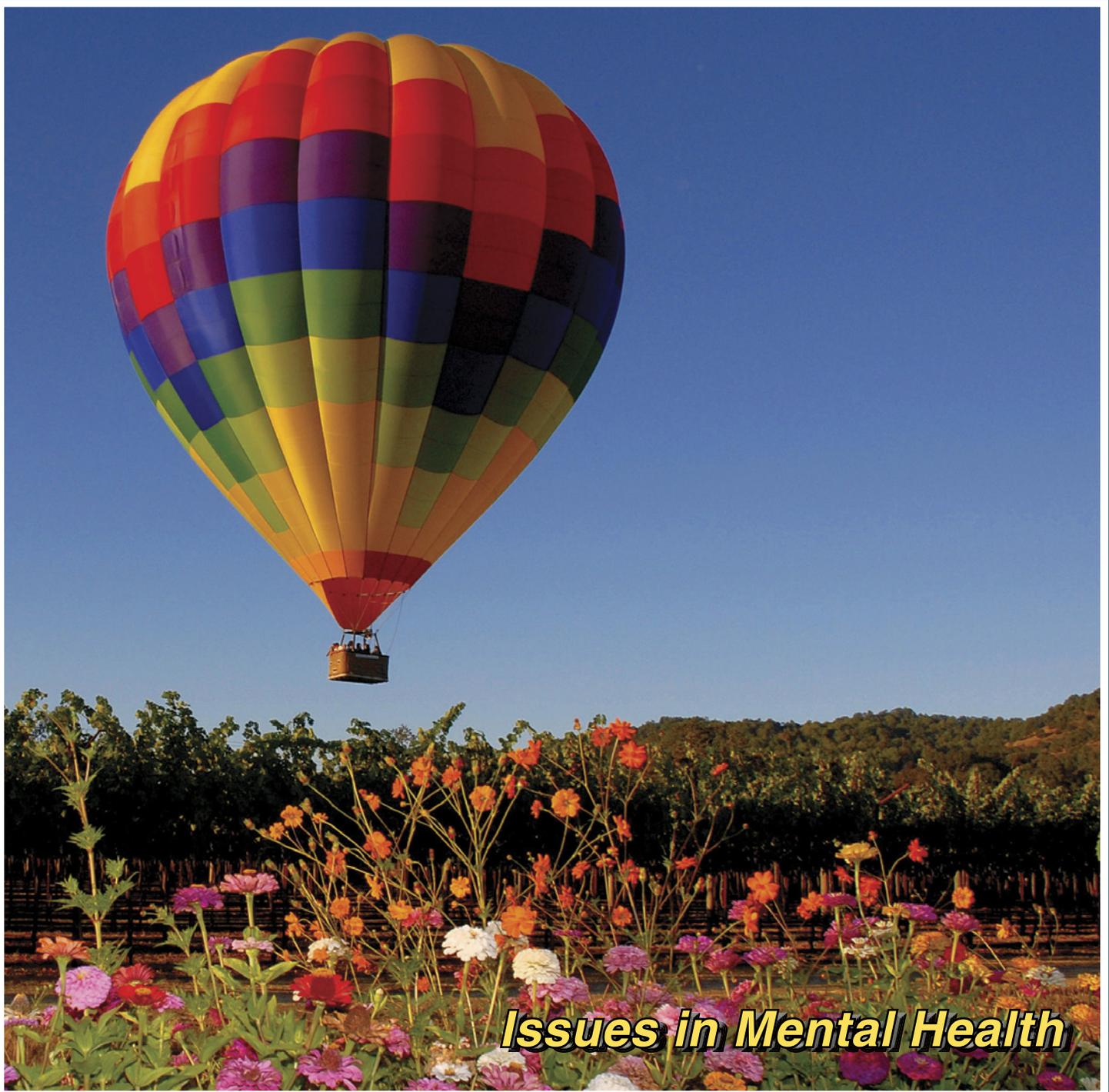


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Speciality Areas in Parenting Plan Assessments

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Introduction

Most parties who divorce work cooperatively to craft parenting plans for their children. While adjustment difficulties emerge, the majority of families do not require a parenting plan assessment. When these assessments *are* needed, general knowledge about divorce dynamics is often not enough when specific specialty questions arise. When a specialty area is encountered in the process, it is essential that family lawyers not only know the credentials of the professionals doing the parenting plan assessment but also know their areas of expertise and experience. Not all psychologists are created equal. Gourley and Stolberg (2000) surveyed a large sample of psychologists in Virginia. Only 35% of the psychologists they surveyed had experience doing custody evaluations. Of the psychologists that performed these evaluations, few were prolific with child custody evaluations (most averaging fewer than three per year). Less than 14% of psychologists receive formal training in graduate school or on internship in performing custody evaluations. Most training is received by attending workshops or conferences. The American Psychological Association (APA) Specialty Guidelines for Forensic Psychologists¹ specifically states in III. Competence, A.:

“Forensic psychologists provide services only in areas of psychology in which they have specialized knowledge, skill, experience, and education, and B.: Forensic psychologists have an obligation to present to the court, regarding the specific matters to which they will testify, the boundaries of their competence, the factual bases (knowledge, skill, experience,

training, and education) for their qualification as an expert, and the relevance of those factual bases to their qualification as an expert on the specific matters at issue.”

Specialty areas frequently encountered in these cases include but are not limited to, sexual abuse allegations, parental alienating behavior, domestic violence, substance abuse, mental health/personality disorders, relocation, and children with special needs. Other more obscure but not unheard of specialty areas include Munchausen by Proxy Syndrome (MBPS) allegations and religious/cult involvement by one parent. The role of the psychologists is designed to assist families and their lawyers to clarify concerns, investigate allegations, and educate them through a comprehensive report about their children’s needs. Researchers indicate that answering the concerns using empirically based research in the area specific to the referral question increases the likelihood the family can settle their disputes. This article will review a few of the specialty areas.

Specialty Areas

Sexual abuse is estimated to affect hundreds of thousands of children in the United States each year. Female juveniles between 12-17 make up the majority of sex abuse victims². Some children never disclose their abuse. Kuehnle and Connelly (2009) recognize that forensic child sexual abuse evaluations are a specialized area of practice that requires specialized knowledge across a number of important areas. Knowledge of normative sexual and nonsexual behavior is necessary, including knowledge of memory development, children’s resistance to suggestion, and knowledge of the literature on repressed and recovered memories during childhood and adolescence. Child forensic interviews, children’s suggestibility,

and the impact of repeated interviewing are only a few areas that require specialized skill.

In addition to understanding how best to approach a child evaluation when abuse is suspected, the examiner needs specialized training and knowledge regarding a psychosexual evaluation of the alleged perpetrator. Specific guidelines have been generated by the Association for the Treatment of Sexual Abusers (ATSA). These guidelines state that an objective measure of sexual interest must be included in any psychosexual evaluation. The most widely utilized psychological measures are the penile plethysmograph³ (PPG) (maybe explain this in a footnote?) and visual reaction time measures such as found in the Abel Assessment for Sexual Interest-3 Second Edition (AASI-3)TM.

In the last twenty years, **domestic violence** has entered the knowledge base of professionals and the public. The focus of the literature has been on identifying families and, more recently, children and domestic violence situations have become a central focus. Bancroft and associates authored a comprehensive book regarding the batterer as a parent and specifically discussed assessing risks to children from batterers and provided a comprehensive set of recommendations structuring contact. Bancroft discussed the risk to children when batterers continue or intensify their undermining of the mother’s authority and of the mother-child relationship. There is the risk for rigid, authoritarian parenting, neglect or irresponsible parenting, new threats of violence, and risk for psychological abuse and other forms of maltreatment. Acts of violence are only one area of risk to children. Some batterers are considerably more dangerous to children than others, and the level of dangerousness cannot be discerned by examining the batterer’s history of physical violence alone. Bancroft states the structuring

of visitation plans that are safe and that best facilitate children's emotional progress and recovery requires the use of various levels of supervision, lengths of visitation, and the engagement of the batterer and the children in other relevant services. Clearly, domestic violence assessments are multifaceted.

Unique challenges exist when parents **abuse alcohol and drugs**. Family life is often chaotic, unpredictable, and unstable. Children can perceive their parents' behavior as confusing, unloving, and they can blame themselves. Other children protect the substance abusing parent and become the caretaker not only to the substance abusing parent but their siblings. Not every family is affected identically. For example, a parent may lose his or her job because of substance abuse. The loss of income affects the family's living conditions and may cause the child to change schools on multiple occasions. A comprehensive approach to the impact of substance abuse on a family requires knowledge of substance abuse interviewing techniques, collateral source interviews, and specific methods of detection, including psychological testing and biological testing. Knowledge of the literature and the impact of substance abuse on families, particularly children, is relevant, as example, some data states children raised in substance abusing environments face increased risk for substance abuse and for physical and mental illness (www.casacolumbia.org).

Munchausen by Proxy Syndrome (MBPS) is referred to in the DSM-IV-TR⁴ as Factitious Disorder Not Otherwise Specified (NOS). This disorder is a psychological condition that motivates an individual to falsely report, exaggerate, or induce symptoms that imitate a medical condition in order to obtain unnecessary treatment for the proxy (child). The goal is to obtain the special attention society reserves for the parent of ill and suffering children. This form of child abuse can lead to physical and/or psychological damage to the victim, owing either to the direct actions of the perpetrator, or to the intrusive medical procedures performed by doctors to diagnose the child's suspected illness. This form of child abuse comes

with highly specialized recommendations regarding contact with the perpetrator. Failing to understand these specialized cases and the guidelines available to assess a suspected case can lead to significant physical and psychological harm to a child, and more rarely, death.

Religion is just one of the many different social institutions which promote the mutual involvement of all family members. Occasionally, something goes wrong. A combination of risk factors place some divorced parents and children at risk for joining religious sects beyond what the other parent agrees is best for their children. Expert psychologists have been helpful to the courts by providing invaluable information on patterns of child-rearing within identified religious groups. The focus is on well recognized scientific principles known about these groups. The use of parenting plan experts in this area is more extensive than in typical parenting plan assessments. Questions go beyond the parent-child relationship and require knowledge about the specific religious cult, about the leadership, who controls the family, makes decisions, and directs the parent. Questions about decision-making, about the children's upbringing, and education and how those decisions are reached often become the focus.

Conclusion

Parenting plan assessments are alternative dispute resolution tools targeted to the audience of litigants and their attorneys. The benefits to family include the opportunity to have an objective opinion about a fear or belief addressed. Real concerns are identified and clarification provided. Preconceived ideas about timesharing are addressed and serve to open the doors to negotiations. If cases proceed on to trials, judges are more able to make informed decisions about the best interest of individual families. If, however, the parenting plan assessment is ill-conceived or outside one's specialty, the benefits to families are lost and harm can be created.

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Endnotes:

1 Currently in revision through the Board of Professional Affairs, American Psychological Association (APA).

2 U.S. Department of Justice, August, 2008. *Sexually Assaulted Children: National Estimates and Characteristics*. Accessed online at www.ncjrs.gov.

3 Phallometric testing using penile plethysmography involves measuring changes in penile circumference or volume in response to sexual and nonsexual stimuli. Circumferential measures (measuring changes in penile circumference) are much more common than volumetric measures (measuring changes in penial volume), which are used in only a few laboratories worldwide. However, there is good agreement between circumferential and volumetric measures once a minimal response threshold is reached. www.atsa@atsa.com

4 Diagnostic and Statistical Manual- IV- Text Revised.