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Dear Senator Coleman, Representative Tong and Members of the Judiciary Committee:

I am writing to ask you to reject the proposed *Bill No. 5505 - An Act Concerning Family Court Proceedings*. If enacted, this proposed bill would put children at risk of harm and would hamper the functioning of the Family Courts in Connecticut. It would cause delays in providing children and their families needed services. I would like to address my concerns regarding this ill-conceived and poorly constructed bill.

Section 1 of the proposed bill delimits the circumstances in which the court may order supervised visitation for parents with their children. This section is misguided and is based on a misunderstanding of the purpose of supervised visitation. This provision of the Bill No. 5505 limits supervised visitation to only the most extreme situations, situations in which parents have been found to have been abusive or neglectful, criminal or severely mentally ill or to have no established relationship with their child. This provision is not well conceived; it is both too restrictive and too broad. It is too broad in the sense that it singles out parents who have severe mental illness for special treatment. The parenting of these individuals who are severely mental ill or intellectually disabled (which is defined by DSM-5 as a mental illness) should be considered on an equal footing to that of other parents. There are other problems with this provision as well. This section of the bill fails to define what a severe mental illness is. Is it a Major Depressive Disorder, a Narcissistic Personality Disorder, an Adjustment Disorder? An unintended consequence of this provision regarding severe mental illness is that parents who are severely mentally ill will not seek treatment, because to do so they would receive a psychiatric diagnosis and thus would provide the court with "evidence" that they have a mental illness.

For me, the most distressing aspect of the proposed bill is its failure to protect children from emotionally corrosive parenting that may not reach the extreme levels of abuse in cases that are substantiated by the Department of Children and Families. Bill No. 5505 eliminates the most common situation for which supervised visits are ordered. This common situation is one in which one parent is inflicting emotional abuse on a child by attempting to sabotage that child's relationship with the other parent. In these situations, the parent places his or her needs above those of the child. Because of his or her own hurt and anger, the parent maligns the other parent in the child's presence, and subjects

the child to coercion and manipulation to reject the other parent. Supervised visitation in such circumstances is educational, temporary and protective. It is neither punitive nor unending. Supervised visitation in these circumstances provides parents guidance regarding preserving healthy parent-child boundaries. It shows parents how to focus on having a positive relationship with their children and how to refrain from denigrating the other parent in the child's presence. It protects children from being placed in a position that they feel that whatever they do, they will be disloyal to one parent and will jeopardize their relationship with the other parent.

The professional literature in child custody regards supervised visitation as giving "parents and their children the opportunity to preserve the emotionally vital parent-child relationship while protecting the child, and sometimes the other parent, from harm" (Clement, 1998). By restricting the order for supervised visitation to only extreme circumstances (e.g. substantiated abuse or neglect, criminality, mental illness, lack of an established relationship), Section 1 shows a limited and superficial understanding of the purpose of supervised visitation. Section 1 of the proposed legislation would weaken protections we have for children whose divorcing parents are "locked in bitter, entrenched struggles, unable to stay together yet unable to separate emotionally," and who "persistently antagonize, accuse, rage against, and attack each other, and emotionally run rampant over their children" (Scharff, 2006). The professional and scientific literature has found that supervised visitation promotes healthy parent-child relationships and buffers the impact of transition and stress on the children. Research has demonstrated that "children involved with supervised visitation experience an increase in visits with non-custodial parents over a six-month period, and parents involved (in supervised visitation) experience a decrease in aggression and defensiveness" (Saini et al., 2010).

Section 3 (a) of Bill No. 5505 proposes that the court shall allow the parent to select the licensed health care provider who is to provide the court-ordered evaluation. This section lacks specificity. It fails to identify the training, experience and expertise of the licensed health care provider who would perform the court-ordered evaluation. Section 3(a) allows any licensed health care provider who accedes to a parent's request for an evaluation to perform the court-ordered psychological evaluation. Licensed clinical social workers and licensed professional counselors might have skills in making psychological diagnoses, but have limited training in undertaking formal psychological evaluations, never mind court-order psychological evaluations. Nevertheless, this proposed bill would allow them to undertake court ordered evaluations. Even most licensed psychologists who have more training in the clinical assessment of children, adults and families than social workers and counselors do not have training in the highly specialized area of child custody evaluations.

I have been licensed as a psychologist in Connecticut since 1980, have performed many evaluations of families regarding child protection issues, have taught advanced graduate classes in psychological assessment, and am a reviewer of psychological evaluations conducted by candidates for national certification as school psychologists. Despite this extensive experience in performing psychological evaluations, I would NEVER, let me

repeat NEVER undertake a child custody evaluation without having first arranged for considerable supervision from a forensic psychologist who has had training and years of experience in this specialized area of child custody evaluations. I am a well-seasoned clinician and psychological evaluator. I have attended conferences on child custody issues. Because of these experiences, I recognize that I do not have the requisite competence to independently perform child custody evaluations.

I agree with and abide by the guideline of the American Psychological Association regarding child custody evaluations in family law proceedings (APA, 2010). These guidelines clearly and specifically state, "*In child custody evaluations, general competence in the clinical assessment of children, adults, and families is necessary but is insufficient in and of itself.* The court will expect psychologists to demonstrate a level of expertise that reflects contextual insight and forensic integration as well as testing and interview skills." Because of my years of experience as a psychologist, I "know what I do not know." I am gravely concerned that other health care providers who are not thoroughly educated regarding family law and custody issues would "not know what they do not know." The result would be an evaluation that costs the parents time and money, would be too general, and would fail "to provide the court with information specifically germane to its role in apportioning decision-making, caretaking, and access" (APA, 2010).

In addition to these concerns, I have other concerns regarding Section 3 (a) of Proposed Bill No. 5505. My concerns stem from the circumstances in which the court issues an order for a psychological evaluation. Ninety percent of parents agree to a child custody arrangement on their own, and only ten percent of parents remain locked in disputes regarding custody issues (Melton, Petrila, Poythress, & Slobogin, 2007). It is in these latter cases that the court might order a psychological evaluation to assist in determining the psychological best interests of the child. Given the disputes between the parents in these cases, it is extremely unlikely that the parents would agree on one licensed health care provider to conduct the evaluation. Furthermore, it is improbable that these parents would submit to an evaluation by the health care provider of the other parent's choosing.

As written, the proposed bill would allow for two separate psychological evaluations, one for each parent, which is not what the courts want or need. Family courts across the United States typically expect evaluators to examine both parents as well as the child, because the courts need an integrated report that focuses upon skills, deficits, values, and tendencies relevant to parenting attributes of each parent as well as the child's psychological needs (APA, 2010). Health care providers who would undertake such one-parent evaluations could only legitimately and ethically opine about that one parent, and thus would provide the court limited and highly qualified answers to its questions. The proposed bill could place the court in a situation in which it has two uncoordinated and conflicting evaluations. So much for the guidance the court was seeking.

The proposed bill is very likely to create situations that diminish the likelihood of objective and impartial court-ordered custody evaluations. It creates murky boundaries between the parent and the evaluator. The proposed bill allows for the possibility that a

parent would engage a health care provider who has a connection in some way with the parent. Parents are likely to ask their own mental health clinician to conduct the court-ordered custody evaluation or to “shop around” to find a licensed health care provider who will provide them an evaluation that is favorable to them, and not the other parent. Either of these instances compromises the neutrality of the evaluator, and results in psychological reports that would not meet the high standards of impartiality that the courts expect and professional organizations such as the American Psychological Association demand. In my opinion as a practicing mental health clinician who is concerned about children and families, Section 3 (a) would decrease the quality and helpfulness of court-ordered evaluations.

The proposed Bill No. 5505 will do more harm than good. Rather than simplifying matters in the courts, this bill will create confusion, disarray, time delays, and service delays. Section 3 is an example of these problems in its lack of specificity and inconsistency. For example, it does not specify what constitutes an evaluation. Is it a one-hour interview of a parent or is it a multi-method, multi-source, integrated forensic evaluation of the parents and the children? Section 3 states that the court-ordered evaluation of the parent or child must be submitted to the court no later than thirty days after the date of completion of the evaluation. The bill does not define “date of completion.” Does the date of completion mean the day of the last meeting of the evaluator with the parent or child? The day the evaluator spoke with the last of the collateral informants? The day on which the evaluator finished writing the report? In addition to a lack of clarity, Section 3 is replete with inconsistencies. For example, Section 3 (b) identifies a process to handle situations in which parents cannot agree on a licensed health care professional to perform the court-ordered evaluation on their child, whereas Section 3 (a) does not provide a process for handling disagreements between the parents regarding the health care providers who would conduct their court-ordered evaluations.

Another section of Proposed Bill No. 5505 about which I am concerned is Section 4 (e). I do not understand the rationale for the proposal that the guardian ad litem (GAL) be prohibited from speaking to the court about the health care status and needs of the child. The guardian ad litem’s role is to protect and advocate for the psychological best interests of the child. Health and medical statuses are part of the child’s psychological best interests. If the rationale is that only health care professionals can speak about a child’s health and medical status, that reasoning should logically be applied to other areas of the child’s life as well. Why not prohibit the GAL from addressing the child’s educational needs, because the GAL is not an educator? The reduction of the GAL’s role regarding health and medical status of the child would reduce protections afforded children, would inconvenience medical professionals and other health care providers, and more importantly would cause children to experience delays in treatment they require.

I am proud to be a licensed psychologist in Connecticut, because Connecticut strives to protect the best interests of its children. The proposed bill, No. 5505, is not in keeping with that high standard. Furthermore, I do not think this ill-conceived bill appropriately protects the rights of parents. Connecticut needs better than this bill.

Respectfully,

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(electronic signature)

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