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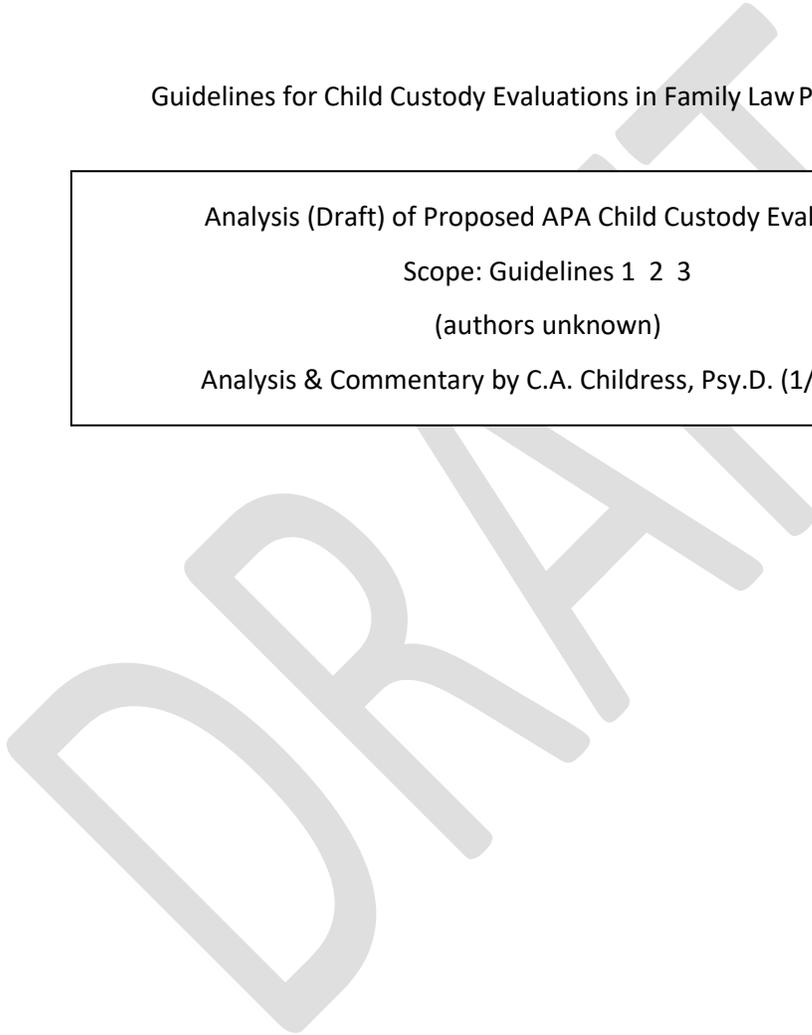
Guidelines for Child Custody Evaluations in Family Law Proceedings

Analysis (Draft) of Proposed APA Child Custody Evaluation

Scope: Guidelines 1 2 3

(authors unknown)

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



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

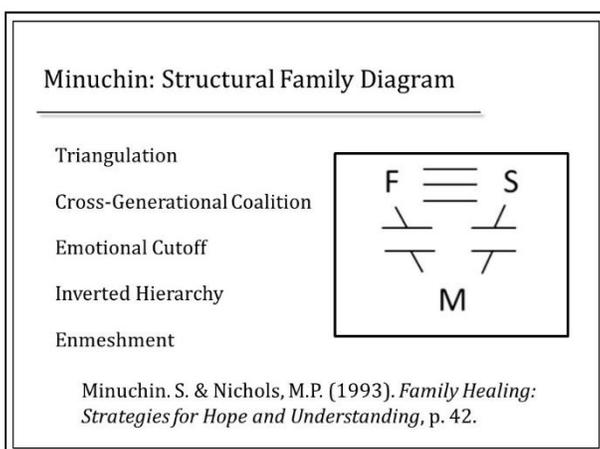
Dr. Childress Comment:

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 do 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 (Appendix 2) – 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~~^{cc}
 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 custody evaluators

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/or 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 ^{cc} ~~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 wo 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 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 value, 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

cc

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 them 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 that 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, 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~~^{cc}

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 ~~strive~~^{cc}

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.

- 11 **Guideline 3. Psychologists ~~endeavor to~~ identify the child custody evaluation's stated purpose,**
 12 **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 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?

- 13 **Rationale.** The scope, purpose, and anticipated use of the child custody evaluation clarify what is being
 14 expected and how psychologists can assist the court, if at all. This understanding also helps psychologists
 15 to decide when communication is needed concerning their continued services, new information, the
 16 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 – 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").

- 17 Depending upon the requirements of the child custody evaluation, the referral could call for services
 18 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.

19 psychologist may lack suitable familiarity with the only language spoken by members of the family in
 20 question, or may have a schedule already so full as to make meeting the Court's stated deadline
 21 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 you 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.

22 **Application.** Child custody evaluation referrals may differ in scope, such as when relocation questions,
 23 substance abuse concerns, child abuse issues, and parent-child access problems are specified (See
 24 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.

25 ^{cc} ~~endeavor to~~ determine whether they are expected to provide recommendations, and if they can
 26 potentially provide opinions or recommendations with a scientific basis, which are accurate, impartial,
 27 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.

28 helpful to have the psychologist's understanding of the specific scope of the evaluation confirmed in a

29 court order or by stipulation of all parties and their legal representatives. Psychologists ~~strive to~~^{cc} 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.

30 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?

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, their "recommendations" for what to do.

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

32 harmful to adults and children alike. Should new information arise, psychologists ~~endeavor to~~^{cc}

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 “exacerbate” 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).

- 33 communicate promptly, to clarify, and to adhere to any revised agreements governing the evaluation’s
34 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.

- 35 Psychologists ^{cc} ~~strive to~~ remain alert not only to the original referral questions, but also to emerging
36 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 redundant self-evident and rudimentary statements.

- 37 psychologists may seek appropriate consultation with counsel and the courts for any modifications to
38 the referral questions or to the course of the evaluation that may be necessary.