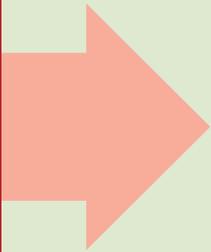


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# ELIMINATING PARENTING TIME Recommendations From Therapy Reports

AARON ROBB, PHD • STEVEN JACOBSON, LCSW



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.<sup>1</sup> 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; that said, there are ways to provide substantive input without exceeding the limitations of one’s expertise.

Figure 1 represents only one of the many ways that therapists can assess parent-child relationships; it is offered as an

example of how therapists could ethically report information that parents, attorneys, and the court could take into consideration when determining 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 approaches may contain similar information, the weight that can be given to self-serving statements about how good a parent is, for example, may be quite different than a therapist’s discussion of the use of logical consequences and limit setting that has been witnessed from a parent in the office setting.

Likewise, “The child reports that Parent A...” is a different data set than “Parent A reports that Parent B is....” Both statements may be tainted by issues of secondary gain (e.g., an overly empowered child who thinks his or her parent should let him or her 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 about whom they have, at best, only secondhand information. Opining on the mental health of a client’s spouse whom 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 with whom they have directly worked (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.

**Aaron Robb, PhD, received his PhD in social work from the University of Texas at Arlington, with a focus on the intersection of mental health and the law. He has worked extensively with families involved in the court system, specializing in divorce and custody modification cases. In addition to his private practice, he serves as a reviewer for the Journal of Forensic Social Work, is a member of the editorial board of the Journal of Child Custody, and volunteers on NASW’s Social Work and the Courts Section Committee.**

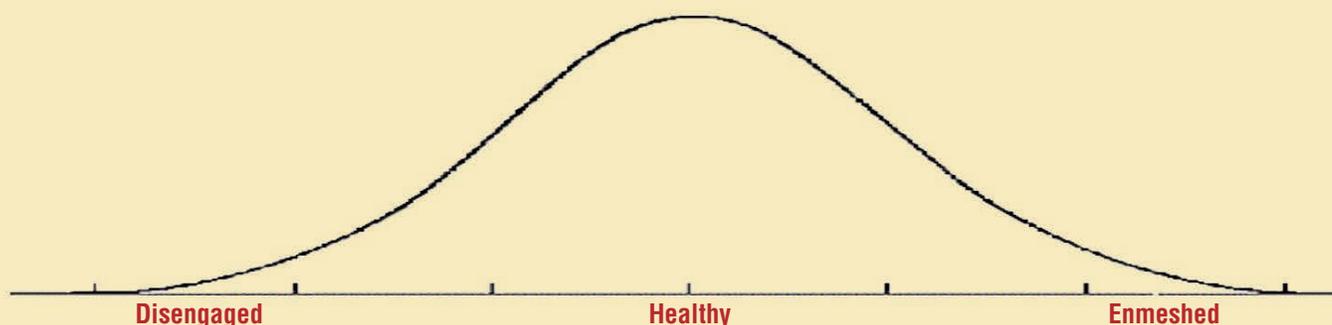
**Steven “Jake” Jacobson, LCSW, works primarily with couples and divorced/divorcing adults. He focuses on helping families manage family restructuring in healthy ways, creating effective parenting plans, and teaching how to co-parent effectively. He works both in collaborative law**

**cases, serving as a part of an interdisciplinary team, as well with traditional litigation as a mediator, therapist, or parenting educator.**

Both authors are part of the North Texas Families in Transition Professional Workgroup, where they work to educate fellow professionals on forensic issues. You can find more information and resources at [www.northtexasfit.com](http://www.northtexasfit.com).

<sup>1</sup> See, for instance, NASW Code of Ethics, “1.06 Conflicts of Interest (Multiple Roles),” or the AAMFT Code of Ethics, “7.7 Separation of Custody Evaluation from Therapy.” Some states, such as Texas, have gone so far as to forbid doing so in their Family Code, providing a shield for ethical therapists against attorney overreach.

**FIGURE 1. SPECTRUM OF PARENT–CHILD ENGAGEMENT**



**Disengaged**  
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.

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.

**Healthy**  
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.

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

**Enmeshed**  
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.