Guidelines for Child Custody Evaluations in Family Law Proceedings

Analysis of Proposed APA Guidelines for Child Custody Evaluation Introduction

(authors unknown)

Analysis & Commentary by C.A. Childress, Psy.D. (1/28/21)

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 <u>not</u> 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
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> https://www.ncbi.nlm.nih.gov/books/NBK320/
>
> **Thought and Perception**
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> 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

Purpose

The overarching purpose of these guidelines is to promote ethically informed practice in the conduct of what are commonly termed *child custody* evaluations, involving disputes over decision making, parenting time, and access in the wake of relationship dissolution. Two previous Guidelines for Child Custody Evaluations (APA, 1994, 2010), have endeavored to keep pace with research and legal developments in an expanding range of evaluation questions. Some factors to consider in these determinations include relocation, interference with access, allegations of domestic violence and child abuse, and the child's own perspective. As assessment techniques and the professional literature

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.

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:
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> - 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 then 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.

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

Terminology

Relevant terminology may be defined and operationalized by state law, regulations, and the court. Some states have begun to favor use of such terms as *parenting plan* or *parental rights and responsibilities* instead of *custody*, in part as a means to shift parties from a focus on "litigating custody" (DiFonzo, 2014, p. 213) and "winning custody" (Langan, 2016, p. 473). These terms are neither fully synonymous nor mutually exclusive, e.g. a "parenting plan" can be a central component of a "custody" arrangement that delineates "parental rights and responsibilities." The Supreme Court of the United States has long recognized the distinction between "custody" of children and such ancillary considerations as "control" or "management" of children in home or institutional settings (*Troxel v. Granville*, 2000, p. 66). The majority of legal authorities and scientific treatises still refer to *custody* when addressing the resolution of the right to make decisions about custodial placement and access disputes regarding children. In order to avoid confusion and to ensure that these guidelines are accessed and utilized as widely as possible by evaluators, judges, lawyers, guardians, parenting coordinators, treatment providers, litigants, and members of the general public, the current guidelines apply the term *custody* to these

> Dr. Childress Comment:
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> 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.
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> 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).
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> 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.
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> 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.

ideas generally, unless otherwise specified.

Child custody proceedings may involve parents who were never married, grandparents, stepparents, and guardians. These guidelines apply the term *parents* generically when referring to persons who seek legal recognition as sole or shared custodians. Many states recognize some form of joint or shared custody that affirms the decision-making and caregiving status of more than one adult, so the previous paradigm of sole custodian and visiting parent is no longer assumed. As noted above, the legal system also recognizes that disputes in question are not exclusively marital, and therefore, may not involve "divorce" per se. Some parents may never have been married, may never have lived together, or may never have sustained any long-term relationship. Disputes regarding children may occur after years of cooperative parenting, potentially with changes in circumstances of the children or of the parents.

Many child custody evaluation orders from the court contain specific referral questions whereas others may designate the scope or focus of the evaluation. Different jurisdictions may prefer one denotation over another, and psychologists need to be aware of their jurisdiction's practices. For the purposes of these Guidelines, the term *referral question* will also include scope or focus as designated in the court order.

> Dr. Childress Comment:
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> In all cases of attachment-related pathology surrounding divorce, the referral question to professional psychology should be:
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> > Referral Question: Which parent is the source of pathogenic parenting creating the child's attachment pathology, and what are the treatment implications?
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> 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.

"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 place on a written treatment plan with specified Goals, Interventions, Outcome Measures, and Timeframes and be based on a diagnosis – diagnosis guides treatment.

Parents may have numerous resources available to help them resolve their conflict, including psychotherapy, counseling, consultation, mediation, parenting coordination, and other forms of conflict resolution. However, if parties are unable to reach an agreement, courts must intervene to allocate decision-making, physical residence of the children, and parental access, applying a "best interests of the child" standard in determining this restructuring of rights and responsibilities. Most child custody disputes are settled without the need for a court-ordered evaluation (Lund, 2015). When dispute have 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.

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.

"Best interests of the child" is defined in many state statutes. The standard generally reflects criteria "related to the child's circumstances and the parent or caregiver's circumstances and capacity to parent with the child's ultimate safety and well-being the paramount concern" (Child Information Gateway, Department of Health and Human Services, 2018, p. 2). A custody evaluation generally involves relevant 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.

Scope

These Guidelines provide general recommendations for psychologists who seek to increase their 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 vitaes for their qualifications? We don't know. They didn't even list authorship for this proposal. The APA will not release the names and vitaes of this Working Group of six. We would like to voir dire the qualifications of the Working Group for the APA.

asked to perform a "brief focused evaluation" (Deutsch, 2008, p. 45) that targets well-defines questions 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.

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.

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."

and consumers. The guidelines address ethical and aspirational aspects of child custody evaluations and 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.

Documentation of Need

The last Guidelines for Child Custody Evaluations in Family Law Proceedings were published in 2010. Since that time, there have been changes in state laws (e.g., regarding same-sex marriage) as well as a growth in research relevant to this field, such as implicit bias, subspecialty areas in child custody evaluation (e.g., child maltreatment, relocation, and parent-child contact problems), culture, trauma-informed practice, and psychological testing (Neal et al., 2020). Many training programs offer at least limited forensic exposure to family law, and psychologists are asked to perform child custody evaluations with varying levels of supervised experience in this area. These guidelines endeavor to

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."

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 guidelines" – 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 guidelines"). Nor will the APA provide the professional vitaes 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" what 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

2018, a Working Group was formed under the auspices of the Committee of Professional Practice and Standards (COPPS), in consultation with the Board of Professional Affairs, with the charge to revise the 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

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-fen7KoqQaG4a8q2whazskUqRDdoJiFBG7TNarMb1r3ZH3vUaK_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 "aspirational" 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 vitaes 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 vitaes 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.

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

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?

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

These suggestions with an eye toward maintaining requisite guidelines format and content. TheOffice

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.

of Legal an 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?

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=kuHCFdGKkBqugmMGWpADnaEqYd-E1IQREEF3e9i7_OI&utm_source=petition_update&utm_medium=email

document underwent review by APA Boards and Committees, and was submitted for a 60 day public

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.

Rules 30.8 and APA policy on guidelines. The document was revised in response to comments received, and a final revision was submitted for risk management review by APA Board of Directors and a substantive review by the APA Council Leadership Team in December 2020/January 2021, and to Council of Representatives for review and adoption as Association Policy at its meeting in February 2021. Once approved, the document was submitted for posting on the APA website and disseminated through official APA communications channels. The document was also submitted for consideration for publication in the American Psychologist.

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.

Dr. Childress Comment:

It will be nice for their professional vitaes. 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 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" 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."

Appendix B: 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 vitaes? 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.

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

Distinction between Standards and Guidelines / Compatibility with APA Ethics Code

As noted above, these guidelines are informed by the American Psychological Association's (APA's) "Ethical Principles of Psychologists and Code of Conduct". The term *guidelines* refers to statements that suggest or recommend specific professional behavior, endeavors, or conduct for psychologists (APA, 2015). Guidelines differ from standards in that standards are mandatory and may be accompanied by an 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.

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.

Guidelines are not intended to be mandatory or exhaustive and may not be applicable to every

professional situation. They are not definitive, and they are not intended to take precedence over the 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.

It is not possible for these guidelines to identify every course of action that a child custody evaluator might be encouraged to pursue or avoid. For these reasons, it would not be accurate for legal and other advocates to assume that these guidelines offer a comprehensive and definitive overview of all relevant issues. In addition, psychologists should refrain from using these guidelines as an exclusive blueprint for conducting child custody evaluations, rather than acquiring from other sources the requisite knowledge, 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 <u>not</u> comprehensive, so things might have been left out, they are <u>not</u> 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).

Conflict of Interest

The guidelines developers did not receive external support for this project. No funding was received to 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

or other support was received in support of this project other than what was allocated in support of APA

boards and committees to meet and develop guidance. The guidelines developers were compliant with APA policy on conflicts of interest.

Expiration

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

Dr. Childress Comment:

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.