HB405
2024 Maryland General Assembly Session
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Favorable with Amendments

HB405 is intended to improve training of custody evaluators and prevent legitimate cases of domestic violence from being recognized due to a lack of training. There is no doubt this bill is well-intended. Unfortunately, HB405 also has critical errors that will ultimately harm children. By limiting the breadth and scope of experts permissible in family court, by ignoring a very serious form of child psychological abuse known as parental alienation, and by not training on parent-child contact issues and psychological abuse, children will be left in the care of abusive parents.

HB405 will limit experts to only those experienced in domestic violence, excluding those experts in personality disorders, attachment, trauma, and other experts who may be of benefit to family court cases. Maryland has adopted the Daubert Standard and that should be applied in HB405.

HB405 also limits who is qualified to provide the training curriculum to a very narrow and specific range of trainers and domestic violence issues. While this sounds common sense in a custody evaluator bill, the below the surface reality is that these there is implicit bias by having trainers who are described on page 5, line 5 "....a survivor of domestic violence or child physical or sexual abuse." Of important note is that survivors of child psychological abuse are not included as eligible trainers. Not including survivors of child psychological abuse is a deliberate omission by stakeholders, who are not only *not* concerned with child psychological abuse, but contend in part that child psychological abuse is "code for parental alienation," that it is just parents acting like "jerks," and claim it is difficult to prove. These are incorrect understandings of psychological abuse. Stakeholders refuse to understand that psychological abuse has been reported to be as bad as- if not worse than- sexual or physical abuse in its long term impacts on children.[1]

Finally, HB405 seeks to limit any claims of parental alienation. This is the underlying text of page 5, line 7-10, reading in part, "Not include theories, concepts, or belief systems unsupported by the research described [above]." Bill authors are referring to parental alienation. Stakeholders discredit parental alienation by claiming the science behind it is "junk science." Who is the authority that deemed parental alienation "junk science?"

[1] "Apa PsycNet." American Psychological Association. Accessed February 13, 2024. https://psycnet.apa.org/record/2014-45146-003.

Further, it is claimed that no credible organization acknowledges parental alienation. However, not only are there over one thousand peer reviewed journal articles, book chapters, books, and articles on PA, the American Psychological Association does recognize parental alienation in its 2022 publication *Guidelines for Child Custody Evaluations in Family Law Proceedings*[2], writing in the Purpose on page 5, "Psychologists strive to identify the presence and potential consequences — using scientific evidence and ethical practices — of such phenomena as child abuse, child neglect, intimate partner violence, and various pathogenic parenting practices (including loyalty binding, enmeshment, role reversal, and alienating behaviors)." While there is no doubt that false claims of parental alienation have been levied in court cases, so too are other false claims of abuse. That doesn't mean an allegation is discredited because it is deemed not a form of abuse by some.

Proposed amendments to HB405:

1. Expand the expert list according to the Daubert Standard.
2. Remove negative references to parental alienation.
3. Psychological abuse and parent/child contact issues added at various places in the bill (page 3, lines 15, 26- 27; page 4 lines 19- 20, 25; page 5 lines 14 and 17.)

This writer urges readers to consider the work on a survivor of parental alienation. The Anti-Alienation Project can be found on Youtube at Anti-Alienation Project[3].

There is no disagreement that improved and standardized training is desperately needed in Maryland's Family Courts for custody evaluators. HB405 is a well-intended bill that seeks to improve custody evaluator training. However, that training must include a wide breadth of experts as permitted by Daubert Standard, include all types of abuse including psychological abuse/parental alienation and parent-child contact issues. All children suffering from all forms of abuse deserve protection.

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[2] Association, American Psychological . 2022. "APA GUIDELINES for Child Custody Evaluations in Family Law Proceedings." Apa.org. 2022. https://www.apa.org/about/policy/child-custody-evaluations.pdf.

[3] "What Is Parental Alienation? (Adult Child POV)." n.d. Www.youtube.com. Accessed February 7, 2024. https://youtu.be/PS5k_VAiZHA?si=2XVhHLmkONbzGIOS.

Amend SB365/HB405

- SB365/HB405 are intended to improve the quality of custody evaluator training
- By limited the scope of experts and precluding parental alienation claims, children are harmed by SB365/HB405.

Professional Organizations Recommend	SB365/HB405
APA guidelines stress the importance of a broad range of knowledge and experts.	**Excludes experts other than a few select domestic violence experts.**
The AFCC stresses the importance of assessing for false allegations.	**Ignores the existence of false allegations.**
APA 2022 Guidelines for Custody Evaluators mentions alienating behaviors at least 20 times.	**Calls alienation a "belief system."**
AFCC stresses the importance of all allegations including parent-child conflict issues.	**Ignores parent-child contact problems.**

- APA 2022 Guidelines: https://www.apa.org/about/policy/child-custody-evaluations.pdf
- NCJFCJ-AFCC 2022 Joint Statement: https://www.ncjfcj.org/wp-content/uploads/2022/08/NCJFCJ-AFCC-Joint-Statement.pdf
- The science is settled on Parental Alienation: https://psycnet.apa.org/record/2022-66868-001

Alienated children suffer short and long-term consequences

1000+ journal articles, book chapters, books on Parental Alienation

Compiled by a group of Maryland parents advocating against all forms of child abuse.

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Unseen Wounds: The Contribution of Psychological Maltreatment to Child and Adolescent Mental Health and Risk Outcomes

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For this study, we evaluated the independent and additive predictive effects of psychological maltreatment on an array of behavioral problems, symptoms, and disorders in a large national sample of clinic-referred children and adolescents drawn from the National Child Traumatic Stress Network Core Data Set (CDS; see Layne, Briggs-King, & Courtois, 2014). We analyzed a subsample of 5,616 youth with lifetime histories of 1 or more of 3 forms of maltreatment: psychological maltreatment (emotional abuse or emotional neglect), physical abuse, and sexual abuse. Measures included the University of California, Los Angeles Posttraumatic Stress Disorder–Reaction Index (Steinberg et al., 2004), Child Behavior Checklist (Achenbach & Rescorla, 2004), and 27 diagnostic and CDS-specific clinical severity indicators. Psychologically maltreated youth exhibited equivalent or greater baseline levels of behavioral problems, symptoms, and disorders compared with physically or sexually abused youth on most indicators. The co-occurrence of psychological maltreatment with physical or sexual abuse was linked to the exacerbation of most outcomes. We found that the clinical profiles of psychologically maltreated youth overlapped with, yet were distinct from, those of physically and/or sexually abused youth. Despite its high prevalence in the CDS, psychological maltreatment was rarely the focus of intervention for youth in this large national sample. We discuss implications for child mental health policy; educational outreach to providers, youth, and families; and the development or adaptation of evidence-based interventions that target the effects of this widespread, harmful, yet often overlooked form of maltreatment.

Keywords: psychological maltreatment, emotional abuse and emotional neglect, physical and sexual abuse, clinical profiles of maltreated youth, complex trauma

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Nearly 3 million U.S. children experience some form of maltreatment annually, predominantly perpetrated by a parent, family member, or other adult caregiver (Children's Bureau, 2010). Although child maltreatment is often conceived as involving the deliberate infliction of physical harm, the American Academy of Pediatrics (AAP) has recently identified psychological maltreatment as "the most challenging and prevalent form of child abuse and neglect" (Hibbard et al., 2012, p. 372). Although more subtle to detect, emotional abuse and emotional neglect nevertheless account for 36% and 52% of identified child maltreatment cases, respectively (Chamberland, Fallon, Black, & Trocme, 2011; Sedlak et al., 2010; Tonmyr, Draca, Crain, & MacMillan, 2011).

Psychological maltreatment (PM) encompasses both emotional abuse and emotional neglect in that it is comprised of acts that constitute "persistent or extreme thwarting of the child's basic emotional needs," including "parental acts that are harmful because they are insensitive to the child's developmental level" (Barnett, Manly, & Cicchetti, 1993, p. 67,). The American Professional Society on the Abuse of Children (APSAC; Myers et al., 2002) defines psychological maltreatment as "a repeated pattern of caregiver behavior or a serious incident that transmits to the child that s/he is worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs." PM may also involve "spurning, terrorizing, exploiting or rejecting" the child (Kairys, Johnson, and Committee on Child Abuse & Neglect, 2002, p. 68). PM represents a breach in the attachment relationship between caregiver and child through (a) a lack of emotional nurturance, attunement, and responsiveness (emotional neglect) and/or (b) overt acts of verbal and emotional abuse that (c) result in harm to the child, disruptions of psychological safety, and impediments to the normative development of essential capacities such as emotion regulation, self-acceptance and -esteem, autonomy, and self-sufficiency (English & the LONGSCAN Investigators, 1997; Wolfe & McIsaac, 2011).

Whereas PM may be perpetrated by individuals outside the family system (e.g., teachers, peers), available evidence and guiding theory suggest that PM inflicted by a primary caregiver in early childhood, or chronically throughout childhood and adolescence, is more deleterious to the child's overall development (D'Andrea, Ford, Stolbach, Spinazzola, & van der Kolk, 2012). In a series of prospective studies examining the impact of verbally abusive or psychologically unavailable behaviors of mothers, the Minnesota Mother–Child Interaction Project (Egeland, Sroufe, & Erickson, 1983) found that children experiencing PM displayed a range of emotional and behavioral difficulties across development. These difficulties included increased internalizing and externalizing behaviors, negative self-esteem, impulsivity, and "pathological" behaviors, including tics, tantrums, stealing, enuresis, self-punishing behaviors, and clinginess (Egeland, Sroufe, & Erickson, 1983).

Although PM typically co-occurs with other forms of abuse and neglect, its incidence in the absence of other forms of maltreatment is more common than recognized (Hart, Brassard, & Karlson, 1996). It is important to distinguish between PM and characteristics of dysfunctional parenting (e.g., inconsistent, chaotic, emotionally dysregulated parenting; Wolfe & McIsaac, 2011) that fall below the threshold of maltreatment, yet may co-occur with or lead to PM. PM is distinct from dysfunctional parenting in that PM is characterized by a "chronic, severe and escalating pattern of emotionally abusive and neglectful parental behavior" combined with increased risk of psychological harm to the child (Wolfe & McIsaac, 2011).

Despite the notably high federal prevalence data cited earlier, the *perceived* prevalence of PM in the United States appears to depend heavily on where one looks and whom one asks. For example, official reports of PM to child welfare agencies portray PM as a relatively rare phenomenon: Only 7.6% of official reports to child welfare agencies identified the occurrence of PM in 2009 (Children's Bureau, 2010). PM is also less likely to be investigated: 53% of physical abuse and 55% of sexual abuse reports, but only 36% of PM reports, were investigated in 2009 (Sedlak et al., 2010). Community sample studies estimate rates of PM of between 21% and 80%—findings that denote a more variable and pervasive problem than indicated by some governmental reports (Chamberland et al., 2005; Clement & Chamberland, 2007). In a national clinical dataset of over 11,000 trauma-exposed youth, Briggs and colleagues identified PM as the most prevalent (38%) form of maltreatment, and the fourth most prevalent of 20 trauma types assessed (Briggs et al., 2013). These discrepancies between governmental and community estimates suggest that PM is underrecognized as a distinct and consequential form of maltreatment.

Further complicating the picture, PM can be elusive and insidious, and its very nature allows it to hide in plain sight (Hart & Glaser, 2011; Trocme et al., 2011). For example, a review of child-protective services case records for maltreated children revealed that, whereas over 50% of cases had experienced parental emotional abuse, its presence was officially noted in only 9% of the cases (Trickett, Mennen, Kim, & Sang, 2009). Unlike other forms of childhood maltreatment, PM does not carry a strong social taboo, nor does it result by itself in physical wounds, which often make it harder to identify and substantiate as part of the child-protective service process. The comparatively covert nature of PM can thus lead investigators to focus on other more "tangible" forms of maltreatment, as well as to adopt an apathetic or helpless outlook regarding how best to intervene. Perhaps of greatest concern (and of greatest relevance to the theme of this special section), laypersons, professionals, and larger systems may be induced to deny that PM constitutes a distinct form of abuse that carries its own potentially unique risks and consequences, and thus discount PM or misattribute its pernicious effects to other factors (Chamberland et al., 2005; Twaite & Rodriguez-Srednicki, 2004). The inherent subtlety and lack of recognition of PM as a pernicious form of abuse, per se, may thus contribute to its infrequent selection by practitioners as a primary focus of child-trauma intervention, or to the fact that few interventions exist that explicitly target PM (NCTSN, 2011).

The Impact of Psychological Maltreatment

PM has been theorized to produce adverse developmental consequences equivalent to, or more severe than, those of other forms of abuse (Hart, Brassard, & Karlson, 1996). PM also incrementally predicts maladjustment above and beyond the predictive effects of other forms of abuse (Schneider, Ross, Graham, & Zieliniski, 2005). Of particular relevance to this special section, PM tends to co-occur with other forms of maltreatment (McGee, Wolfe, & Wilson, 1997; Wachter, Murphy, Kennerley, & Wachter, 2009). PM is thus difficult to "unpack," at both conceptual and methodological levels of analysis, with respect to its incremental and

potentially unique contributions to "risk factor caravans" (Layne et al., 2009, 2014).

These challenges notwithstanding, PM has emerged as a significant predictor of a broad range of negative youth outcomes. Youth with histories of PM exhibit elevated rates of inattention, aggression, noncompliance, hyperactivity, conduct problems, and delinquency (Caples & Barrera, 2006; Hart, Brassard, & Karlson, 1996; Manly, Kim, Rogosch, & Cicchetti, 2001). PM has also been linked to internalizing symptoms, including anxiety, depression, PTSD, suicidality, and low self-esteem (McGee et al., 1997; Stone, 1993; Wolfe & McGee, 1994).

Differential Predictive and Potentiating Effects

Growing evidence suggests that PM may exert negative predictive (and potentially causal) effects above and beyond those of other forms of maltreatment. Examining the predictive effects of physical and sexual abuse, neglect, PM, and domestic violence on adolescent outcomes, McGee and colleagues found that PM accounted for the largest proportion of unique variance in externalizing symptoms and potentiated the adverse effects of other maltreatment types (McGee et al., 1997). Similarly, compared with sexual and physical abuse, parental verbal abuse was associated with the largest predictive effects on measures of dissociation, depression, and anger/hostility in young adults (Teicher, Samson, Polcari, & McGreenery, 2006). Further, Schneider and colleagues found that PM incrementally predicted maladjustment in adolescents above and beyond the predictive effects of other forms of maltreatment (Schneider et al., 2005).

The Present Study

This study sought to build on prior research on the independent as well as incremental or synergistic predictive effects of PM on a wide range of child and adolescent clinical and risk indicators, when compared with other forms of maltreatment. We examined baseline assessment data from maltreated youth, as archived in the National Child Traumatic Stress Network (NCTSN) Core Data Set (CDS; see Layne et al., 2014), to test two basic hypotheses: (1) Youth reporting PM will exhibit equivalent or higher baseline levels of symptom severity, risk behavior, and functional impairment compared with physically or sexually abused youth, and (2) the co-occurring presence of PM with physical or sexual abuse will be associated with worse clinical outcomes compared with outcomes among other categories of maltreated youth (i.e., those who report only physical, only sexual, or combined physical and sexual abuse).

Method

The CDS contains data collected between 2004 and 2010 on 14,088 children from 56 participating NCTSN centers. The CDS includes information on demographics, family characteristics, service use, trauma exposure, functioning, and standardized assessments of emotional–behavioral problems. NCTSN procedures for gathering CDS data are described in detail elsewhere (Briggs et al., 2012; Layne et al., 2014).

Study Sample

Hypotheses were tested on the entire subpopulation of children and adolescents in the NCTSN with lifetime histories of exposure to one or more of the three maltreatment categories targeted for consideration in this study: psychological maltreatment (PM), sexual abuse (SA), physical abuse (PA). Accordingly, the study sample consisted of 5,616 children, comprised of 2,379 (42%) boys and 3,237 girls. Maltreated youth were categorized into seven mutually exclusive groups based upon their respective exposures to one or more of the three index maltreatment types (see Table 1). Racial and ethnic distribution included 2,122 (38%) White, 1,183 (21%) Black/African American, 1,685 (30%) Hispanic/Latino, 406 (7%) other, and 220 (4%) unknown/missing. Age at baseline CDS assessment of participants reporting only one maltreatment type averaged 1–2 years younger than the ages of youth exposed to two or more maltreatment types ($p < .0001$). In addition, a larger proportion of sexually abused participants were girls (73% of female cases were positive for SA).

Measures

Standardized assessments.

UCLA Posttraumatic Stress Disorder-Reaction Index (PTSD-RI). PTSD-RI (Steinberg et al., 2013) is a widely used, 22-item clinician-administered or self-report measure of the 4th edition of *Diagnostic and Statistical Manual of Mental Disorders* (*DSM–IV*; APA, 1994) PTSD symptoms and traumatic events experienced by youth 7–18 years of age (Steinberg et al., 2004). Total-scale scores were computed and used in the present study. Psychometric properties in the CDS are robust (Steinberg et al., 2013).

Child Behavior Checklist (CBCL). CBCL (Achenbach & Rescorla, 2004) is a widely used and well-validated caregiver-report measure (113 items) for children 1.5–5 and 6–18 years of age that yields scores on a wide range of empirically based syndrome scales. Two broad-band scales (Internalizing: CBCL-Int. and Externalizing Behavioral Problems: CBCL-Ext.) were used (Achenbach & Rescorla, 2004).

CDS-specific measures.

Trauma history. The Trauma History Profile (THP; see Pynoos et al., 2014, pp. S9–S17) is a multi-informant tool for assessing children's broad-spectrum trauma histories across childhood and adolescence. The present study focused on three maltreatment-specific variables assessed by the THP: (a) emotional abuse/psychological maltreatment (PM), defined as caregiver-inflicted emotional abuse (e.g., bullying, terrorizing, coercive control), verbal abuse (e.g., severe insults, debasement, or threats), overwhelming demands, and/or emotional neglect (e.g., shunning, isolation); (b) physical abuse/maltreatment (PA), defined as actual or attempted caregiver infliction of physical pain or bodily injury; and (c) sexual abuse/maltreatment (SA), defined as actual or attempted sexual molestation, exploitation, or coercion by a caregiver.

Indicators of severity and clinical evaluation. This study included 12 clinician-rated indicators of severity spanning a range of behavioral problems, risk behaviors, and types of functional impairments (e.g., behavior problems at home, suicidality). Measures also included 15 clinician-rated items from the CDS clinical evaluation form assessing behaviors, symptoms of distress, and

Table 1
Descriptive Statistics for the Child Behavior Checklist (CBCL) and the UCLA Posttraumatic Stress Disorder Reaction Index (PTSD-RI) by Child Maltreatment Comparison Groups

Variable	Sexual abuse (SA; $N = 1084$)		Physical abuse (PA; $N = 826$)		Psychological maltreatment (PM; $N = 1339$)		Sexual & physical abuse ($N = 250$)		Psychological & sexual abuse ($N = 313$)		Psychological & physical abuse ($N = 1246$)		All three ($N = 558$)		Group significance
	N	*M (SD)*	*N*	*M (SD)*	*N*	*M (SD)*	*N*	*M (SD)*	*N*	*M (SD)*	*N*	*M (SD)*	*N*	*M (SD)*	
Male***	263 (24.3)		451 (54.7)		651 (48.7)		86 (34.4)		69 (22.0)		681 (54.7)		178 (31.9)		
Race***															
White/Caucasian	338 (31.2)		222 (26.9)		584 (43.6)		91 (36.4)		132 (42.2)		501 (40.2)		254 (45.5)		
Black/AA	282 (26.0)		265 (32.1)		205 (15.3)		70 (28.0)		51 (16.3)		209 (16.8)		101 (18.1)		
Hispanic/Latino	346 (31.9)		218 (26.4)		413 (30.8)		63 (25.2)		101 (32.2)		390 (31.3)		154 (27.6)		
Other	58 (5.4)		54 (6.5)		111 (8.3)		11 (4.4)		21 (6.7)		110 (8.8)		41 (7.4)		
Unknown/missing	60 (5.5)		67 (8.1)		26 (1.9)		15 (6.0)		8 (2.6)		36 (2.9)		8 (1.4)		
Age at baseline***	1084	10.1 (4.2)	826	10.6 (4.2)	1339	10.6 (4.4)	250	11.1 (4.1)	313	12.0 (3.9)	1246	11.1 (4.3)	558	12.4 (4.0)	
CBCL subscales															
Externalizing behavior	832	59.6 (11.9)	542	63.8 (11.6)	1023	63.0 (11.5)	184	64.4 (11.3)	225	64.4 (11.3)	901	64.3 (11.1)	390	64.8 (10.4)	B**, C*, E**
Internalizing behavior	832	60.4 (12.0)	542	60.3 (11.3)	1023	62.1 (11.3)	184	62.7 (11.2)	225	63.4 (10.7)	901	63.4 (10.3)	390	64.3 (10.8)	A**, B**, D***, E*
UCLA PTSD Reaction Index	698	26.7 (14.7)	544	25.9 (14.8)	825	26.6 (14.6)	177	28.5 (15.5)	231	30.0 (14.8)	841	28.9 (14.5)	419	33.0 (14.1)	D*, E**

Note. A = PM greater than PA; B = PM greater than SA; C = PM greater than SA + PA; D = PM + PA greater than PA; E = PM + SA greater than SA. Negative association is indicated by "–" sign. Age at baseline significant for externalizing and internalizing behavior. Gender significant for externalizing behavior and the UCLA Posttraumatic Stress Disorder Reaction Index.
* $p < .05$. ** $p < .01$. *** $p < .0001$.

mental health disorders characteristic of *DSM–IV* (APA, 1994) diagnoses (e.g., dissociation, ADHD, PTSD). Both sets of indicators were measured on 3-point scales (see Kisiel et al., 2014, pp. S29–S39). For the present study, responses were collapsed into binary variables assessing item presence or absence (see Table 2 for a complete list of variables included in the statistical models).

Data Analysis

Descriptive statistics and frequencies for demographic characteristics were grouped by maltreatment type and examined using chi-square tests and ANOVA for categorical and continuous variables, respectively. We used linear mixed-effects regression models to compare maltreatment groups on continuous measures, including PTSD-RI (Steinberg et al., 2004) total symptom scores, CBCL-Int. and CBCL-Ext. (Achenbach & Rescorla, 2004) composite behavior-problem-scale scores. Models included the participant's age at intake, gender, and center-level random effects that accounted for correlations between participants nested within centers. For binary variables, we used generalized estimating-equation (GEE) logistic models adjusted for age at baseline and gender (as covariates) to evaluate differences between maltreatment groups. We investigated our two study hypotheses using various model contrasts to evaluate five comparisons of interest: (a) PM versus PA, (b) PM versus SA, (c) PM versus PA + SA, (d) PM + PA versus PA, and (e) PM + SA versus SA. We then plotted the estimated odds ratios (*OR*) and 95% confidence intervals (CI) for the binary measures. We conducted all analyses using SAS Version 9.2 for Windows and generated all graphs using publicly available R software (R Development Core Team, 2014).

Results

Between-Group Comparisons on the CBCL and PTSD-RI

Table 1 presents the unadjusted scores by maltreatment group and results of the comparisons of interest. The linear mixed-effects regression model adjusted for gender and age at baseline revealed (a) the PM group had significantly higher CBCL Int. scores (Achenbach & Rescorla, 2004) than both the PA (estimated difference = 1.77, $SE = 0.61$; $p = .0039$) and SA (estimated difference = 1.47, $SE = 0.56$; $p = .0088$) groups, (b) the PM group had significantly higher CBCL-Ext. scores (Achenbach & Rescorla, 2004) than the SA group (estimated difference = 2.05, $SE = 0.58$; $p = .0004$), (c) no significant differences were found between the PM versus PA or SA groups on PTSD-RI scores, and (d) although the PM group had marginally lower CBCL-Ext. scores than the PA + SA group (estimated difference = −1.85, $SE = 0.93$; $p = .0465$), the two groups had similar CBCL-Int. and PTSD-RI (Steinberg et al., 2004) scores.

Contribution of PM to Predicting Indicators of Severity and Clinical Evaluation Scores

Comparison of PM group to single-type PA and SA groups. Table 2 lists the respective frequencies for the indicators of severity and clinical evaluation items for each maltreatment group. The PM group had similar or higher frequencies than both the PA and

Table 2
Frequency of Indicators of Severity and Clinical Evaluation by Maltreatment Comparison Groups

Indicators of severity	Sexual abuse (SA) *N* (%)	Physical abuse (PA) *N* (%)	Psychological maltreatment (PM) *N* (%)	Sexual & physical abuse (SA + PA) *N* (%)	Psychological maltreatment & sexual abuse (PM + SA) *N* (%)	Psychological maltreatment & physical abuse (PM + PA) *N* (%)	All three *N* (%)	Group significance
Academic problems	392 (39.4)	391 (52.3)	673 (54.8)	113 (51.8)	159 (54.6)	691 (59.6)	312 (61.2)	B^{***}, D^{**}, E^{**}
Behavior problems at school	343 (34.3)	372 (49.3)	600 (48.3)	114 (52.3)	127 (44.1)	616 (52.9)	265 (52.0)	B^{***}, E^{**}
Skipping school or daycare	88 (8.8)	77 (10.2)	167 (13.5)	32 (14.4)	52 (17.9)	176 (15.0)	80 (15.7)	A^{*}, B^{*}, D^{*}, E^{*}
Behavior problems at home	474 (47.0)	459 (59.9)	828 (65.5)	142 (64.0)	175 (59.5)	848 (71.3)	362 (68.6)	A^{**}, B^{***}, D^{***}, E^{***}
Suicidality	153 (15.4)	103 (13.5)	166 (13.4)	41 (18.5)	62 (21.4)	243 (20.8)	147 (28.3)	B^{-*}, D^{**}
Self-injurious behaviors	112 (11.2)	87 (11.5)	186 (14.9)	37 (16.7)	54 (18.6)	220 (18.6)	132 (25.4)	A^{*}, B^{**}, D^{***}, E^{**}
Sexualized behaviors	267 (26.9)	112 (15)	181 (14.5)	63 (28.6)	94 (32.4)	194 (16.7)	194 (37.7)	B^{-***}, C^{-***}, E^{**}
Alcohol abuse	41 (4.1)	41 (5.4)	97 (7.7)	14 (6.4)	24 (8.3)	96 (8.3)	40 (7.8)	B^{*}
Substance abuse	41 (4.2)	47 (6.3)	112 (9.0)	13 (6.0)	31 (10.7)	126 (10.9)	50 (9.9)	B^{**}, C^{*}, D^{*}, E^{*}
Attachment problems	298 (33.8)	302 (47.7)	635 (52.5)	101 (52.1)	152 (52.8)	674 (58.7)	344 (67.5)	B^{***}, D^{***}, E^{***}
Criminal activity	34 (3.4)	53 (6.9)	99 (7.8)	22 (10.0)	23 (7.8)	136 (11.5)	56 (10.7)	B^{**}, D^{**}
Running away	52 (5.1)	46 (6.0)	79 (6.2)	17 (7.7)	34 (11.5)	121 (10.2)	65 (12.4)	D^{*}, E^{*}
				Clinical evaluation				
Acute stress disorder	129 (14.1)	88 (12.1)	220 (18.6)	25 (11.7)	54 (19.9)	205 (18.1)	109 (21.8)	A^{***}, B^{*}, C^{*}, D^{**}, E^{*}
Posttraumatic stress disorder	636 (68.3)	441 (59.9)	674 (57.0)	164 (75.6)	225 (82.1)	867 (75.5)	445 (88.7)	B^{-***}, C^{-***}, D^{***}, E^{***}
Traumatic/complicated grief	177 (21.5)	224 (35.2)	375 (32.1)	59 (30.6)	102 (37.8)	393 (34.6)	223 (44.5)	B^{***}, E^{***}
Dissociation	155 (16.9)	100 (13.7)	170 (14.4)	38 (17.6)	67 (24.9)	263 (23.1)	181 (36.3)	D^{***}, E^{*}
Somatization	138 (16.7)	90 (14.3)	190 (16.2)	30 (15.5)	58 (21.5)	215 (19.0)	143 (28.7)	D^{*}
Generalized anxiety disorder	319 (34.7)	243 (33.1)	572 (48.4)	71 (33.2)	139 (51.3)	572 (50.2)	252 (50.3)	A^{***}, B^{***}, C^{***}, D^{***}, E^{***}
Separation anxiety disorder	104 (11.3)	86 (11.8)	179 (15.1)	18 (8.4)	35 (12.9)	208 (18.3)	83 (16.6)	B^{**}, C^{*}, D^{***}
Depression	438 (47.3)	372 (50.7)	680 (57.5)	107 (49.1)	195 (71.4)	758 (66.2)	365 (72.6)	A^{**}, B^{***}, C^{**}, D^{***}, E^{***}
Attachment problems	238 (25.8)	263 (36.1)	532 (44.9)	83 (38.4)	127 (46.9)	623 (54.5)	309 (61.6)	A^{**}, B^{***}, D^{***}, E^{***}
Oppositional defiant disorder	151 (16.4)	193 (26.4)	279 (23.8)	50 (23.3)	71 (26.1)	325 (28.6)	157 (31.4)	B^{**}, E^{**}
Conduct disorder	42 (4.6)	76 (10.4)	77 (6.5)	13 (6.1)	21 (7.7)	128 (11.2)	60 (12.0)	A^{-**}
General behavioral problems	347 (41.8)	377 (59.2)	596 (50.9)	102 (52.9)	139 (51.3)	675 (59.2)	298 (59.6)	A^{-**}, B^{*}, E^{**}
Attention deficit hyperactivity	198 (21.6)	258 (35.3)	344 (29.1)	60 (27.9)	67 (24.6)	375 (32.9)	140 (27.8)	A^{-*}
Suicidality	88 (9.6)	89 (12.2)	118 (10.0)	23 (10.7)	45 (16.5)	156 (13.7)	118 (23.6)	
Sleep disorder	131 (15.8)	86 (13.7)	166 (14.2)	33 (17.2)	48 (17.7)	180 (15.8)	111 (22.2)	

Note. A = PM greater than PA; B = PM greater than SA; C = PM greater than SA + PA; D = PM + PA greater than PA; E = PM + SA greater than SA. Negative association is indicated by "–" sign. Age significant for everything except generalized anxiety disorder. Gender significant for academic problems, behavior problems at school and home, self-injurious behavior, attachment problems, criminal activity, posttraumatic stress disorder, dissociation, somatization, obsessive–compulsive disorder, conduct disorder, general behavioral problems, attention deficit hyperactivity disorder, and suicidality.
* $p < .05$. ** $p < .01$. *** $p < .0001$.

SA groups on 21 of 27 indicators of risk behaviors, behavioral problems, functional impairments, symptoms, and disorders. Figures 1 and 2 depict the adjusted *OR*s and corresponding 95% CIs for all indicators.

Compared with the PA group, the PM group had significantly higher odds on five indicators: behavior problems at home (*OR* = 1.29, 95% CI: 1.07–1.55; $p = .0076$), attachment problems (*OR* = 1.42, 95% CI: 1.17–1.71; $p = 0.0004$), depression (*OR* = 1.46, 95% CI: 1.20–1.79; $p = 0.0002$), acute stress disorder (ASD; *OR* = 1.69, 95% CI: 1.29–2.20; $p = 0.0001$), and generalized anxiety disorder (GAD; *OR* = 1.91, 95% CI: 1.57–2.31; $p < .0001$); and marginally higher odds than the PA group on two indicators: skipping school or day care (*OR* = 1.43, 95% CI: 1.06–1.92; $p = 0.0207$) and self-injurious behaviors (*OR* = 1.34, 95% CI: 1.02–1.77; $p = 0.0345$).

Compared with the SA group, the PM group had higher frequencies on the majority (17 of 27; 63%) of outcomes, with estimated *OR*s ranging from 1.46 to 2.47. The PM group had significantly lower frequencies on only three study indicators compared with both the PA group: conduct disorder (CD; *OR* = 0.63, 95% CI: 0.45–0.89; $p = 0.0075$), general behavior problems (*OR* = 0.72, 95% CI: 0.59–0.88; $p = 0.0012$), and attention deficit hyperactivity (*OR* = 0.78, 95% CI: 0.64–0.95; $p = 0.0149$); and the SA group: sexualized behaviors (*OR* = 0.47, 95% CI: 0.38–0.58; $p < .0001$), PTSD (*OR* = 0.63, 95% CI: 0.52–0.76; $p < .0001$) and, marginally, suicidality (*OR* = 0.78, 95% CI: 0.61–0.99; $p = 0.0436$).

Comparison of PM group to multiple-type PA + SA group. Of further relevance to evaluating its predictive potency, the PM group had similar odds to the PA + SA group on 74% (20 of 27) of indicators and significantly higher odds on five indicators (substance abuse disorder [SAD], GAD, depression, and ASD). The PM group had significantly lower odds on only two indicators compared with the PA + SA group (sexualized behaviors, PTSD).

Incremental Contribution of PM to the Clinical Profiles of Physically or Sexually Maltreated Youth

CBCL subscale & PTSD-RI total scale scores. Compared with the PA group, the PM + PA group had significantly higher CBCL-Int. scores (Achenbach & Rescorla, 2004), estimated difference = 2.66, *SE* = 0.62; $p < .0001$, and PTSD-RI scores (Steinberg et al., 2004), estimated difference = 2.45, *SE* = 0.81; $p = 0.0025$. In contrast, the two groups reported similar CBCL-Ext. scores (Achenbach & Rescorla, 2004), *M* = 64.3 vs. 63.8, respectively. Further, compared with the SA group, the PM + SA group had significantly higher scores on the CBCL-Ext., estimated difference = 2.62, *SE* = 0.86; $p = 0.0024$, and CBCL-Int. composite scales, estimated difference = 2.14, *SE* = 0.84; $p = 0.0107$, as well as marginally higher scores on the PTSD-RI, estimated difference = 2.15, *SE* = 1.09; $p = 0.0495$ (see Table 1 for group comparison details).

Indicators of severity and clinical evaluation. Compared with the SA group, the PM + SA group had significantly higher

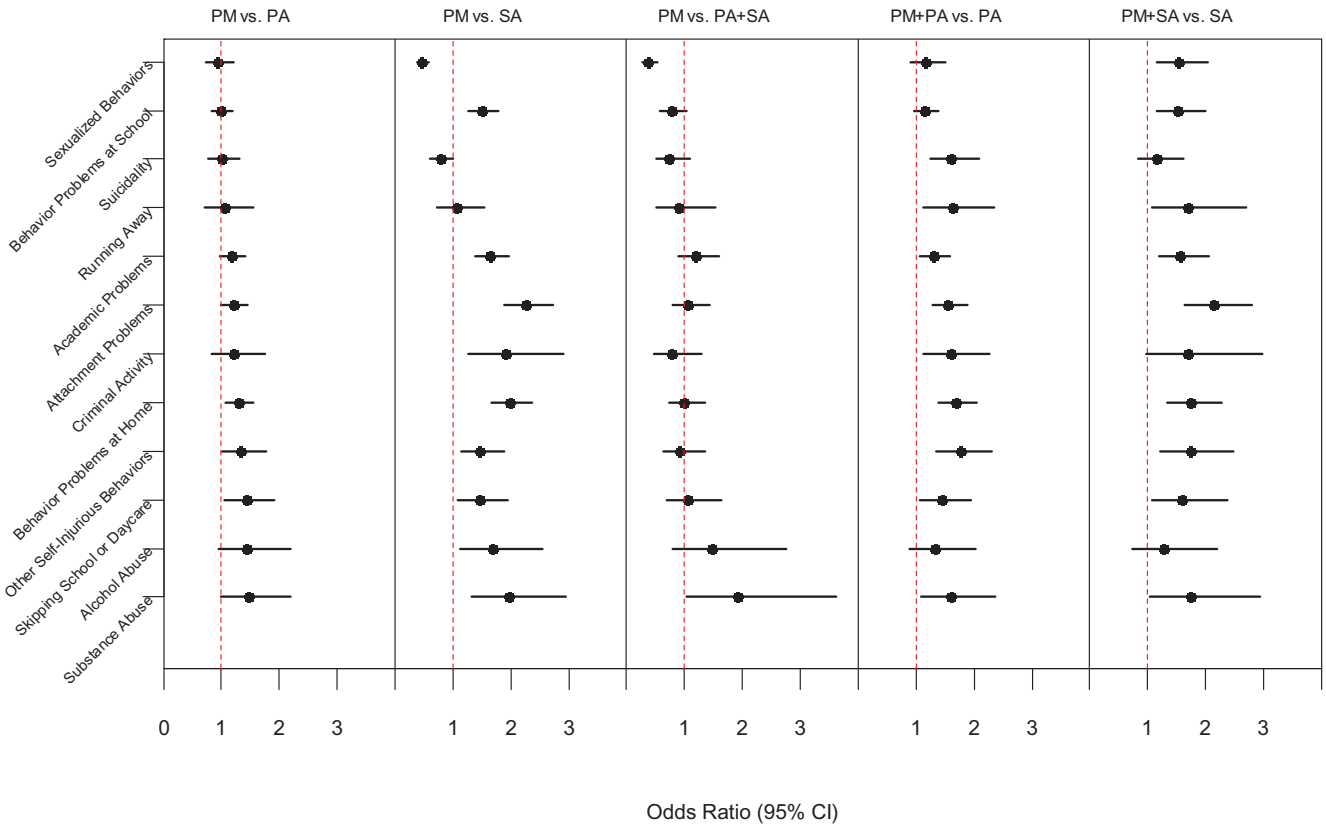

Figure 1. Estimated *OR* with 95% *OR* for indicators of severity (SA = sexual abuse; PA = physical abuse; PM = psychological maltreatment). The dash line represents an *OR* of 1.

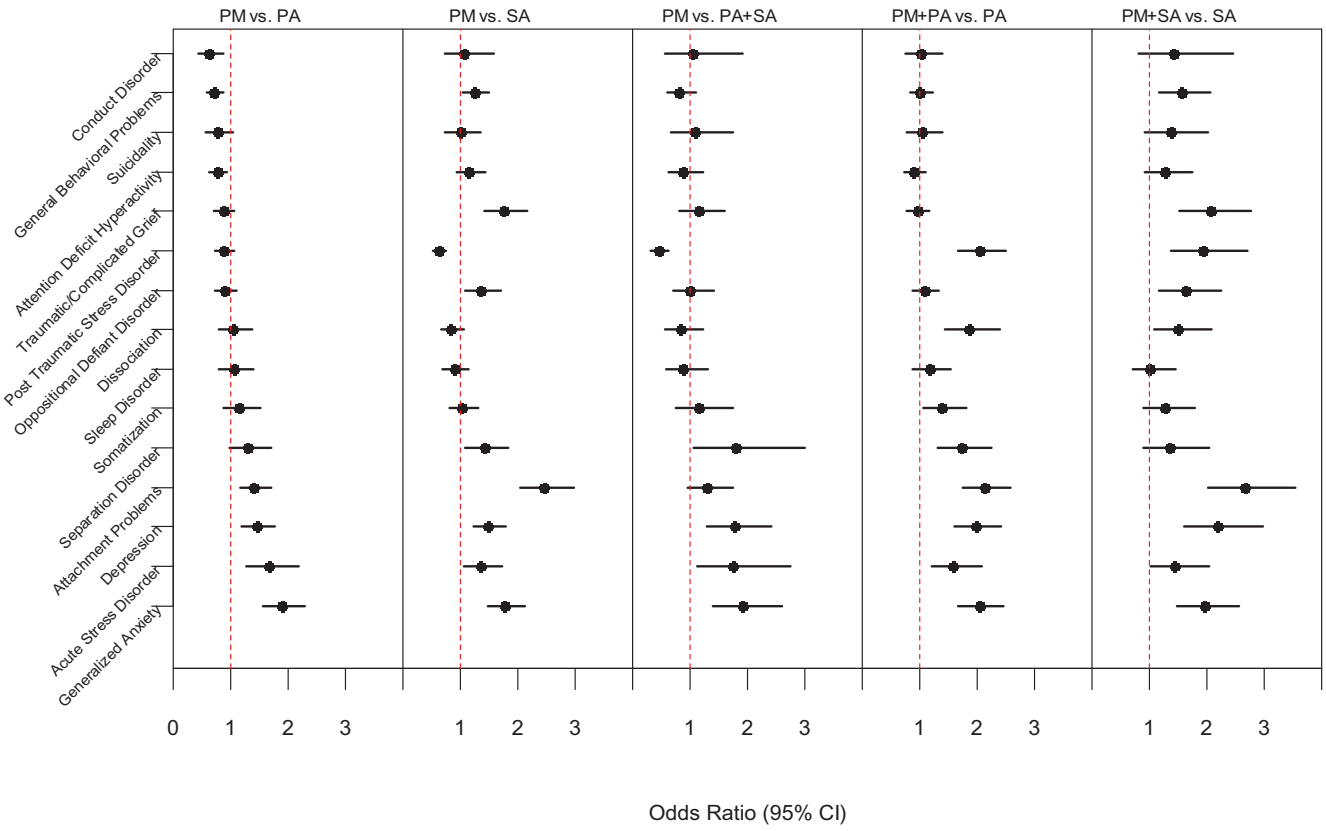

Figure 2. Estimated *OR* with 95% *OR* for clinical evaluation (SA = sexual abuse; PA = physical abuse; PM = psychological maltreatment). The dash line represents an *OR* of 1.

odds on the majority (18 of 27; 67%) of indicators (see Figures 1 & 2). Similarly, compared with the PA group, the PM + PA group had significantly higher odds on the majority (17 of 27; 63%) of indicators.

Model Covariates

The results presented above were from the models adjusted for gender and age at baseline, and these model covariates were significantly associated with some of the measures and indicators of interest.

Gender. Male status was associated with significantly higher mean scores on the CBCL-Ext. subscale (Achenbach & Rescorla, 2004), as well as a significantly higher frequency (30%; 8 of 27) of respondent and clinician-rated indicators. Female status was associated with significantly higher PTSD-RI scores (Steinberg et al., 2004) and with a significantly higher frequency (7 of 27; 26%) of rated indicators (See Tables 1 & 2).

Age at baseline. Older age (measured at intake) was positively associated with both CBCL-Ext. and CBCL-Int. subscale scores (Achenbach & Rescorla, 2004), and with a higher frequency of most (70%; 19 of 27) indicators. Younger age was significantly associated with 26% (7 of 27) of rated indicators.

Discussion

Using a large national sample of clinic-referred youth, the present study casts light on the potential effects of PM (i.e., emotional abuse and/or emotional neglect) on child and adolescent traumatic stress and associated problems in child mental health, behavior, and functioning. Our findings strongly support the hypotheses that PM in childhood not only augments, but also independently contributes to, statistical risk for negative youth outcomes to an extent comparable to statistical risks imparted by exposure to physical abuse (PA), sexual abuse (SA), or their combination (PA + SA).

The occurrence of PM was associated with a broad range of clinical impairment types, exerting predictive effects of comparable or greater magnitude or frequency than the predictive effects of PA and SA. In addition, the co-occurrence of PM with PA (PM + PA) or SA (PM + SA) was associated with a greater magnitude or frequency of the majority of study outcomes compared with those associated with PA or SA alone. Further, the occurrence of PM was found to be an equivalent or significantly greater predictor of 27 of 30 negative outcomes compared with the co-occurrence of physical and sexual abuse (PA + SA). PM was thus associated with a clinical profile that overlapped with, but was distinct from, the profiles observed in the PA, SA, and PA + SA comparison groups.

Adding weight to these findings is evidence that PM is the most prevalent form of maltreatment in the NCTSN CDS (Layne et al., 2014). A history of PM exposure was identified in the majority (62%) of more than 5,000 maltreatment cases examined in this study, with nearly one quarter (24%) of maltreatment cases comprised exclusively of PM. Although cross-sectional, these findings

point to the role that PM may play as a formidable form of childhood trauma in its own right, and strongly suggest that PM should be an integral component of ongoing efforts to understand, assess, and address the nature and sequelae of maltreatment in children and adolescents.

Impact of Psychological Maltreatment on PTSD

The PM group exhibited symptom frequencies on the PTSD-RI equivalent to those observed in the PA and SA groups. This finding is especially noteworthy given the exclusion of PM as a Criterion A event for PTSD in *DSM-5* and its prior editions (American Psychiatric Association, 2013). In contrast, the lower frequency of clinician-rated PTSD diagnosis in the PM versus SA groups may reflect, at least in part, a methodological artifact and clinical practice parameter: Clinicians may have refrained from assigning a PTSD diagnosis to the PM group—even in the presence of equivalent PTSD-RI symptom severity—precisely because the DSM does not recognize PM as a threshold stressor for PTSD. Nevertheless, equivalent PTSD-RI scores across PM, SA, and PA groups, coupled with the finding that the PM group was as likely as the PA group to receive a clinician rating of PTSD, provides support for both the inclusion of PM as a qualifying stressor for PTSD as well as healthy skepticism concerning the diagnostic utility of excluding PM from PTSD Criterion A (Van Hooff, McFarlane, Bauer, Abraham, & Barnes, 2009).

Impact of Psychological Maltreatment on Associated Clinical Indicators

Findings revealed a robust association between PM and the majority of clinician-rated diagnostic and risk indicators assessed. Compared with the SA, PA, and SA + PA groups, the PM group exhibited equivalent or higher frequency scores on the great majority of study indicators. Although the PM group exhibited slightly lower frequencies on a small number of outcomes compared with either the SA (e.g., sexualized behaviors) or PA (e.g., CD) groups, the PM group was never associated with the lowest odds ratios on any of the 27 indicators examined. In sum, the predictive potency of PM appears to be at least on par with physical or sexual abuse across a broad range of adverse outcomes. These findings lend support to the recent report by the AAP highlighting the perniciousness of this form of maltreatment (Hibbard et al., 2012).

Some evidence concerning the potentially differential (unique) effects of PM emerged in the finding that PM was the strongest and most consistent predictor of internalizing problems (e.g., depression, GAD, SAD, attachment problems). PM was also the strongest predictor of substance abuse—raising the question as to whether substance abuse may serve as an associated coping mechanism and "cascading" secondary outcome (see Layne et al., 2014). These findings are consistent with earlier research linking PM to a range of internalizing symptoms, relational insecurity, and negative self-perceptions (e.g., Trickett, Kim, & Prindle, 2011). With respect to the prediction of externalizing problems (e.g., behavioral problems, self-injury, criminal activity), PM exhibited a strong association comparable to that of PA and greater than that of SA. This finding suggests that PM, PA, and their co-occurrence (PM + PA) may be potent risk factors for eliciting or reinforcing externalizing behavior—a proposition consistent with prior research linking maltreatment to reactive aggression (Ford, Fraleigh, & Connor, 2010).

Exacerbating Effect of Psychological Maltreatment for Other Maltreatment Groups

Consistent with prior studies suggesting that PM may potentiate the detrimental effects of SA or PA, the co-occurrence of PM with SA or PA was associated with higher PTSD symptoms, CBCL-Int., and CBCL-Ext. behavior problem scores compared with the occurrence of SA or PA alone. The co-occurrence of PM with PA or SA also significantly increased the odds ratios for a number of clinician-rated indicators including PTSD, ASD, dissociative symptoms, attachment problems, depression, and GAD. These findings add to a growing body of research demonstrating that exposure to multiple forms of trauma (Cloitre et al., 2009; Higgins, 2004) is associated with an exacerbation of psychosocial impairment.

In contrast, although the co-occurrence of PM with either PA (PM + PA) or SA (PM + SA) generally increased the risk for adverse outcomes compared with the predictive effects of PA or SA alone, the co-occurrence of PA with SA (PA + SA) rarely predicted greater outcome severity. Indeed, for a number of study indicators, the predictive effect of PA + SA was significantly lower than that of PM alone. As gauged by its incremental predictive potency, PM may represent a disproportionately more potent predictor, and candidate causal (i.e., traumagenic) contributor, to the risk for a broad array of trauma-related adverse outcomes in childhood and adolescence as compared with other more extensively studied forms of maltreatment, including PA and SA. These findings suggest that, in evaluating risk for PTSD and other adverse behavioral and psychosocial outcomes, the accumulation of multiple maltreatment types may not follow a simple equally weighted additive pattern (i.e., functional interchangeability in the relative potencies and causal pathways of different trauma types across outcomes). Consistent with the role of a vulnerability factor (Layne et al., 2009), the co-occurrence of psychological maltreatment in this study was associated with a significant increase in the prevalence and severity of a range of internalizing and externalizing problems for children exposed to either SA or PA.

This additive effect was unique to PM: the co-occurrence of PM with another type of maltreatment (PM + SA or PM + PA) was associated with significantly more severe (as measured by CBCL Internalizing and Externalizing subscale scores) and far-ranging (as measured by the wide array of clinical indices assessed) negative outcomes than when SA and PA co-occurred without PM (SA + PA). In fact, the co-occurrence of SA and PA appeared to be necessary to produce an equivalent predictive effect on several study indicators (e.g., behavioral problems at school, self-attachment problems, self-injurious behaviors) compared with PM alone. Investigating the comparative potency and potentially unique pathways by which PM contributes (both in its occurrence, as well as its co-occurrence with PA and SA) to adverse outcomes typically attributed to PA and SA, is a promising avenue for future research (see also Kisiel et al., 2014; Layne et al., 2014; Pynoos et al., 2014).

Study Strengths and Limitations

Study strengths include the size, national scope, and demographic diversity of the sample. The present study constitutes one of the largest empirical studies on the comparative predictive potencies of various forms of child maltreatment ever conducted—a study for which the NCTSN CDS is uniquely suited to carry out. The study design nevertheless carries important limitations. First, because the CDS is a quality improvement initiative consisting of a large sample of youth referred for trauma treatment services, it is neither probability-based nor nationally representative, but rather a purposive sample of youth served by NCTSN centers. Our results thus most clearly generalize to trauma-exposed, treatment-seeking U.S. youth populations. Second, we operationally defined each child's maltreatment history in terms of his or her lifetime history of exposure to three primary forms of maltreatment captured in the CDS (PM, SA, PA) and their combinations that were most conducive to testing our two study hypotheses. We did not examine other facets of maltreatment (e.g., duration, age of onset, developmental timing of exposure) that may intersect with one or more of these maltreatment types to influence child outcomes (see Pynoos et al., 2014). Third, the study design utilized linear mixed-effects regression using discrete groups (PM, PA, SA, PM + PA, etc.) and cross-sectional data, and did not involve tests of interaction (i.e., moderated/vulnerability effects). Fourth, we did not account for the contributions of other forms of interpersonal (e.g., gross neglect, domestic, school or community violence) or impersonal (e.g., serious injury/accident) trauma measured by the CDS that may precede or occur in conjunction with or subsequent to child maltreatment. We plan to pursue these questions in future studies designed to unpack the elements of risk factor caravans and their influences on maltreated youth (Layne et al., 2014). Our results nevertheless clearly underscore the risks associated with maltreatment-related polyvictimization, especially elevated risk profiles and wide-ranging negative outcomes predicted by lifetime exposure to PM.

Future Directions and Implications for Child Mental Health Services, Education, and Policy

Findings of this study carry important implications for public policy and the development, adaptation, and implementation of child trauma interventions. First, given its predictive potency and widespread prevalence, efforts to increase recognition of PM as a potentially formidable type of maltreatment in its own right should be at the forefront of mental health and social service training efforts, including incorporation of education on PM into graduate training curricula and continuing education of child service professionals (Courtois & Gold, 2009). This need is especially apparent in the child welfare system considering the low rates at which PM is currently detected. Enhancement of training initiatives for protective services personnel focused on screening and assessment of PM, as well as linking children to appropriate services, is critical. In tandem, mental health outreach, consumer resource development and public awareness initiatives are needed to achieve more widespread understanding of the detrimental consequences of PM for children and adolescents.

Second, psychometrically sound, clinically useful instruments are needed to help providers identify PM, categorize and appreciate various forms of emotional abuse and emotional neglect, and assess their associated effects on a range of adverse youth outcomes. Third, effective, theoretically grounded interventions for the sizable subpopulation of traumatized youth exposed to PM are clearly needed. Of particular concern, whereas NCTSN sites have produced or adapted over three dozen empirically supported treatments for child trauma, few directly target psychological maltreatment or its subtypes (e.g., emotional abuse, emotional neglect), and no intervention has been developed to focus specifically on this widely prevalent form of trauma exposure. One partial exception is Attachment, Self-Regulation and Competency (ARC: Kinniburgh, Blaustein, Spinazzola & van der Kolk, 2005), which embeds a therapeutic focus on the effects of and response to psychological maltreatment within a "complex trauma" (Spinazzola et al., 2005; Spinazzola et al., 2013) paradigm. Nevertheless, the extent to which prevailing child trauma treatment models are applicable to, and sufficiently address the needs of, psychologically maltreated youth remains an open question. Likewise, the degree to which the extant evidence base on treatment outcome generalizes to this subpopulation of maltreated youth is unclear. Future research should seek to ascertain whether existing models sufficiently address, or can be adapted to accommodate, the needs of psychologically maltreated children and adolescents; or alternatively, whether new models or intervention components are required.

Finally, greater attention should be dedicated toward understanding the complex manner in which co-occurring forms of childhood trauma may intersect to influence traumatic stress reactions, attachment and self-image problems, affective and physiological dysregulation, risk behaviors, and functional impairment across development (D'Andrea et al., 2012). Appropriately constructed guiding theory, assessment tools, interventions, and clinical training methods are needed to support accurate risk screening and case identification, effective intervention, workforce development, and public policy. If we are to engender healing of the full spectrum of wounds inflicted by childhood trauma—both the visible and the unseen—such efforts must be guided by a clear appreciation for the variability in occurrence, intersection, etiology, developmental context, clinical course, and causal consequences of all forms of maltreatment.

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SENATE BILL 365

D4 4lr1171
SB 13/23 – JPR CF 4lr1547

By: **Senators Carozza, Waldstreicher, and West**
Introduced and read first time: January 17, 2024
Assigned to: Judicial Proceedings

A BILL ENTITLED

AN ACT concerning

Family Law – Child Custody Evaluators – Qualifications and Training

FOR the purpose of specifying certain qualifications and training necessary for an individual to be appointed or approved by a court as a custody evaluator; specifying that certain expert evidence is admissible in certain child custody and visitation proceedings under certain circumstances; and generally relating to child custody and visitation.

BY repealing and reenacting, with amendments,
Article – Family Law
Section 9–101.1
Annotated Code of Maryland
(2019 Replacement Volume and 2023 Supplement)

BY adding to
Article – Family Law
Section 9–109
Annotated Code of Maryland
(2019 Replacement Volume and 2023 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Family Law

9–101.1.

(a) In this section, "abuse" has the meaning stated in § 4–501 of this article.

(b) In a custody or visitation proceeding, the court shall consider, when deciding custody or visitation issues, evidence of abuse by a party against:

EXPLANATION: **CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**
[Brackets**]** indicate matter deleted from existing law.

(1) the other parent of the party's child;

(2) the party's spouse; or

(3) any child residing within the party's household, including a child other than the child who is the subject of the custody or visitation proceeding.

(c) If the court finds that a party has committed abuse against the other parent of the party's child, the party's spouse, or any child residing within the party's household, the court shall make arrangements for custody or visitation that best protect:

(1) the child who is the subject of the proceeding; and

(2) the victim of the abuse.

(D) IN A CHILD CUSTODY OR VISITATION PROCEEDING IN WHICH A PARENT IS ALLEGED TO HAVE COMMITTED ABUSE UNDER THIS SECTION, EXPERT EVIDENCE FROM A COURT–APPOINTED OR PARTY–RETAINED PROFESSIONAL RELATING TO THE ALLEGED ABUSE MAY BE ADMITTED ONLY IF THE ~~PROFESSIONAL POSSESSES DEMONSTRATED EXPERTISE AND CLINICAL EXPERIENCE IN WORKING WITH VICTIMS OF ABUSE THAT IS NOT SOLELY FORENSIC IN NATURE~~ IS FOUND TO SATISFY THE DAUBERT STANDARD.

9–109.

(A) IN THIS SECTION, "CUSTODY EVALUATOR" MEANS AN INDIVIDUAL APPOINTED OR APPROVED BY A COURT TO PERFORM A CUSTODY EVALUATION.

(B) A COURT MAY NOT APPOINT OR APPROVE AN INDIVIDUAL AS A CUSTODY EVALUATOR UNLESS THE INDIVIDUAL:

(1) IS:

(I) A PHYSICIAN LICENSED IN ANY STATE WHO IS BOARD–CERTIFIED IN PSYCHIATRY OR HAS COMPLETED A PSYCHIATRY RESIDENCY ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION OR A SUCCESSOR TO THAT COUNCIL;

(II) A MARYLAND LICENSED PSYCHOLOGIST OR A PSYCHOLOGIST WITH AN EQUIVALENT LEVEL OF LICENSURE IN ANY OTHER STATE;

(III) A MARYLAND LICENSED CLINICAL MARRIAGE AND FAMILY THERAPIST OR A CLINICAL MARRIAGE AND FAMILY THERAPIST WITH AN EQUIVALENT LEVEL OF LICENSURE IN ANY OTHER STATE;

(IV) A MARYLAND LICENSED CERTIFIED SOCIAL WORKER–CLINICAL OR A CLINICAL SOCIAL WORKER WITH AN EQUIVALENT LEVEL OF LICENSURE IN ANY OTHER STATE;

(V) 1. A MARYLAND LICENSED GRADUATE OR MASTER SOCIAL WORKER WITH AT LEAST 2 YEARS OF EXPERIENCE IN ONE OR MORE OF THE AREAS LISTED IN SUBSECTION (D)(1) OF THIS SECTION; OR

2. A GRADUATE OR MASTER SOCIAL WORKER WITH AN EQUIVALENT LEVEL OF LICENSURE AND EXPERIENCE IN ANY OTHER STATE; OR

(VI) A MARYLAND LICENSED CLINICAL PROFESSIONAL COUNSELOR OR A CLINICAL PROFESSIONAL COUNSELOR WITH AN EQUIVALENT LEVEL OF LICENSURE IN ANY OTHER STATE; AND

(2) HAS TRAINING IN:

(I) CHILD GROWTH AND DEVELOPMENT;

(II) PSYCHOLOGICAL TESTING;

(III) PARENT–CHILD BONDING; INCLUDING UNHEALTHY ATTACHMENTS

(IV) SCOPE OF PARENTING;

(V) ADULT DEVELOPMENT AND PSYCHOPATHOLOGY;

(VI) FAMILY FUNCTIONING; AND

(VII) CHILD AND FAMILY DEVELOPMENT.

(C) IF A COURT IDENTIFIES ONE OR MORE OF THE FOLLOWING ISSUES IN A CUSTODY OR VISITATION PROCEEDING, THE COURT SHALL APPOINT A CUSTODY EVALUATOR OR LICENSED HEALTH CARE PROVIDER WHO HAS EXPERIENCE, EDUCATION, TRAINING, OR SUPERVISION IN THE SPECIFIC ISSUE IDENTIFIED:

(1) PHYSICAL, SEXUAL, OR PSYCHOLOGICAL ABUSE OF AN INTIMATE PARTNER OR FORMER INTIMATE PARTNER;

(2) PHYSICAL, SEXUAL, OR PSYCHOLOGICAL ABUSE OF A CHILD; INCLUDING PARENT CHILD CONTACT ISSUES

(3) COERCIVE CONTROL; INCLUDING PARENT CHILD CONTACT ISSUES

(4) NEGLECT OF A CHILD;

(5) TRAUMA OR TOXIC STRESS;

(6) ALCOHOL OR SUBSTANCE ABUSE;

(7) MEDICAL, PHYSICAL, OR NEUROLOGICAL IMPAIRMENT THAT AFFECTS THE ABILITY TO EFFECTIVELY PARENT; OR

(8) ANY OTHER ISSUE RELEVANT TO A CUSTODY PROCEEDING THAT THE COURT DETERMINES REQUIRES SPECIFIC EXPERIENCE, EDUCATION, TRAINING, OR SUPERVISION.

(D) (1) BEGINNING OCTOBER 1, 2025, IN ADDITION TO MEETING THE REQUIREMENTS UNDER SUBSECTIONS (B) AND (C) OF THIS SECTION AND COMPLYING WITH THE CONTINUING EDUCATIONAL REQUIREMENTS OF THE APPLICABLE FIELD, BEFORE APPOINTMENT OR APPROVAL BY A COURT AS A CUSTODY EVALUATOR, AN INDIVIDUAL MUST COMPLETE AT LEAST 20 HOURS OF INITIAL TRAINING AND NOT LESS THAN 15 HOURS OF TRAINING EVERY 3 YEARS THEREAFTER IN AREAS THAT FOCUS SOLELY ON DOMESTIC AND SEXUAL VIOLENCE AND CHILD ABUSE, INCLUDING:

(I) CHILD SEXUAL ABUSE;

(II) PHYSICAL ABUSE;

(III) EMOTIONAL ABUSE; INCLUDING PARENT CHILD CONTACT ISSUES

(IV) COERCIVE CONTROL; INCLUDING PARENT CHILD CONTACT ISSUES

(V) IMPLICIT AND EXPLICIT BIAS, INCLUDING BIASES RELATING TO DISABILITIES;

(VI) TRAUMA;

(VII) LONG– AND SHORT–TERM IMPACTS OF DOMESTIC VIOLENCE AND CHILD ABUSE ON CHILDREN; ~~AND~~ INCLUDING PSYCHOLOGICAL ABUSE AND PARENT CHILD CONTACT ISSUES; AND

(VIII) VICTIM AND PERPETRATOR BEHAVIOR PATTERNS AND RELATIONSHIP DYNAMICS WITHIN THE CYCLE OF VIOLENCE.

(2) THE TRAINING REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL:

(I) BE PROVIDED BY:

BE PROVIDED BY A PROFESSIONAL WITH CLINICAL, FORENSIC, OR RESEARCH EXPERIENCE IN DOMESTIC VIOLENCE, PSYCHOLOGICAL ABUSE INCLUDING PARENT CHILD CONTACT ISSUES, AND SEXUAL ABUSE;

~~1. A PROFESSIONAL WITH SUBSTANTIAL EXPERIENCE IN ASSISTING SURVIVORS OF DOMESTIC VIOLENCE OR CHILD ABUSE, INCLUDING A VICTIM SERVICE PROVIDER; AND~~

~~2. IF POSSIBLE, A SURVIVOR OF DOMESTIC VIOLENCE OR CHILD PHYSICAL OR SEXUAL ABUSE~~; EVIDENCE-BASED, PEER REVIEWED RESEARCH;

(II) ~~RELY ON EVIDENCE–BASED RESEARCH BY RECOGNIZED EXPERTS IN THE TYPES OF ABUSE DESCRIBED IN ITEM~~ **(I) OF THIS PARAGRAPH;**

(III) ~~NOT INCLUDE THEORIES, CONCEPTS, OR BELIEF SYSTEMS UNSUPPORTED BY THE RESEARCH DESCRIBED IN ITEM (II) OF THIS PARAGRAPH; AND~~

(IV) BE DESIGNED TO IMPROVE THE ABILITY OF COURTS TO:

PHYSICAL AND PSYCHOLOGICAL

1. RECOGNIZE AND RESPOND TO CHILD ~~PHYSICAL~~ **ABUSE, CHILD SEXUAL ABUSE, DOMESTIC VIOLENCE, AND TRAUMA IN VICTIMS, PARTICULARLY CHILDREN; AND**

PHYSICAL AND PSYCHOLOGICAL SAFETY

2. MAKE APPROPRIATE CUSTODY DECISIONS THAT PRIORITIZE ~~SAFETY~~ **AND WELL–BEING AND ARE CULTURALLY SENSITIVE AND APPROPRIATE FOR DIVERSE COMMUNITIES.**

(E) IN ANY ACTION IN WHICH CHILD SUPPORT, CUSTODY, OR VISITATION IS AT ISSUE, A COURT SHALL PROVIDE INFORMATION TO THE PARTIES REGARDING THE ROLE, AVAILABILITY, AND COST OF A CUSTODY EVALUATOR IN THE JURISDICTION.

(F) BEFORE ENGAGING IN THE CUSTODY EVALUATION PROCESS, A CUSTODY EVALUATOR SHALL PROVIDE, IN WRITING, INFORMATION REGARDING THE POLICIES, PROCEDURES, AND FEES AND COSTS FOR THE EVALUATION.

(G) THE ADMINISTRATIVE OFFICE OF THE COURTS MAY ADOPT PROCEDURES TO IMPLEMENT THIS SECTION.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2024.

APA GUIDELINES
for Child Custody Evaluations in Family Law Proceedings

WORKING GROUP TO REVISE THE GUIDELINES ON THE EVALUATION OF CHILD CUSTODY IN FAMILY LAW PROCEEDINGS

COMMITTEE ON PROFESSIONAL PRACTICE AND STANDARDS OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

ADOPTED AS ASSOCIATION POLICY IN FEBRUARY 2022

AMERICAN PSYCHOLOGICAL ASSOCIATION

The Guidelines for Child Custody Evaluations in Family Law Proceedings were revised by a Working Group established by the APA Committee on Professional Practice and Standards (COPPS), that included current and former members of COPPS, subject matter experts (SMEs), and guidelines development experts. They are Helen T. Brantley (Chair), Eric Y. Drogin, I. Bruce Frumkin, Giselle Aguilar Hass, Jemour A Maddux, and, Lisa D. Piechowski. The developers gratefully acknowledge the leadership of and consultation with the Board of Professional Affairs (BPA) and COPPS, strong input from APA boards and committees, and stakeholder groups internal and external to the Association, and members of the public. The developers especially appreciate the substantive expertise and support from APA Practice Directorate staff, including Mary G Hardiman and Bethel Yeshiwas, and other staff members across APA as this document moved through the review process in accordance with Association Rule 30-8.

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AMERICAN
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COMMITTEE ON PROFESSIONAL PRACTICE AND STANDARDS OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

ADOPTED AS ASSOCIATION POLICY IN FEBRUARY 2022

APA Working Group on the Evaluation of Child Custody in Family Law Proceedings (WG-CCG)

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Introduction

Purpose

The overarching purpose of these Guidelines is to promote evidence-based and ethically informed practice concerning what are commonly termed *child custody* evaluations, involving disputes over decision making, parenting time, and access in the wake of relationship dissolution. These Guidelines endeavor 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 parenting time, undermining the quality of the child's relationship with a parent, allegations of domestic violence and child abuse, and the child's own perspective. Psychologists strive to identify the presence and potential consequences — using scientific evidence and ethical practices — of such phenomena as child abuse, child neglect, intimate partner violence, and various pathogenic parenting practices (including loyalty binding, enmeshment, role reversal, and alienating behaviors). They also seek to recognize and to appropriately interpret the effect of high-conflict divorces on both children and families. As assessment techniques and the professional literature evolve, so do court decisions and legislative mandates. In keeping with previous iterations (APA, 1994, 2010), these Guidelines continue to acknowledge a clear distinction between the forensic custody evaluations described in this document and the advice and support psychologists provide to families, children, and adults in the normal course of psychological treatment (e.g., psychotherapy and counseling).

Terminology

Relevant terminology may be defined and operationalized by state law, regulations, and the courts, including tribal courts of separate jurisdiction(s). Some states have begun to favor use of such terms as *parenting plan or parental rights and responsibilities* instead of *custody,* in part to shift parties from a focus on "litigating custody" (DiFonzo, 2014, p. 213) and "winning custody" (Langan, 2016, p. 437). These terms are neither fully synonymous nor mutually exclusive; *a parenting plan* can be a central component of a *custody arrangement* that delineates *parental rights and responsibilities.* 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 parenting time disputes regarding children. 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 generally to these ideas, unless otherwise specified.

Child custody proceedings may involve parents who were never married, grandparents, stepparents, guardians, and other adult caregivers. These Guidelines apply the term *parents* generically when referring to persons who seek legal recognition as sole or shared custodian(s). 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 a sole custodian and a 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.* Some parents may never have been married, may never have lived together, or may never have sustained any long-term relationship with one another. Disagreements regarding children may also occur after years of cooperative parenting, potentially with changes in circumstances of the children or of the parents.

Addressing parent–child contact problems can be a controversial concept in child custody proceedings (Fidler & Bala, 2020; Nielson, 2018). These problems may be subsumed under such terms as resist–refusal dynamics, alienating behaviors, domestic violence and/or child abuse, restrictive gatekeeping, and parental alienation, among others. While there is a large body of research and literature on this topic, there are also many nonscientific-based texts. The concept is a complex and multifactorial one (Johnston, 2003; Johnston & Sullivan, 2020; Judge & Deutsch, 2017) and has occasionally been misinterpreted (See Guideline 5), polarizing psychologists and other professionals, including lawyers, judges, social workers, and parents. Psychological science may help clarify these issues for other professionals who work in this area of alienating behaviors. In the Guidelines, the terms alienating behaviors or parent–child contact problems are used to denote these issues. Further information may be obtained from the following sources, including but not limited to: Specialty Guidelines for Forensic Psychology (APA, 2013c); Guidelines for Psychological Evaluations in Child Protection Matters (APA, 2013b), and Guidelines for the Practice of Parenting Coordination (APA, 2012).

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

"Best Interests of the Child"

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 parenting time, applying *a best interests of the child* legal standard in determining this restructuring of rights and responsibilities. *Best interests of the child* is defined in many state statutes. The legal 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 Welfare Information Gateway, Department of Health and Human Services, 2020, p. 2). A custody evaluation typically involves relevant facets of the child's needs as well as the parenting qualities and capacities of each of the adult parties.

Most child custody disputes, however, are settled without the need for a court-ordered evaluation (Lund, 2015). In some situations, a "collaborative law" approach is taken that explicitly favors consensus-based dispute resolution over traditionally adversarial strategies and tactics (Schepard & Hoffman, 2010), often involving participation by psychologists. Where disputes have not been resolved, psychologists render a valuable service, as they provide competent, impartial, and adequately supported opinions with direct relevance to the *best interests of the child* (Symons, 2010).

Scope

These Guidelines provide general recommendations for psychologists whom seek to increase awareness, knowledge, and skills when performing their child custody evaluations. Psychologists are sometimes asked to perform a "brief focused evaluation" (Cavallero & Hanks 2012; Deutsch, 2008, p. 45) that targets well-defined, often narrowly tailored questions, in family matters.

Although such evaluations often address issues relevant to child custody, they are beyond the scope of these Guidelines. These Guidelines are not intended for psychologists functioning either in a consultant role or as a non-evaluating investigator in child custody litigation. 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, 2013b).

Users

These Guidelines are intended for use by psychologists, and to provide assistance to those with an interest in child cus-

tody evaluation services, such as other mental health providers, attorneys, judges, and consumers. These Guidelines address ethical and aspirational aspects of child custody evaluations and may be informative to anyone with a professional or personal interest in such procedures.

Documentation of Need

Since the most recent prior iteration of the Guidelines (APA, 2010), there have been changes in state laws (e.g., regarding same-sex marriage) as well as a growth in research relevant to this field on such topics as the following: implicit bias, subspecialty areas in child custody evaluation (e.g., child maltreatment, relocation, abduction risk, parent-child contact problems), culture, trauma-informed practice, and psychological testing (Neal et al., 2020). Many training programs offer limited forensic exposure to family law matters, and psychologists who are asked to perform child custody evaluations have varying levels of supervised experience in this area. These Guidelines provide aspirational direction to all psychologists asked to perform child custody evaluations.

Development Process

The Guidelines for Child Custody Evaluations in Family Law Proceeding (APA, 2010) were reviewed, found in need of revision, and sent out for public comment to solicit further evaluation of the 2010 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). The six members of the Working Group were selected with different areas of expertise and levels of experience in conducting child custody evaluations.

The Working Group began meeting the summer of 2018, initially using approximately monthly conference calls as its means of communication. In the spring of 2020, weekly and biweekly calls were initiated, and two-day, face-to-face meetings were conducted in April 2019 and January 2020. Various 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. The Office of Legal and Regulatory Affairs of APA provided information regarding jurisdictional differences in family laws.

In the summer of 2020, the proposed revision document was submitted for legal review. Thereafter, the document underwent review by APA Boards and Committees, and it was submitted for a 60-day public comment period, in accordance with policies and procedures per Association 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 and to Council of Representatives for review and adoption as Association Policy. 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*.

Selection of Evidence

The Working Group conducted a broad review of the literature through their own study and discussion of professional and scholarly resources and via a review of results of the public comment process. The literature then received suggestions for additional citations and references from various collegial sources throughout the development process. The literature reviewed and cited in the text of these Guidelines by the Working Group is as inclusive, representative, seminal, relevant, empirically based, and current as feasible. The introductory and guidelines sections are explicitly informed by the APA Ethical Principles of Psychologist and Code of Conduct (APA, 2017a) (hereafter referred to as the "APA Ethics Code"; APA, 2017), as well as additional APA guidelines and reports.

Distinction between Standards and Guidelines / Compatibility with APA Ethics Code

As noted above, these Guidelines are informed by the APA's Ethics Code. The term *guidelines* refer 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 continued development of the profession, and to facilitate a high level of practice by psychologists. Guidelines are not intended to be mandatory or exhaustive, and they may not be applicable to every professional situation. They are not definitive nor intended to take precedence over the measured, independent judgment of psychologists (APA, 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; instead, psychologists should acquire from other sources the requi-

site knowledge, skill, education, experience, and training for doing so.

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 the underlying literature review. No funds, grants, 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 complied with APA's policy on conflicts of interest.

Expiration

These Guidelines are scheduled to expire 10 years from February 2022. After that date, users are encouraged to contact the APA Practice Directorate to determine whether this document remains in effect.

I. Scope of the Child Custody Evaluation

GUIDELINE 1

The purpose of the child custody evaluation is to assist in identifying the best interests of the child, in recognition that the child's welfare is paramount.

Rationale

Psychologists with appropriate clinical and forensic training can investigate the needs, conditions, and capacities of all family members. Courts rely on this input when crafting a legal decision that identifies and promotes the best interests of the child (Child Welfare Information Gateway, 2020).

Application

Psychologists are encouraged to weigh and incorporate many factors that, in combination, are sufficient to identify the best interests of the child. Parental factors may include parenting style and practices; ability and willingness to co-parent; family interactions; interpersonal support; cultural and environmental variables (APA, 2019); relevant challenges; and functioning and aptitudes of all examined parties. Factors concerning children may include their developmental, educational, physical, social, recreational, cultural, and psychological needs, as well as the child's wishes. Psychologists are aware that considerations of the children's wishes are often regulated by law, and that children's expressed preferences may be influenced by several factors, including age and developmental status, manipulation and/or undue influence by a parent (Parkinson & Cashmore, 2007), fear of consequences (Cashmore & Parkinson, 2008), traumatic bonding with an abusive parent (Reid et al., 2013), and coercion (Warshak, 2015). Careful consideration of children's perspectives is frequently recognized as a valid component. Psychologists may include assessment of the children's vulnerabilities and special needs, including any disabilities, as well as the strength of the children's healthy bond to the parents and other family members, effects of separation, and the health of the parent-child relationship. Psychologists strive to consider each of the best interest factors described in state statutes.

In addition, foci of a child custody evaluation may encompass, among other factors, threats to the child's safety and well-being, such as physical and emotional abuse, neglect, coercion, and the presence of parental alienating behaviors, as well as exposure to parental conflict, violence, abuse, and antagonistic interactions between extended family members. Psychologists endeavor to assess the risk of physical, psychological, and/or sexual violence within the family, and to understand child protection laws, research, and guidelines in child protection matters (APA, 2013b). Psychologists understand that custody evaluations may be exploited by the parents as a tool for further control and harassment after separation. Children may be affected negatively by the child custody evaluation process, as well as by the conflict it seeks to address. Parents who are undergoing an evaluation may advance their concerns in a forceful and contentious manner, drawing children into their conflicts. To protect children, psychologists strive to provide instructions to caregivers at the beginning of the evaluation as to appropriate parent-child communications about interviews.

GUIDELINE 2

The evaluation focuses upon parenting abilities, the children's needs, and the resulting fit.

Rationale

From the court's perspective, the most valuable contributions by psychologists reflect a clinically astute and scientifically sound approach to legally relevant matters. Issues that are central to the court's ultimate decision-making obligations in child custody matters include parenting abilities, the child's needs, and the resulting fit (Ackerman et al., 2021).

Application

The most useful evaluations generally focus on assessment of the needs of the children and on parenting dimensions to compare parents between each other and with normative groups. Comparatively little weight may be afforded to evaluations that are limited to a general personality assessment that fails to address parenting capacities and the child's needs. Psychologists strive to address issues of central importance to custody and to related psycho-legal constructs that are relevant to the matters before the court. Psychologists aspire to contextualize the evaluation data within relevant theory and to use scientific data to help the court understand the best interests of the child. Psychologists endeavor to provide the court with information specifically germane to its role in apportioning decision-making, caregiving, and parenting time. Similarly, psychologists strive to

educate the court about issues related to cultural sensitivity (APA, 2019), child development, best practices, and theoretical developments in the understanding of human behavior as they apply to families and parenting.

"Parent-child fit" refers to the nexus between the parent's characteristics, strengths, and weaknesses, and the child's developmental, emotional, physical, and psychological needs. Psychologists seek to assess these needs through observation of the children, developmentally appropriate interviewing, psychological testing, record review, and collateral interviewing (see Guideline 13). Psychologists strive to identify each parent's capacity and functioning using an evidence-based, multitrait-multimethod matrix (MTMM), assessment approach (see Guideline 10). Assessment of the goodness of fit between the child's needs and parental capabilities is further enhanced by informed observation of parent-child interactions.

GUIDELINE 3

Psychologists endeavor to identify the child custody evaluation's stated purpose, anticipated use, specific scope, and agreed-upon time frame before accepting referrals.

Rationale

The scope, purpose, and anticipated use of the child custody evaluation clarify what is expected and how psychologists can assist the court, if at all. This understanding also helps psychologists to decide when communication is needed concerning continued services, new information, and the evaluation's status. It also confirms how and with whom such communication will take place. Depending upon the requirements of the child custody evaluation, the referral could call for services that the psychologist is not competent to provide or cannot deliver in a timely manner. For example, the psychologist may lack suitable familiarity with the only language spoken by members of the family in question, or may have a schedule conflict that makes it impossible to meet a court's stated deadline.

Application

Child custody evaluation referrals may differ in scope, such as when relocation questions, substance use disorder, child abuse issues, and parent-child relationship problems are specified (see Guideline 5). Before agreeing to conduct a child custody evaluation, psychologists seek to clarify the referral question, the specific scope of the evaluation, and who will receive the final report. They also endeavor to determine whether they are expected to provide recommendations — and if they may potentially provide scientifically-based opinions or recommendations — that are accurate, impartial, fair, and independent in response to the referral questions (APA, 2013c, Guideline 1.02). It may be helpful to have the psychologist's understanding of the specific scope of the evaluation confirmed in writing in a court order, or by stipulation of all parties and their legal representatives. Psychologists strive to ensure that the time frame is reasonable, considering both the evaluator's and the parties' schedules. Lengthy delays have the potential to increase anxiety and exacerbate other mental health conditions in ways harmful to adults and children alike. Should new information arise, psychologists endeavor to communicate promptly, to clarify, and to adhere to any revised agreements governing the evaluation's purpose, scope, or time frame.

Psychologists strive to remain alert not only to the original referral questions, but also to emerging issues and unanticipated developments during the evaluation. As these concerns arise, psychologists may seek appropriate consultation with counsel and the courts, as appropriate, for any necessary modifications to the referral questions or to the course of the evaluation.

II. Competence

GUIDELINE 4

Psychologists aspire to obtain and maintain the necessary competencies to provide child custody evaluations consistent with the highest standards of their profession.

Rationale

Child custody evaluations are a domain of forensic psychology that requires skills, training, knowledge, and competence in the forensic assessment of children, adults, and families. Child custody and other evaluations have a significant impact on people's lives (APA, 2021), and involve public scrutiny and trust

Application

Psychologists continuously strive to update and augment their existing skills and abilities, consistent with a career-long dedication to professional development. The child custody evaluator seeks to maintain familiarity with the empirical social science research regarding children's psychological and developmental needs, including health impairments, educational needs, and cultural or linguistic concerns (APA, 2020a), other case-specific issues, and the child's best interests. Psychologists strive to gain an evolving and up-to-date understanding of the following: parenting; family dynamics and the child's place therein; child and family psychopathology; separation and divorce stress; impact of abuse, relationship conflict, and separation on children; adult development and pathology; forensic psychological assessment; relevant laws and regulations; and the specialized child custody literature (as addressed in Guideline 5). In addition, when making recommendations, psychologists endeavor to remain current and knowledgeable about treatments, interventions, and resources to address different dysfunctions that are accessible for the evaluatees, as well as the types of custody arrangements that promote healthy patterns. Psychologists strive to update routinely their child custody evaluation practices, in accordance with developments in the peer-reviewed literature.

When the specifics of a case are such that the psychologist does not possess the requisite competency to conduct the custody evaluation, psychologists generally decline involvement and suggest a more suitable evaluator. Exceptions to this guidance may exist when the custody evaluation takes place where no other more appropriate referral source is available or when there are distinctive attributes or qualities of an individual or family (APA, 2019; e.g., clinical condition). In such situations, rather than withdrawing from the case, the psychologist might consider obtaining the appropriate consultation or supervision so that the custody evaluation can proceed when otherwise it could not.

GUIDELINE 5

Psychologists endeavor to acquire and maintain specialized competencies to address complex and high-risk issues in child custody evaluations.

Rationale

Families requiring custody evaluations are complex, and are often characterized by high-risk situations and difficult experiences. Some specialized areas of child custody evaluations are well-grounded in scientific literature, while other areas are not as well informed. For example, a child may experience physical challenges requiring unique support services; a parent may be diagnosed with a communication disorder necessitating specialized assessment techniques; or parent-child bonds may reflect a highly atypical interpersonal history.

Application

High-risk issues for families undergoing child custody evaluations may include, but are not limited to: relocation, attachment, parent-child contact problems, determining the presence of intimate partner violence versus situational couple violence, or child maltreatment including alienating behaviors (see Guideline 15), effects of substance use disorder (see Guideline 16), and mental health, including personality dysfunction. Psychologists strive to understand and evaluate factors affecting the child's adaptation to relocation that include, but are not limited to, loss of contact with one parent, level of parental conflict, and difficulty of travel (Austin et al., 2016; Stevenson et al., 2018).

Attachment of the child with each parent (Forslund et al, 2022, Sroufe, Coffino, & Carlson, 2010) and with siblings (Shumaker et al., 2011) are important assessment issues in child custody evaluations. The quality of attachment and caregiving patterns is significantly correlated with important developmental outcomes for children. Psychologists

strive to evaluate holistically the child's emotional attachment to each parent and how each parent meets the child's attachment needs (Issacs et al., 2009), and to integrate this knowledge into the opinion and recommendations with the goal of finding ways to optimize those relationships when possible.

There is a plethora of reasons why, after separation, children may resist contact with or reject one of the parents. Factors found to influence the alignment of the child with one parent and showing a negative reaction against the other include having been abused, neglected, or poorly parented by the rejected parent; having witnessed domestic violence; responding to the high-conflict custody litigation; reacting to the custody evaluation (Fidler & Bala, 2020; Kelly & Johnston, 2001); or having a preexisting preference for one parent over the other, among other reasons (Walters & Friedlander, 2016). Resisting or rejecting contact with a parent is not necessarily a byproduct of the malicious influence of a parent whom intends to undercut the parent-child relationship (Fidler & Ward, 2020), but this dynamic can occur. When there is verifiable evidence that a parent purposely behaves with the intent of alienating the child from the other parent, the evaluator is confronted with a high-risk situation in which the parent may not be acting in the child's best interest. Children who are triangulated in the couple's conflict, or who are forced or manipulated to choose a side, may suffer significant long-term emotional damage that interferes with the ability to have a healthy relationship with both parents. The anger, hatred, rejection, and fear towards one parent and emotional alignment with the other entail a significant loss that disrupts development (Baker & Ben-Ami, 2011). Alienating behaviors are sometimes alleged by one party in an attempt to deflect allegations of domestic violence and/or child abuse made by another party. Psychologists seek to differentiate these types of allegations with appropriate assessment methods, since continued exposure to conflict has long-term detrimental effects on children, as noted previously.

Psychologists strive to evaluate hypotheses when assessing a case of resistance-refusal, including the possibility that distressing experiences with the target parent, and alienating behaviors from the other parent, are occurring simultaneously. They also endeavor to understand and identify the nuances of the resistant-refusal behavior and its role in the family dynamic. Psychologists who work with these cases will often consider engaging in frequent continuing education regarding the state-of-the-art scientific knowledge of this phenomenon. Competencies may be enhanced by participation in case supervision, peer consultation, and continuing education, particularly when complex issues unexpectedly arise that are outside the psychologist's scope of expertise.

GUIDELINE 6

Psychologists conducting child custody evaluations strive to engage in culturally competent practice.

Rationale

Psychologists encounter unique issues and special considerations when evaluating persons of diverse backgrounds. These issues often reflect such overlapping elements including (but not limited to) gender, gender identity, sexual orientation, culture, racial and ethnic minority status, socioeconomic status, ability identity, immigration status, tribal law, religion and spirituality, language diversity, relative assimilation with the dominant culture, and age (APA, 2017b; APA, 2019; Howard & Renfrow, 2014; Weiss & Rosenfeld, 2012).

Application

Psychologists consider how culture, broadly defined, influences children and parents as well as the evaluator's own values and expectations (APA, 2019; Gallardo, 2014). In particular, psychologists strive to understand the challenges, strengths, and diverse issues that impact co-parenting, family dynamics, and child adjustment, and that are based in frameworks different from an evaluator's own background. One approach to working with diverse individuals is to consider that a person's identity is shaped by multiple social and cultural contexts or viewed in bio sociocultural contexts (APA, 2017a and Principle E; APA, 2017b).

Psychologists aspire to assess and understand how diversity issues impact the balance of status, power, and equality between the parents in multiethnic families, families with diverse identities (i.e., same-sex marriages, disability, etc.) and families embedded in community networks (i.e., Indigenous, religious, etc.). Psychologists seek to recognize evidence of structural racism, discrimination, lack of resources, and other contextual considerations that impact the family and are relevant to the child's best interests to contextualize the data gathered, and to offer appropriate recommendations.

In particular, when conducting examinations (i.e., Lewis-Fernandez et al., 2016), interpreting data, and formulating opinions, psychologists consider how the structure and functions of diverse families may differ from cultural stereotypes, especially in areas such as attachment, parenting attitudes, child development, child and partner abuse, family functioning, childrearing practices, gender role including caregiving roles, and disability in children (Saini & Ma, 2012). Psychologists remain aware of their need to relate and work effectively across cultures, bearing in mind how their own explicit and implicit biases might compromise data collection, its interpretation, and the subsequent

development of valid opinions and recommendations (APA, 2017b; APA, 2019).

Cultural considerations may require changes in customary procedures, such as the use of interpreters and test translations. When possible, psychologists strive to work with interpreters whom are qualified, professionally trained, and a good fit to the characteristics of the case (e.g., Maddux, 2010; Wagoner, 2017). Psychologists who work with interpreters are encouraged to seek training and consultation to acquire the competence, communication style, and cultural sensitivity required to conduct psychological evaluations in a foreign language. Psychologists strive to consider the extent to which evaluations with these changes may affect the data they collect and the change in dynamics that the presence of an interpreter may bring.

III. Preparing for the Child Custody Evaluation

GUIDELINE 7

Psychologists strive to obtain informed consent when this is both feasible and appropriate.

Rationale

Providing informed consent in written form as "an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality" and allowing the opportunity to "ask questions and receive answers" (APA Ethics Code, Standard 9.03) enhances valid participation and supports the shared legal and ethical goals of fundamental fairness (APA, 2021).

Application

Psychologists endeavor to have all capable adults participating in the evaluation sign an informed consent form (APA Ethics Code, Standard 3.10). If an adult is not capable of giving consent, then consent is sought from that person's legal representative (APA Ethics Code, Standard 3.10). A full explanation of procedures, specific referral questions, policies, expectations regarding parent-child communications about interviews, timelines, interpretive sessions, fees, release of records, and consideration of publicly available social media activity enables persons to raise questions before the evaluation is initiated. When a custody evaluation is court ordered, informed consent may not be necessary (APA Ethics Code, Standard 3.10; APA 2013c), although seeking the assent of all parties is strongly encouraged.

Psychologists attempt to document all efforts to obtain informed consent. If informed consent is not obtained (e.g., the parent does not understand the purpose of the evaluation or is unwilling to consent to the parameters of the custody evaluation), they strive to notify the referral source. Psychologists seek to ensure that all parties understand with whom information may be shared and any other limits of confidentiality. There is likely no privileged information or communication in a child custody evaluation.

In the process of obtaining informed consent consistent with the law of that jurisdiction, psychologists seek to inform the parties that written or oral communications germane to the child custody evaluation will be sent to the court and to counsel for each party. For example, court-appointed psychologists may find it prudent to raise — directly with the court — payment issues or potential withdrawal from an evaluation due to personal conflicts; while, in some instances, privately retained psychologists may appropriately raise similar or other concerns directly with the attorneys who hire them. It is worth bearing in mind that communications intended to be confidential may subsequently be ordered by the court to be disclosed to all parties and may sometimes be shared by attorneys on their own initiative.

Explanations of how findings of the evaluation will be communicated, and to whom, may be included in the informed consent process. For example, the informed consent may describe if and how the psychologist will explain assessment findings to examinees. Psychologists also consider how to make clear how communication will take place regarding the status of the evaluation (APA, 2013c).

Clarification about who "owns" the report may be useful to the litigants in the informed consent. For example, court-ordered evaluations are controlled by the court that, in addition to other sources of law, may monitor and/or prevent further distribution. Non-court-ordered evaluations may be controlled by the examinees. Psychologists seek to include in the informed consent an explanation of mandatory obligations, such as those triggered by child abuse, elder abuse, human rights abuses (APA, 2021), or other legally defined circumstances.

Psychologists aspire to give children an age-appropriate explanation of the purpose of the evaluation, consistent with each child's cognitive abilities and verbal skills, in order that assent may be obtained (Calloway & Lee, 2017). Legal guardian(s) may have the right to provide consent on children's behalf in the absence of a court order. Psychologists also aim to provide collateral sources, whether the evaluation is court-ordered or not, with "information that might reasonably be expected to inform their decisions about participating" (APA, 2013c; p. 13). Such information may include who has retained the psychologist, the nature, purpose, and intended use of the information they provide, and the limits of confidentiality and privacy regarding the information they offer (APA, 2013c).

GUIDELINE 8

Psychologists aspire to identify, request, and review relevant records.

Rationale

Background and historical information obtained from relevant records improves psychologists' ability to obtain a fuller sense of the family's functioning and dynamics. Records also assist in understanding the chronology of the challenges the family has encountered over the course of their development. Information from children's medical, educational, mental health treatment, and other relevant records is useful for understanding children's challenges, resilience, family relationships, and current and future needs.

Application

Psychologists strive to identify in a timely manner which records should be reviewed. To facilitate collection of particularly sensitive information, such as child protective service documentation, psychologists may request that permission to obtain particular records is incorporated into a court order for the evaluation. Psychologists undertake to consider the content of obtained records when organizing interview questions and testing protocols, which can inform efforts to gather further information regarding such issues as school performance, as well as document review, parent and child interviews, parent-child interactions, psychological testing, collateral (e.g., teachers, physicians, and therapists) interviews, substance use disorder and family violence screenings, and legal histories (APA Ethics Code, Standard 9.01). When psychologists identify a potential delay in the receipt of some records, they may find it prudent to begin conducting initial examinations to ensure that the overall evaluation is completed in a timely fashion.

GUIDELINE 9

Psychologists endeavor to structure child custody evaluations in accordance with psychological science and evolving practice standards.

Rationale

Each case presents its own set of demands. Codes and guidelines are continually updated, and psychological tests are periodically revised. Interview procedures, informed by analyses reflected in the professional literature, improve with the psychologist's increased experience and with the availability of ongoing peer supervision. Psychological science contributes to the development and refinement of each of these components and enriches the plan that would guide the implementation of the evaluation and outcomes. Child custody opinions that reflect the psychologist's familiarity with such considerations, and which best fit the case, are the most valid, accurate, and appropriately persuasive.

Application

Psychologists seek to structure child custody evaluations in case-specific ways, and to update templates regularly. Psychologists consider including such components as conducting parent interviews, observing parent-child and caregiver-child interactions, reviewing documents, interviewing and/or observing each child, administering psychological testing to parents and children, interviewing cohabitating partners, interviewing and obtaining materials from collateral sources (e.g., teachers, physicians, and therapists), and screening for substance use disorder, and family violence (including intimate partner violence and child maltreatment). The plan-direction inclusion of specific steps and tasks provides structure that guides an evaluation to its final product.

Psychologists aspire to make informed decisions that enable the most appropriate and timely execution of the evaluation. Relevant issues include time management, compensation and financial arrangements, external consultations that may be needed, choice and order of administration of assessment instruments, and methods to utilize, collateral information to review, and necessary adaptations considering the particulars of the family. Psychologists consider that decisions about these issues are based on the referral question, and that are consistent with psychological science and evolving practice standards. Psychologists attempt to anticipate challenges, reduce risks and obstacles, and build reasonable flexibility into the structure of the evaluation. Evaluation methodologies may change based on the court order and the issues of the case. Psychologists seek to understand how psychological science and practice standards inform any procedural changes that may occur, as well as the limitations that those changes may place on the conclusions of the evaluation.

GUIDELINE 10

Psychologists strive to construct an evidence-based, multimethod, and multitrait assessment format that reflects valid and reliable methods of data gathering.

Rationale

Evidence-based multimethod assessment practices include the selection of assessment instruments with sound psychometric properties that draw upon complementary data sources (Mihura, 2012). Multitrait and multimethod assessments help balance the limitations on reliability and validity of single measures by deliberately selecting data sources with contrasting strengths and weaknesses. Similarly, when integrating data from different modalities, and when convergences and divergences are assessed, multitrait assessment allows relevant aspects of an examinee's functioning to be analyzed directly (Hopwood & Bornstein, 2014). Unreliable, invalid, and scientifically unsupported or otherwise poorly chosen methods may be harmful to the parties as well as to the process in which these persons are engaged.

Application

Psychologists endeavor to create an assessment battery that employs scientifically valid and reliable methods relevant to the issues being assessed (Otto et al, 2010; King, 2013). Psychologists are mindful that the terms "reliability" and "validity" may need clarification for the courts. When addressing the sufficiency of forensic mental health assessment techniques, it may be helpful for psychologists to convey that "validity" refers to whether a test or other measure assesses what it is meant to measure, and that "reliability" refers to the consistency of the obtained results.

Multimethod assessment practices yield stronger, more clinically useful data (Hopwood & Bornstein, 2014; AERA et al., 2014). Psychologists attempt to develop an assessment battery consisting of psychological tests, instruments, techniques, and other data gathering sources that are suited to the characteristics of the case, have demonstrated validity evidence for its use, and are fair and appropriate to the characteristics and context of the evaluation (APA Ethics Code, Standard 9.2; APA, 2020b, Guideline 6). This battery considers specific family members' cultural and demographic characteristics and addresses the referral questions (Council of National Psychology Associations for the Advancement of Ethnic Minority Interests, 2016; Weiss & Rosenfeld, 2012; King, 2013). Direct methods of data gathering typically include psychological testing, forensic interviews, and behavioral observations (Ackerman et al, 2021). Person-focused rather than test-focused evaluations are described in the empirical literature as providing more individualized, context-relevant, and reliable findings (Groth-Marnat & Wright, 2016). Additionally, psychologists are aware that psychological tests are typically not used in isolation, but are part of a comprehensive assessment.

Psychologists recognize the importance of utilizing pertinent evidence-based frameworks when appropriate. One example is to be mindful of possible etiologies for behavior, including but not limited to neuropsychological issues, substance use, cultural factors, characterological traits, and trauma and attachment histories. When clinical issues are present in any of the parties, psychologists are encouraged to understand the unique etiologies that may exist. There is no clinical condition or level of intellectual functioning that would automatically render a parent unfit to parent. A child custody evaluator aims to make a functional assessment, integrating these mental health issues with parenting capacity in the best interest of the child. Likewise, a child who has special needs may be better suited by a division of parenting time, based on the child's unique characteristics and the relative strengths and weaknesses of each parent. Psychologists are also encouraged to access documentation from a variety of sources (e.g., schools, health care providers, childcare providers therapists, agencies, and other institutions) and to contact members of the extended family, friends, acquaintances, and other collateral sources when the resulting information is likely to be relevant, while bearing in mind the potential biases of such informants. Likewise, psychologists have in some instances accessed publicly available social media postings as a source of potentially relevant data in forensic evaluation. Ongoing discussion exists about the utility and ethical implications of such practices, concerning which psychologists would best be advised to document informed consent and the precise sources of such data with particular care (Pirelli et al., 2016).

IV. Conducting a Child Custody Evaluation

RELATIONSHIPS

GUIDELINE 11

Psychologists strive to function as fair and impartial evaluators.

Rationale

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

Application

Psychologists are encouraged to be skeptical of their own objectivity and monitor actively their own values, perceptions, and reactions, and to seek peer consultation and education (e.g., anti-bias education) in the face of threats to impartiality, fairness, or integrity. Child custody evaluators may have overt or unacknowledged opinions about some topics such as alienation, gender, family dynamics, victim credibility or behavior, or high-conflict families. Psychologists strive to familiarize themselves with current scientific studies that dispel such bias, which may interfere with their impartiality, such as assuming joint custody is better for children than sole custody in all cases (Steinbach & Augustijn, 2022). In particular, psychologists are mindful about implicit biases, which are unconscious attitudes and stereotypes that are not accessible without sustained introspection or external assistance. These biases influence decisions that may not comport with the psychologist's avowed or endorsed beliefs or principles, and may signal impaired neutrality. Implicit biases may predispose the psychologist to make premature decisions and to construe the merits of the data accordingly. Psychologists consider how the language they employ in reports, testimony, and communications with counsel and others may inadvertently reflect and/or encourage bias. For example, gratuitous criticism of one of the parties, or sweeping baseless generalizations with respect to such factors as single parenting, low-income parents, consensual non-monogamy (also called ethical non-monogamy), or parenting by fathers or grandparents may erode credibility and undercut the weight otherwise afforded a forensic psychological opinion. Psychologists remain aware that perceptions of fairness and impartiality can be enhanced when evaluators utilize the same assessment techniques for all parties when both feasible and reasonable, in terms of the selection of psychological tests, the length and scope of interviews and observations, and the pursuit of collateral sources of information.

GUIDELINE 12

Psychologists aspire to avoid conflicts of interest and multiple relationships.

Rationale

The presence of real or apparent conflicts of interest may increase the likelihood of unfairness, undermine the court's confidence in psychologists' opinions and recommendations, and potentially harm all parties involved. Engaging in roles other than evaluator with persons being examined or consulted also has the potential to place psychologists in conflict with ethical standards regarding multiple relationships (APA Ethics Code, Standard 3.05).

Application

Psychologists refrain from serving as a child custody evaluator "when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to result in (1) impaired objectivity, competence, or effectiveness, or (2) expose the person or organization with whom the relationship exists to harm or exploitation" (APA Ethics Code, Standard 3.06). Multiple relationships, which may or may not rise to the level of conflict of interest, are subject to similar analysis. Multiple relationships exist when "psychologists are in a professional role with someone and are (1) at the same time in another role with that person, (2) at the same time is in a relationship with another individual closely associated with or related to that person..., or (3) promises to enter into another future relationship with the person or with another individual closely associ-

ated with or related to that person" (APA Ethics Code, Standard 3.05). Conducting child custody evaluations with one's current or prior psychotherapy clients/patients and conducting psychotherapy with one's current or prior child custody examinees are examples of multiple relationships. Similarly, moving from a custody evaluator to a parenting coordinator may also be a conflict of interest and an example of multiple relationships. When serving in more than one role is unavoidable, psychologists endeavor to disclose their dual roles, clarify role expectations, and explain how confidentiality may be affected (APA Ethics Code, Standard 3.05)

METHODOLOGY OF CONDUCTING EVALUATIONS

GUIDELINE 13

When evaluating children, psychologists strive to select and utilize developmentally appropriate and empirically supported evaluation techniques, and to interpret the results in a way that facilitates understanding of the best interests of the child.

Rationale

The purpose of the child custody evaluation is to assist the court's determination of the child's best interests. Children typically mature with age, so it is critically important that psychologists employ a developmentally appropriate, multimethod approach to assessment. The most effective and persuasive evaluations reliably and validly ascertain not only children's individual needs but also the best fit between the parents and children (see Guideline 2). Children's participation in evaluations may also reduce the negative impact of separation and divorce conflict on them (Gal & Duramy, 2015).

Application

Methods of child assessment are likely to include, but are not limited to, observation of the child, observation of parent-child interactions (see Guideline 18), developmentally appropriate interviewing, psychological testing (see Guideline 17), record review (see Guideline 20), and collateral interviewing. Each of these approaches depends on such factors as the age and maturity of the child, and on the defined scope of the evaluation.

Psychologists remain aware that interviewing children requires specific knowledge and skills. They strive to utilize approaches consistent with each child's age, language ability, and developmental level. Psychologists seek to be aware of the concerns that may be engendered by such factors as repeated questioning or subtle suggestibility that may influence children's responses. Psychologists seek to avoid exacerbating a child's distress during this process, and they aim to remain sensitive to any inadvertent risk of harm that may be occasioned by the evaluation process itself.

Psychologists consider that the use of psychological tests with children in child custody evaluations may not be necessary or appropriate if such testing does not help elucidate the best interests of the child (see Guideline 17). When using psychological tests with children, psychologists remain aware of such test-specific factors as reliability, validity, potential admissibility as a witness in court or in an affidavit, and overall appropriateness for child custody evaluations, as well as such child-specific factors as age, developmental level, and reading ability.

Psychologists seek to identify and interview collateral sources who can best help them understand the child's needs. Such sources may include teachers, pediatricians, extended family members, childcare providers, and other adults with whom the child interacts on a regular basis. When conducting these interviews, psychologists undertake effort to focus on the collateral source's direct observations and the factual basis for any opinions expressed.

When there are special issues, including but not limited to domestic violence, parent-child access, parenting time, mental health, physical health, developmental concerns, mixed religious or immigration statuses (APA, 2021), and high conflict, psychologists aspire to augment their evaluations with pertinent assessment techniques, informed by the most current scientific studies relevant to these concerns. Psychologists remain aware of children's mental and physical health concerns, the potential need for clinical interventions, and the impact of these issues on children's welfare.

GUIDELINE 14

When interviewing parents, psychologists strive to collect and assess information relevant to parenting strengths and weaknesses, to ascertain the best interests of the child.

Rationale

Parent interviews are sources of information for understanding parents' concerns, self-perceptions, and experience for enhancing their parental competence. The information obtained from these interviews provides a context for the overall evaluation data collected. Such interviews assist in identifying best interest factors with regards to the child and the co-parenting relationship, both during the relationship and after relationship conflict and separation. The quality of the co-parenting relationship has been found to be a contributor to children's well-being, their

adjustment to the new circumstances, and their parent-child relationships (Emery, 2011; McHale & Lindahl, 2011).

Application

Psychologists strive to interview the parents to assess functional parenting strengths, weaknesses, skills, and other information relevant to the best interest of the child. While the approach may be structured or unstructured, psychologists aim to avoid pursuing irrelevant information. They also seek to establish more than just a cursory assessment of issues that are relevant (e.g., domestic violence and problematic substance use, among other factors). Psychologists undertake to address several specific issues. Such issues may include, but need not be limited to, the parent's childhood experiences, culture (APA, 2019), educational history, social life, vocational/financial history, recreational interests, legal history, child protection history, support system, substance use history, risk of abduction, current health status and medical history, mental health history and current functioning. In addition, relationship history, parenting history, parenting competencies (Johnson et al., 2014), psychological functioning, and the parent's view of their child's needs and functioning are part of an overarching multimethod approach. The assessment of the parents' ability, willingness, and practice of co-parenting or parallel parenting is also of concern. Psychologists seek to understand the parents' struggle to resolve disagreements and their commitment to facilitating the child's relationship with the other parent. Psychologists try to be aware of parental impression management during interviews, which may require confirmation of their perceptions by other sources of information. Psychologists consider recency versus primacy effects when assessing parents (Drozd et al, 2013; Neal & Grisso,2014).

Contextual complexities (e.g., military families, relocation cases) may make in-person interviewing impractical or even impossible. Psychologists may seek alternatives to in-person interviewing if a participant would otherwise be unable to participate or when participation is unduly burdensome (APA Ethics Code, Principle D). Whether necessitated by crisis conditions, financial constraints, looming deadlines, or insurmountable distances, telepsychology is an increasingly common mode for interviewing that can make a significant contribution when utilized responsibly (Daffern et al, 2021; APA 2013c). Psychologists strive to consider how the use of this technology may affect the reliability of obtained results, and to explain any resulting limitations on their professional opinions, just as they would when departing from established child custody evaluation practices (APA 2013c). If permissible, use of videoconferencing in these evaluations needs to be considered carefully and with thought given to numerous factors (Dale & Smith, 2020; APA, 2013a). These factors include, among others, the ability to establish a working alliance with evaluatees, to ensure privacy of family members, and to ensure safety for parents and children.

GUIDELINE 15

Psychologists endeavor to conduct appropriate screening for family violence, child maltreatment, intimate partner violence, and resultant trauma.

Rationale

Separation, custody disputes, and renewed parent-child contact may generate or increase risks of violence, alienating behaviors, and child abuse. Parenting skills may become compromised in an environment of intimidation and fear. An extensive literature links violence and other forms of maltreatment to relationship conflict and separation and to problems with custody and post-separation co-parenting (e.g., Ellis et al., 2015; Zeoli et al., 2013).

Application

With respect to the screening process, psychologists are endeavoring to preserve, protect, and promote safe, healthy and functional relationships and living arrangements. Psychologists strive to identify potential physical or sexual abuse, child abuse including alienating behaviors, intimate partner abuse, power imbalance or coercion and control behaviors on the part of family members or caregivers, and to utilize these findings, as appropriate, in their assessment processes and recommendations. A rigorous multimethod and multitrait approach seeks to anticipate lack of disclosure and other challenges associated with investigating these risk factors.

Psychologists strive to maintain an in-depth knowledge of abuse dynamics to screen appropriately for abuse and coercive behaviors, including their nature, impact, and known indicators of risk and danger (such as lethality, stalking, and abduction) (Walker, 2017). Psychologists consider that a thorough screening would optimally include both parents as well as any other individuals (such as stepparents, partners, grandparents, siblings, and extended family members) whom have significant contact with the children. Such screening contributes to the identification of information, behaviors, or disclosures indicating that violence, abuse, coercion, or intimidation is or may become an issue. Screening is ideally an ongoing process throughout the custody evaluation, rather than a one-time event. Psychologists strive to implement screening across all types of cases, including those in which no allegations or judicial findings of intimate partner violence have been made.

Psychologists consider how the methods of assessment and communication to the parties may impact safety to the parties, and they are prepared to seek court guidance as needed. When making parenting recommendations concerning parental decision-making and child parenting time, psychologists endeavor to ensure that these recommendations explicitly link and account for the effect of intimate partner violence, if any, on children, parenting, and co-parenting (Austin & Drozd, 2012, Silberg & Dallam, 2019). Psychologists inform the appropriate authorities of newly uncovered incidents that invoke mandatory reporting obligations, which may vary by jurisdiction. These obligations to report typically remain in place regardless of the forensic nature of the evaluation.

GUIDELINE 16

Psychologists endeavor to screen examinees for substance use.

Rationale

Excessive use of alcohol, cannabis, opioids, prescription medications, and other substances may impact parenting capacity, including the ability to ensure the safety of the child and to engage effectively in co-parenting. The stress of relationship conflict, separation, and custody disputes may trigger problem substance use.

Application

Psychologists endeavor to address the potential effects of various forms of substance use. When assessing substance use, psychologists remain aware that some allegations made by one party against another may be false or exaggerated. Psychologists are encouraged to consider whether inquiries into substance use might extend beyond adults to children, given the recognized potential for such difficulties across the lifespan (Bracken et al., 2013; Tucker et al., 2013). Numerous instruments exist to support this type of screening (National Institute on Drug Abuse, 2018; Substance Abuse and Mental Health Services Administration, n.d.). In some cases, it may be appropriate to inform the court or retaining counsel that referral for a separate, more specialized evaluation of these issues may be indicated.

When substance use appears to be present in one or more family members, psychologists strive to determine how this abuse may impair parenting and co-parenting capacity in a variety of ways that could include, but would not necessarily be limited to:

1. The physical safety of children (e.g., driving while intoxicated)
2. The ability to attend to the children's emotional, physical, and cognitive needs
3. The ability to interact appropriately with the other parent
4. The ability to fulfill responsibilities and obligations on a consistent basis;
5. The ability to abstain from substance use while caring for children at home;
6. The risk of engaging in interpersonal violence
7. The effect of parent's modeling of substance use on children.

GUIDELINE 17

Psychologists strive to utilize robust and informative psychological assessment measures that are administered in a standardized and methodologically sound fashion.

Rationale

Due to the scientifically informed, robust, and evidence-based nature of their development and the seeming objectivity of their results when properly applied, psychological tests may be weighted heavily in child custody proceedings both by the legal and psychological professionals. Psychological testing is typically recognized as the purview of appropriately trained, duly licensed psychologists.

Application

Psychologists strive to obtain competency with respect to the psychological tests they employ, and to understand the particular strengths and weaknesses of each of those tests for custody cases. Psychological tests are developed for a variety of applications beyond child custody evaluations. As a result, it should be considered how the tests functionally inform the pertinent psycho-legal constructs to be considered, such as parenting capacities or the best interests of the child. Psychologists aspire to maintain familiarity with current research that augments the information contained in the test manual. As uniformity in assessment measures across parties is usually the custom, when parties are administered different tests due to accessibility issues or

court questions, such decisions should be ethically, clinically, and empirically supportable. If a test needs to be adapted in some fashion, such as with language translations or special accommodations in test administration, psychologists endeavor to take into consideration the impact on the reliability and validity of the data obtained through such adaptations (APA Task Force on Psychological Assessment and Evaluation Guidelines, 2020).

Before administration, psychologists seek to analyze critically the tests that may be employed, in terms of the potential admissibility of results, and with due attention to such factors as a test's general acceptance in the field, history of peer review, cultural relevance, and known error rates. Proper attention to these factors may augment the court's ability to arrive at a scientifically informed legal opinion. Psychologists strive to be aware of normative data for divorced parents, and they endeavor to base their test data interpretations upon standardized scoring where indicated, and to consider the context of the evaluation as well as the characteristics of individual family members. For instance, it is important to consider how test results may be influenced by such factors as, but not limited to, religion, ethnicity, country of origin, age, gender, sexual orientation, language, acculturation, and the like (APA, 2020b).

When appropriately delegating others (e.g., assistants, students) within the boundaries of applicable law and ethics to administer and/or score psychological tests, psychologists seek to ensure that these persons are adequately trained and supervised. Psychologists delegate testing only to those persons who can competently perform these services either independently or with the level of supervision available and provided (APA Ethics Code, Standard 2.05; 9.97).

Psychologists consider the benefits and challenges associated with the presence of recording devices or third-party observers (APA, 2013a; APA, 2007) and the impact these circumstances may have on the reliability and validity of assessment results. For example, benefits of recordings or observers may include increased transparency and, perhaps, increased reliability and validity of assessment results or they may alter the evaluatees' responses, reducing reliability and validity of the evaluation. Both effects are possible. In addition, recording may be governed by law. The explicit discouragement of surreptitious recording by examinees, counsel, and others can be a useful component and important consideration of the informed consent process. Psychologists strive to be aware of the distinction between computerized scoring of tests and computer-generated, interpretive reports. Computerized scoring of a test may be a useful tool for reducing scoring errors and producing a richer set of interpretive data. While computer-generated interpretive reports may generate helpful hypotheses, they need to be evaluated regarding their relative potential contributions to supplement the psychologist's interpretive process, and are not meant to supplant the psychologist's clinical and forensic judgment. Psychologists who make use of any computer-generated interpretive statement strive to understand its empirical and/or theoretical bases and how its interpretive statements apply to the specific person evaluated (APA Ethics Code, Standard 9.09).

Several specialized forensic tests, instruments, and procedures have been developed specifically for use in child custody evaluations. As with any form of testing, psychologists endeavor to remain aware of the normative groups on which these tests were standardized, as well as whether tests are appropriately reliable and valid for their intended use. Psychologists prefer to avoid employing assessment measures that introduce, perpetuate, or otherwise contribute to bias of any sort. Psychologists strive to report test results in a full, accurate, and fair fashion, and to afford test data and test materials alike the protections described in the APA's Ethics Code (2017), Specialty Guidelines for Forensic Psychology (APA, 2013c), and Record Keeping Guidelines (APA, 2007), consistent with applicable tribal, state, and federal laws.

GUIDELINE 18

Psychologists strive to include an observation of parent-child interactions when conducting child custody evaluations.

Rationale

Observing parent-child interactions often provides highly relevant information for determining the best interests of the child, and can increase the ecological validity and scientific rigor of the overall assessment process (Saini & Polak, 2014). This approach may also offer a valuable opportunity to assess the statements that were made by parents and children when those parties were interviewed separately, and to assist in the formulation of questions for follow-up interviews.

Application

Psychologists endeavor to understand the importance of prioritizing the child's safety and well-being when gauging the appropriateness of observing parent-child interactions. In child custody evaluations, observation techniques generally focus on developmentally and scientifically informed parent and child variables that may have particular meaning to the court and that can serve to clarify the fit between a child's needs and an adult's parenting attributes. Observations may occur in a variety of settings, such as the home or clinical office. When observations are slated to occur in public or quasi-public settings—such as airports,

schools, or waiting rooms—psychologists strive to consider with special care the confidentiality and informed consent ramifications (see Guideline 7) of these arrangements, as well as the impression management inherent in public social encounters.

When observing parent-child interactions, psychologists seek to focus on elements that may include (but need not be limited to) the nature of the parent's guidance, limit setting reflected in the parent's attempts to redirect the child, the supportive aspect of the parent's role in collaborative undertakings, the parent's evident affection for and sensitivity to the child, the extent to which the child heeds the parent's guidance and redirection, the child's willingness to collaborate affirmatively with the parent, the child's subtle ways of demonstrating the quality of connection to the parents and the child's evident affection for, and search for reassurance by, the parent.

Psychologists take into consideration cultural factors that may influence the way parents demonstrate these aspects (APA, 2019). Psychologists strive to report these interactions as behavioral observations, and to take care that methods of documenting these interactions are both valid and reliable. Psychologists remain aware that some behaviors may reflect an acute awareness of being observed (Henry et al., 2015; Goodwin, et al., 2017).

Familiar with professional literature on different approaches to observation, psychologists endeavor to explain why parent-child interactions were arranged in a particular manner for the evaluation (e.g., structured, unstructured, with siblings present, with both parents present, with the psychologist physically in the room). Psychologists may postpone or opt against observing parent-child interactions to protect the child's safety, based upon such factors as the parent's problematic presentation, the child's expressed wishes, or situations in which the child has never met or has no recollection of the parent. Psychologists strive to understand the impact of such factors on the resulting opinions.

Observations of parent-child interactions are not in and of themselves "attachment" evaluations (as the latter concern the quality of the organization of the parent-child relationship), which require special training and settings (Issacs et al., 2009). When the situation requires a formal attachment evaluation, psychologists endeavor to make a referral for this type of procedure if they do not have the formal training to conduct one themselves.

GUIDELINE 19

Psychologists strive to collect sufficient data to address the scope of the evaluation and to support their conclusions with an appropriate combination of examinations.

Rationale

Poorly conceived and cursory examinations erode the confidence of courts and other concerned parties in the evaluation process and its results. Child custody opinions are most valid and effective when they reflect thorough examinations of each parent and child, to address parenting abilities, children's needs, and the resulting fit.

Application

Psychologists strive to remain aware that opinions regarding the best interests of the child are optimally based on an appropriate evaluation of all relevant parties, including the parents, the children, and other persons (e.g., stepparents, stepsiblings, grandparents) whom reside in the home. Psychologists may consider obtaining a court order to encourage relevant parties to participate in the child custody evaluation process. If a desired examination cannot be arranged, due to unwillingness to participate, scheduling problems, or financial concerns, psychologists endeavor to notify the referring party of the limitations imposed by such circumstances. If the evaluation proceeds, psychologists strive to document their reasonable efforts and the result of those efforts, and then to clarify the probable impact on the reliability and validity of their opinions, limiting their conclusions and recommendations appropriately (APA Ethics Code, Standard 9.01). They provide opinions about individuals' psychological characteristics only after they have conducted an examination adequate to support their statements and conclusions (APA Ethics Code, Standard 9.01(b)). Although the court may ultimately be required to render an opinion regarding persons who are unable or unwilling to participate, psychologists have no corresponding obligation.

Psychologists strive to remain aware of the scope and limitations of the specialized roles to which they may occasionally be assigned. For example, psychologists may be asked to evaluate only one parent, or to evaluate only the children. In such cases, psychologists endeavor to refrain from comparing the parents and offering recommendations on decision-making, caregiving, or parenting time. In other cases, courts may ask psychologists to share their general expertise on issues relevant to child custody, but not to conduct a child custody evaluation per se (testifying instead, for example, on child development, family dynamics, effects of various parenting arrangements, relevant parenting and co-parenting issues pertaining to culture or diversity). In the

latter circumstance, psychologists strive to refrain from relating their conclusions to specific parties in the case at hand (APA, 2013c, 9.03). Finally, treating psychologists, whose roles differ from those of custody evaluators, endeavor to refrain from offering recommendations regarding child custody, parenting time, or decision making.

GUIDELINE 20

Psychologists strive to create, develop, maintain, convey, and dispose of records in accordance with legal, regulatory, institutional, and ethical obligations.

Rationale

Psychologists have a professional and ethical responsibility to develop and maintain records (e.g., paper, video, and electronic) for several reasons, including to facilitate provision of services and to ensure compliance with the law (APA Ethics Code, Standard 6.01). Given the breadth and complexity of child custody evaluations, thorough documentation allows the psychologist to better organize and interpret the data obtained, thereby ensuring greater accuracy of and support for the psychologist's opinions. In addition, the documentation created during the evaluation process may be used as evidence in legal proceedings and, as such, is subject to legal requirements regarding the preservation of evidence.

Application

Psychologists strive to maintain records developed or obtained during child custody evaluations with appropriate awareness of applicable legal mandates, with the APA's "Record Keeping Guidelines" (APA, 2007), and with other relevant sources of professional guidance. Psychologists attempt to identify optimal procedures for respecting the privacy and confidentiality of all parties (APA, 2007), in compliance with applicable laws and regulations regarding security and retention of records, including copyrighted tests materials. Such records—preserved in either paper or electronic formats—may include, but are not limited to, test data, interview notes, interview recordings, correspondence, legal records, clinical records, occupational records, and educational records. Psychologists are encouraged to remain aware of the complex and evolving nature of records created and preserved in electronic form. They aspire to present an accurate and complete description of the data upon which they rely that can be facilitated by monitoring trends and adopting professional practices concerning technological recording (APA, 2013a). Psychologists are encouraged to follow legal, ethical, and licensing board guidance regarding how long they are expected and/or required to retain records, and are advised to develop a uniform and readily trackable system for managing retention. Psychologists remain suitably aware of the legal obligations and restrictions regarding the release of records (APA, 2007).

V. Interpreting and Communicating the Results of the Child Custody Evaluation

GUIDELINE 21

Psychologists strive to integrate and analyze evaluation data in a contextually informed fashion that is based on psychological science and referral questions.

Rationale

Integration and analysis of evaluation data are guided by identified referral questions and incorporate case-specific factors, as well as information derived from psychological science. Evaluation data reflect the evolving contexts and situational factors that are unique to each family. The use of psychological science may be helpful in identifying potential risk factors and other relevant variables. Integration and analysis that incorporate these factors are demonstrably more fair, accurate, and useful.

Application

When integrating and analyzing data, psychologists strive to consider the importance of situational factors, such as the ways in which involvement in a child custody dispute may impact the behavior of persons from whom evaluation data are collected. Psychologists endeavor to remain aware, for example, that relationship conflict and separation as well as the evaluation process itself can be exceptionally stressful for one or more of the parties. These issues may lead to assessment results that reflect temporary, situationally-determined states. Disasters, public health emergencies, or a pandemic environment will likely diminish safety, security, and resources, and pose threats to child and family health and well-being, having detrimental impacts upon persons, families and communities well into the future. As such, they should be considered in the custody evaluation process, particularly in the assessment of trauma, traumatic losses, and bereavement, such as a loss of a grandparent or member of the extended family, or assessment of risks and, in some cases, heightened risks of abuse.

Psychologists remain mindful of contextual and cultural issues (Guideline 6) when integrating and analyzing the evaluation data. As part of this process, psychologists endeavor to consider the likely effects of any changes that were made to such customary evaluation procedures as conducting interviews (Guideline 14), administering testing (Guideline 17), or observing parent-child interactions (Guideline 18). Psychologists strive to account for the implications of these circumstances when attempting to understand and describe family members and family dynamics. Psychologists aspire to manage their own biases when integrating and analyzing evaluation data (Zappala et al., 2018).

Psychologists endeavor to remain current with developments in psychological science (Guideline 4) and are encouraged to consider such information when integrating and analyzing evaluation data. Awareness of current developments can be particularly important when attempting to identify potential risk factors, and when responding to specific and complex referral questions that address compound issues (e.g., as relocation, parent-child access problems, and domestic violence).

GUIDELINE 22

Psychologists endeavor to ensure that their recommendations address and support the best interests of the child.

Rationale

Courts and retaining counsel may or may not solicit recommendations when commissioning child custody evaluations. Several factors determine the usefulness of recommendations, such as the analyses from which they are derived, the availability of empirical support, and the psychologist's objectivity, evaluation data, and methods. Such recommendations, if provided, commonly address physical custody, legal custody, parenting time, parenting resources, clinical services, and other custody-related matters. Maintaining a primary focus on the best interests of the child enables psychologists to support the court's essential function, while minimizing allegations of partisanship and avoiding enmeshment in secondary, competitive disputes between the parties.

Application

If offering recommendations, psychologists strive to ensure that these opinions reflect an identified referral question, a careful review of evaluation data, a solid grasp of relevant

psychological science, a focus on feasibility and practicality, and a keenness to avoid foreseeable harm. Psychologists endeavor to refrain from providing recommendations that have not been requested, as well as recommendations that are not adequately supported by case-specific assessment results and psychological science (Amundson & Lux, 2019).

Psychologists attempt to convey their recommendations in a respectful and logical fashion, reflecting articulated assumptions, detailed interpretations, and acknowledged inferences that are consistent with established professional and scientific standards. Although the profession has not reached consensus about whether psychologists should make "ultimate issue" recommendations concerning the final child custody determination, psychologists seek to remain aware of the arguments on both sides of this issue (Melton et al., 2018; Tippins & Wittman, 2005), and are prepared to substantiate their own perspectives in this regard.

Psychologists endeavor to anticipate and address the viability of potential recommendations that might differ from their own. When formulating recommendations, psychologists strive to employ a systematic approach that is designed to avoid biased and inadequately supported decision making, and they attempt to become familiar with approaches already described in the specialized child custody evaluation literature (e.g., Davis, 2015; Austin et al., 2016), particularly when such literature is suitably attuned to matters of equity, diversity, and inclusion (APA, 2020a).

GUIDELINE 23

When generating written reports and testifying about child custody evaluations, psychologists strive to convey their findings in a manner that is clear, concise, accurate, and objective.

Rationale

Written reports are likely to be entered into evidence during child custody proceedings, and testimony may occur during hearings and trials. Reports and testimony are the most tangible documentation of the custody evaluation, and of the information and recommendations received by referral sources.

Application

Psychologists remain mindful of the weight that may be placed on their reports and testimony, and they endeavor to provide a transparent, fair, and accurate depiction of each aspect of the evaluation. Psychologists strive to ensure that their written reports and testimony accurately depict the complete evaluation by attempting to identify data sources, tests, and procedures, to present data in a complete fashion and with appreciation of cultural context, and to include data necessary to support the opinions expressed. Psychologists remain aware of the importance of including relevant data—even data that could be perceived as contradicting their opinions—and strive to explain the contributions of that data to the final opinion. Psychologists endeavor to avoid choosing data to confirm a particular position while ignoring contradictory information. Psychologists strive to acknowledge significant limitations to the available data (e.g., missing or uncorroborated information or adaptations related to contextual or situational factors).

Psychologists attempt to create written reports that are well-organized, easy to follow, appropriately succinct, and readable, with appropriate grammar and spelling. They endeavor to avoid the use of jargon that may confuse the reader and lead to misunderstanding or eventual misrepresentation of their opinions. Psychologists remain aware that readability, and thus understanding, may be enhanced when data and opinions are described in separate sections of a written report, and they strive to note when data obtained from one source could not be corroborated by other sources. Psychologists aspire to present their findings in a transparent manner that allows others to understand how they arrived at the opinions in question.

Psychologists attempt to ensure that their reports and testimony are objective and unbiased with respect to all parties. They endeavor to describe persons who have been evaluated or consulted, and the work of other professionals, in a respectful and appropriate manner. Psychologists are aware of the critical importance of respecting the privacy of individuals being evaluated or consulted, and they strive to include in their written reports "only information germane to the purpose" of the evaluation [APA Ethics Code, 2010, Standard 4.04].

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