: Online Psychotherapy and Education. J. Grohol (Chair): *The Potential Risks and Benefits of Online Therapeutic Interventions*. 8/1998; San Francisco, California.

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