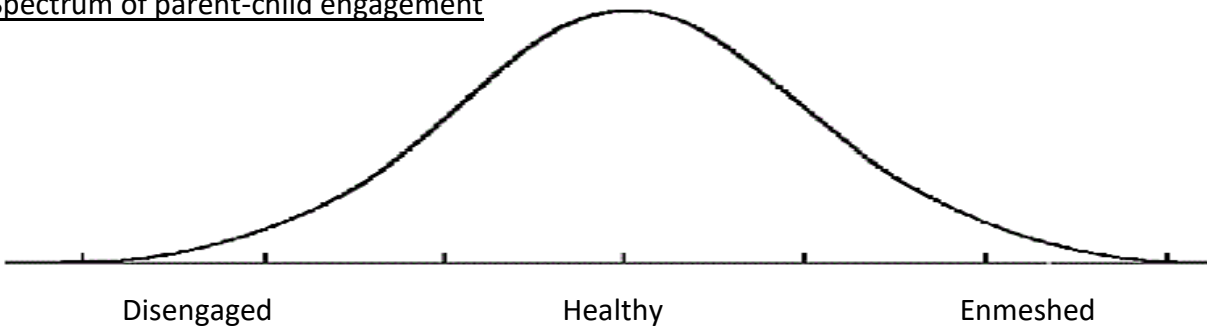




Eliminating parenting time recommendations from therapy reports

Often therapists are asked to make various assessments of parent-child relationships, including recommendations for parenting time. However, it has long been unethical for therapists to make parenting time (“custody”) recommendations, such as how much time a child should spend with a parent, where the child should primarily reside, or whether access should be supervised.¹ When serving as an individual or family therapist, mental health professionals lack the forensic assessment perspective of a child custody evaluator and do not have access to broader information a proper investigation elicits. Blurring the boundaries between the two professional roles harms all involved and undermines the legal system’s trust in mental health professionals. Rather than just saying “Don’t do that!” we wanted to provide an example of what to do. For instance, if you’re seeing a parent-child dyad:

Spectrum of parent-child engagement



It seems Parent A is perceived by the child as inattentive and distant. They have a poor communication style and discipline is difficult.

Parent A may be physically, as well as emotionally, absent, either in therapy or in the child’s day-to-day life.

The child and Parent A appear to function well together. Although the child is not always happy with Parent A, they respond to redirection and rules set by the parent and both report aspects of a close relationship.

The child and Parent A do not distinguish themselves from one another, and instead respond as a “we” or “us” even when individual thoughts and feelings are sought. In various circumstances the child is elevated to a parental role they cannot cope with, and Parent A abdicates actual parenting in favor of being the child’s friend.

It appears Parent A is seen by the child as a benign nuisance that they try to tolerate when necessary. Parent A may step in occasionally but is not active enough to be seen as an important figure by the child.

Parent A displays intrusive behaviors which at times limit the child’s ability to learn from age-appropriate mistakes. The child gives the impression their other relationships suffer slightly from social impairment.

¹ And now Texas Family Code §104.008 forbids doing so, serving as a shield for ethical therapists.



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This graph represents only one of the many ways therapists can assess parent-child relationships, and is offered as an example to demonstrate ethical ways therapists could report information that parents, attorneys, and the court could then consider in making parenting time arrangements. Please remember, this is just an example. Not all relationship interactions occur on an even spectrum, and parents may be erratically engaged with their children – they may share a healthy relationship when it comes to some issues, but be highly conflicted on others. These conflicts may be appropriate (e.g. a parent wanting a child to cease illegal drug use), developmental (e.g. a child wishing to date when a parent views them as unready to do so), or values related (e.g. the parent and child hold different views regarding racial or gender issues), among other factors.

A word on source monitoring

Clarifying *where* your information comes from may be just as important as *what* information you report back regarding a client or a family system. “I have observed that Parent A...” is a different set of data than “Parent A self-reports that...” While both may contain similar information, the weight that can be given to self-serving statements about how good a parent one is (for example) may be quite different than when a therapist is discussing use of logical consequences and limit setting they have seen from a parent in their office.



Likewise, “The child reports that Parent A...” is a different data set than “Parent A reports that Parent B is...” Both may be tainted by issues of secondary gain (e.g. an overly-empowered child who thinks their parent should let them make adult decisions; a parent who is positioning for the next court hearing) or misattribution of motives (e.g. clumsy execution of new parenting skills being mistaken for malice or lack of care), but again each is different from direct therapist observation. Source monitoring is a professional skill that adds clarity to an often-chaotic situation.

Finally, who are you assessing?

Sometimes therapists fall into the trap of “assessing” people they have, at best, secondhand information on. Opining on the mental health of a client’s spouse they have never met is a good way to get called out for overreaching their data. By sticking to behavioral, emotional, developmental, and interpersonal factors (rather than the legal issues involved in parenting time) regarding people they have directly worked with (rather than assessing one parent based on the other parent’s statements), therapists can better protect their clients and themselves while still providing valuable information the family courts need to do their jobs.