COAFCC NEWSLETTER

Volume 11, Issue 1

A Word from the COAFCC President

Deborah Anderson

Well, it is spring in the Rockies! I hope all of you are well and healthy and ready to move forward from the trauma of this past year.

Your participation in the webinar series has been so appreciated. We have one more to go in May, and are interested in your thoughts about continuing the webinars on a virtual platform into next year.
The spring conference is virtual and coming up on April 23, delayed from last spring. I hope to see you all there. We are planning another fabulous conference in October, also on a virtual platform. Look for more news on that in the upcoming months.

This has been a long, traumatic year for the family populations we all serve, and for all of us personally as well. The impacts of this pandemic on the families we serve will be felt for many years into the future. The maze of polarization, anger, and violence that has erupted during the same timeframe is difficult to tolerate and it sometimes feels that there is no path to understanding. Yet, during the same bleak timeframe, we have seen a diverse resurgence of interest in social justice, increased commitment to solving the climate crisis, endless examples of collaboration, and caring for fellow human beings. Our community of family crisis practitioners has been and will continue to be essential to furthering these bright spots. Congratulations to all of our members for undertaking such important responsibilities in this time of crisis.

Child Custody Evaluations and Video Conferencing: What a Difference a Year Makes

Milfred D. Dale and Desiree Smith

April 5, 2021

On March 11, 2020, the World Health Organization (WHO) declared the COVID-19 outbreak a global pandemic. In the year that followed, 2.5 million persons of the more than 116 million confirmed cases around the world and 500,000 persons of the almost 29 million confirmed cases in the United States alone died from virus-related illnesses. Even now, each day adds tens of thousands to the number of confirmed cases around the world and, despite three approved vaccines, thousands to the number of deaths. It is a sad reality that, because of the difficulties tracking cases and deaths, these numbers are considered conservative estimates. https://coronavirus.jhu.edu/map.html. The COVID-19 pandemic has impacted everyone on the planet and every aspect of our personal and professional lives. Everyone has had to adapt to an unavoidable new reality.

In March 2020, we began researching the viability of conducting child custody evaluations (CCEs) by video conferencing (VC) out of necessity. Our project resulted in a paper, *Making the Case for Videoconferencing and Remote Child Custody Evaluations (RCCEs): The Empirical, Ethical, and Evidentiary Arguments for Accepting New Technology*, that was first available online in August 2020 (Dale & Smith, 2020).[1] Michael Lamb, editor of *Psychology, Public Policy & the Law*, ushered our paper and other pandemic articles through the peer-review process as a way of helping practitioners make informed decisions as quickly as possible.

As the title of our paper suggests, we understood there would be numerous and different kinds of arguments for and against RCCEs. We wrote that arguments supporting use of VC in CCEs can be made on empirical, ethical, and evidentiary grounds. Our review of the literature revealed that the growth of telemedicine and telemental health was mostly "a story of successful applications across people of different ages, different clinical and forensic populations, and different clinical and forensic tasks" (Dale & Smith, 2021, p. 41). We noted the presence on numerous documents outlining "best practices," frequently with checklists for using VC in clinical and forensic practice, as well as how to inform clients and patients about what they could expect. The evolving data set supporting VC as equivalent to face-to-face work was most robust in studies of clinical or therapy settings, but it was not limited to clinical tasks.

So now, just a little more than a year later, we write again informed by the staggering case and death statistics, the presence of three vaccines hailed as possessing life-saving benefits but of unknown duration, and educated by a year where everything associated with the COVID-19 pandemic became a fight between science and politics.

We write again, this time with new additions to our personal and professional vocabularies. We now know more about how the Coronavirus is spread from person to person and that we must "socially distance" (i.e., stay six feet from others) as a protective measure to protect both ourselves and those with whom we have contact. We can unknowingly infect our loved ones and our clients, but those who have received the vaccines can feel safer, both personally as well as for those around them. We now know what "personal protective equipment (PPE)" is, how to use it, and how important it is to our ongoing health and safety. We now know that frequent hand washing with proper sanitizing agents is another necessary protective practice. Round-the-clock news coverage and daily instantaneous round-the-world news cycles have taught us the meaning of "surges" due to "spreader events," the increased contagiousness of "variant mutations" of the virus, and the difficult calculus about federal, state, and individual decisions to "lock down" or "open up".

In the United States, our national political leaders have now purchased and promised vaccines will be available by the beginning of the 2021 summer. Unfortunately, it appears that some will not take them. Epidemiologists have emphasized the

protections of “herd immunity,” which may be achieved when 70, or 75, or 80 percent of the population is vaccinated. No one really knows what percentage of the population must be vaccinated for the “herd” to become immune and commentators emphasizing social policy make few comments, if any, about the persistent risks to individuals in the herd. A form of habituation has set in as we seem to be becoming more accustomed to numbers that were once intolerable. We know there will be “free riders,” those who refuse to take the vaccine for any of a host of personal reasons, who will rely on the herd to starve the virus into an acceptable or tolerable prevalence. What the post-pandemic “new normal” will be is anything but certain.

A year after we began to research the literature for our first article, we wish we could share that new research can inform our decisions; that is, we wish we could say that we now know what can reliably be done or not done with VC in CCEs. But we cannot. Operation Warp Speed’s (OWS) resounding successes in developing COVID-19 vaccines demonstrate the kinds of results science and scientists can generate by unlimited budgets and funding. The financial support provided by OWS will forever be the envy of researchers everywhere. Still, despite the efforts by many professional and scientific journals to get information to practitioners, the research infrastructure in the social sciences lacks the funding to keep pace. Until it is safe, research comparing VC to face-to-face processes within CCEs will have to wait.

Competently and ethically using VC in CCEs requires using the principles and skills from other areas in the child custody context. This kind of cross-training has always happened, but this historical fact is also sometimes forgotten by those wishing the child custody field was more highly developed as its own unique specialty. In *Making the Case*, we proposed viewing the available research as demonstrating it was possible to develop a working alliance and to develop adequate empathy accuracy to competently complete a CCE. This is because we view the differences between clinical and forensic work as predominantly existing in the mind of the interviewer, not in the space between the interviewer and the interviewee, regardless of whether the interaction is occurring face-to-face or by VC connection.

While the research base about use of VC in CCEs has not grown much in the past year, our experience has grown exponentially. Some evaluators completely suspended their work. Other evaluators continued face-to-face meetings and counted on PPE and social distancing within their offices to be safe enough. But the vast majority of evaluators have chosen some kind of middle ground and continued incomplete evaluations or begun new ones using a variety of approaches. Some have continued face-to-face contacts, but have conducted these contacts in new ways such as in open settings – even outdoors. Others have developed hybrid methodologies within which certain procedures – for example, psychological testing, interviewing children, or conducting parent-child interactions – are done face-to-face while other procedures (interviewing adults) are done by VC. Others have completed CCEs using VC for all of their procedures. Even child advocacy centers have developed “teleforensic” interviews to interview alleged victims of child sexual abuse. The experiences in the field are shared between and among evaluators by

emails, listservs, telephone calls, and webinars. Dialoguing, dining, and hugging with AFCC friends is another activity that will have to wait.

Ultimately, we believe the "VC CCE horse has exited the barn" and that there is little chance it will be corralled back in. We believe individual child custody evaluators will find a practice style that incorporates VC procedures they are comfortable using, while reverting to familiar face-to-face methods for elements that they view as risky or unreliable. We believe the best practice guidelines for use of VC apply to CCEs, add to the reliability of the processes, and offer advantages and benefits when properly used. Use of VC brings an additional set of ethical considerations into play. To use VC, evaluators should make these best practices documents and the procedures they prescribe a part of their processes.

Today, one year from the declaration of a global pandemic, the COVID-19 map changes almost every day. "Mask mandates" have lessened, curtailed by the politization of this part of the safety protocols into a debate over "civil liberties." We are often left to wonder how changes in safety protocols are consistent with continued warnings about additional surges or waves. We still see the maps, the news clips from countries on other continents, and the disparate predictions. If wearing a mask has become a statement about personal determination, how much should we trust individual decision-making regarding a dangerous and contagious disease? With respect to using VC in CCEs, each case has become an individualized determination outlined by the evaluator, negotiated with those being evaluated and their counsel, and, when it happens, approved by the court. The need for evaluations has never dissipated. Doing what is in the best interests of children cannot wait.

Bibliography of Videoconferencing Best Practice Documents

American Academy of Child & Adolescent Psychiatry. (2008). Practice parameter for telepsychiatry with children and adolescents. *Journal of American Academy of Child & Adolescent Psychiatry, 47*(12), 1468-1483. https://doi.org/10.1097/CHI.0b013e31818b4e13

American Psychological Association, (2013). *Guidelines for the practice of telepsychology. American Psychologist, 68*(9), 791-800. https://doi.10.1037/a0035001

Myers, K., Nelson, E.L., Rabinowitz, T., Hilty, D., Baker, D., Barnwell, S.S., Boyce, G., Bufka, L.F., Cain, S., Chui, L., Comer, J.S., Cradock, C., Goldstein, F., Johnston, B., Krupinski, E., Lo, K., Luxton, D.D., McSwain, S.D., McWilliams, J., North, S., Ostrowski, J., Pignatiello, A., Roth, D., Shore, J., Turvey, C., Varrell, J.R., Wright, S., & Bernard, J. (2017). American Telemedicine Association practice guidelines for telemental health with children and adolescents. *Telemedicine & e-Health, 23*(10), 779-804. https://doi.org/10.1089/tmj.2017.0177

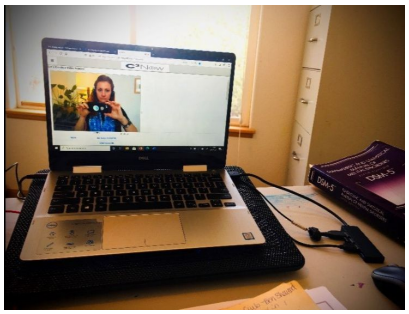
Shore, J.H., Yellowlees, P., Caudill, R., Johnston, B., Turvey, C., Mishkind, M., Krupinski, E., Myers, K., Shore, P., Kaftarian, E., & Hilty, D. (2018). Best practices in videoconferencing-based telemental health, 24(11) *Telemedicine & e-Health*, 827-832. https://doi.10.1089/tmj.2018.0237

Turvey, C., Coleman, M., Dennison, O., Drude, K., Goldenson, M., Hirsch, P., Jueneman, B., Kramer, G.M., Luxton, D.D., Maheu, M.M., Malik, T.S., Mishkind, M.C., Rabinowitz, T., Roberts, L.J., Sheeran, T., Shore, J.H., Shore, P., van Heeswyk, F., Wregglesworth, B., Yellowlees, P., Zucker, M.L. (2013). ATA practice guidelines for video-based online mental health services. *Telemedicine and e-Health, 19*, 722-730. https://dx.doi.org/10.1089/tmj.2013.9989

By agreement, the above article will be simultaneously published by the Colorado and New York AFCC state chapters in their respective newsletters.

---

[1] Milfred D. Dale & Desiree Smith, *Making the Case for Videoconferencing and Remote Child Custody Evaluations (RCCEs): The Empirical, Ethical, and Evidentiary Arguments for Accepting New Technology*, 27(1) Psychol., Pub. Pol'y & Law 30 (2021). A copy of this paper is available through the Senior Author's website: www.buddale.com/knowledge-center



Pandemic Times: Therapy via Telehealth

Tiah Terranova, Psy.D.
Marlene Bizub, Psy.D.

The COVID-19 pandemic has changed everything about how we navigate our daily lives, including how mental health services are provided. Despite the challenges, HIPPA compliant telehealth platforms have allowed for medically necessary mental health services to continue without disruption. Let's be honest, it is still technology, and there have been a few glitches along the way…

"I can hear you, but can't see you."

"Try to hit refresh."

"Oh no, I just lost audio."

"I will send a new link."

"I can see you, but I can't hear you."

"Are you using Safari?"

"Are you on an Apple or Android device?"

"Make sure to allow audio and video permissions under settings."

"You just froze."

Despite the technical glitches and some inherent challenges (e.g., ensuring clients can find a private confidential space to set up remote sessions), it has come as a pleasant surprise that many clients have expressed their preference to meet remotely, as opposed to meeting in person. There is substantial evidence of the effectiveness of telehealth services. Research has found satisfaction with telehealth services to be high among both patients and professionals, has shown efficacy in increased access to services and quality of care, and even suggests in some settings telehealth treatment is more effective than treatment delivered in-person (Shore, et al, 2018). There are many expressed advantages including: not having to get ready and drive into an office; safety risks mitigated without travel during inclement weather; the comfort of personal space; the comfort of beloved pets; increased comfort with emotional expression in own space (e.g., crying); increased availability with work schedule demands; ability to observe client affect and body language; and expanded availability and access to specialty providers that may not be located in the client's local community. Even when things return to a new "normal," many clients have already expressed a preference for continuing therapy via telehealth.

For anyone struggling right now, mental health services are available via telehealth from many providers. Help is out there. Contact your insurance company or your local community mental health center to see what is available. Your mental health is a priority and should never be neglected.

In these unprecedented times and trying circumstances with the pandemic, mental health professionals have persisted. They found creative ways to ensure the many who are carrying pain and suffering continue to be treated "face to face" with compassion, validation, empathy, and confidentiality. Therapy is available ensuring those in need are not alone and can have the support and guidance needed in times of tremendous grief and loss, family stress, legal struggles, health issues, trauma, and financial hardship. Although a transition has occurred in how services are provided, telehealth has allotted a platform to continue uninterrupted aid in the journey toward recovery and resilience. Telehealth works!

Mental Health Resources:

Community Mental Health Centers: The Colorado Behavioral Healthcare Council has a great website where you can enter the county where you reside to find your local community mental health center: https://www.cbhc.org/find-services/behavioral-health-providers/

Private Insurance: Go online or call your insurance provider to find an in-network provider in your area

Colorado Crisis Services: If you are struggling with feelings of suicide and not wanting to live you can contact trained mental health professionals 24/7/365 at 844-493-TALK (8255) or text TALK to 38255.

Health District of Northern Larimer County: 970-221-5551; https://www.healthdistrict.org/ You can call to find available mental health providers in Northern Colorado.

References:

Shore, et al, (2018). Policy Best Practices in Videoconferencing-Based Telemental Health April 2018. *TELEMEDICINE and e-HEALTH*, **24;** 11, 827-832. A copy of this article is published Online: 14 Nov 2018 https://doi.org/10.1089/tmj.2018.0237

PSYPACT UPDATE

The Psychology Interjurisdictional Compact (PSYPACT) is an interstate compact designed to grant access through an application process for psychologists to practice telepsychology across state boundaries. Check out the PSYPACT website (https://psypact.site-ym.com/) to learn more and see what states are currently participating and which states have pending PSYPACT legislation (Colorado has PSYPACT legislation).

Another resource is a free app called Telemental Health Laws, which lists laws for every state. Read more about the app here: https://www.ebglaw.com/telemental-health-laws-app/

Upcoming Virtual Events

Join us at an online conference or webinar. We bring you engaging speakers and incredible content for an unbeatable price. You get to cuddle with your cat while you learn.

Win, win!

COAFCC EVENTS

Friday - April 23, 2021

8:15 a.m. - 4:45 p.m.

Spring Conference & Members' Meeting
The Ethics of Procedure: Fact & Folly

****6 Contact Hours & 5 ETHICS CLEs****

REGISTER NOW!

Tuesday - May 4, 2021

5:30 p.m. - 6:30 p.m.

Evening Webinar:

Coparenting and Collaboration in High Conflict "Crossover" Cases

****1 Contact hour & 1 General CLE****

REGISTER NOW!

October 8-10, 2021

SAVE THE DATES

Fall Conference:

I Understand That I Don't Understand

AFCC EVENTS

AFCC 58th Annual Conference

June 1-3 & 7-11, 2021

Live via Zoom

When a Child Rejects a Parent:

Are We Part of the Problem or the Solution?

MORE INFO

AFCC-AAML Conference

September 23-25, 2021

Washington, DC

MORE INFO

AFCC Fall Conference

November 11-13, 2021

Cincinnati, Ohio

Unmuting the Voices of the Children and Families:
Can You Hear Me Now?
MORE INFO

Technology in Practice

Webinar Review

Katie Hays, JD

On January 26, 2021 the second installment of the COAFCC's webinar series provided practical tips for legal, mental health, mediation and court professionals on "Technology in Practice: Upsides, Downsides, and Best Practices."

Jennifer Rice, JD, presented tips for appearing in court virtually, including camera placement, background, and lighting. She suggested wired connections for headphones and computers, which may provide a more stable and robust connection than Wi-Fi. Ms. Rice also covered ethical guidelines as to the confidentiality and security of electronic information and communication, suggesting a written client agreement regarding email, and asking clients to specifically request "snail mail" in counsel's fee agreement. Attendees were encouraged to practice WebEx with clients, and to give clients guidelines such as being alone in a quiet place, and having nothing in front of them except exhibits. Clients should also notify the court if they are having technical difficulties, and be prepared to call the WebEx conference line if they are unable to connect with video or are having audio issues.

Regarding exhibits, Ms. Rice noted the importance of e-filing exhibits sufficiently in advance, and making sure the client and all witnesses have exhibits. She advised sharing "application" instead of "screen" in the WebEx app in order to avoid inadvertent disclosure of information.

Magistrate Dina Christiansen took the baton and relayed some helpful pointers as well as extremely humorous stories of WebEx faux pas, including unexpectedly seeing pajama bottoms and pimple popping gone wrong.

Kate McNamara, PhD. graciously and competently filled in at the very last minute for Julie Van Heyningen, Psy.D., and presented tips on remote Child and Family Investigations and Parental Responsibilities Evaluations. She noted benefits to remote work, including cost savings and access to services, and emphasized the need for practitioners to have a protocol for remote work in CFI's and PRE's. Dr. McNamara focused on the challenges of remote investigations and evaluations, such as the lack of full ability to observe, and the impacts on rapport-building, especially

with children. Protecting privacy was emphasized as one of most important issues with remote work--informed consent should be obtained and a HIPPA-compliant platform should be utilized, whether for interviews/observations or psychological testing. The telehealth rules of the state where the interviewee is located apply, so the practitioner must be familiar with telehealth state guidelines. Practitioners should consider ways, such as room scans, to ensure no one is listening or coaching the interviewee. Dr. McNamara noted thoughtful consideration needs to occur to determine if a remote assessment involving someone who has a disability, a mental health condition, or a developmental limitation is clinically effective and appropriate.

The COAFCC webinar series continued on March 9, 2021 with a presentation by Hon. Angela Arkin (ret.) and Tricia Engelbert, RN, on Drug and Alcohol Testing and Parenting Agreements in Child Custody Cases. The 2020-21 series concludes on May 4, 2021, with “Coparenting and Collaboration in High Conflict 'Crossover' Cases." Details can be found at http://www.coafcc.org/eventsCOAFCC.php

A Snippet of Self-Care

Its time for another...

SNIPPET OF SELF-CARE

Give yourself a gift.

Click on the link above for a few moments of guided relaxation that is scientifically proven to calm your body and mind.

And then go back and listen to the

ORIGINAL SNIPPET OF SELF-CARE

(You can thank us later!)

Scholarships Available

COAFCC has a scholarship fund to help those in need. Both full and partial scholarships are available to all online programming. Check out the simple online application process.

And keep in mind, AFCC also has a number of scholarships available for their

educational programs.

Remember - you can't win if you don't play!

Please welcome the following folks to the COAFCC family!

Mary Davis
Sheryl Foland
Kimberly Gent
Felicia Greher
Michelle Haynes
Janet Jones
Martha Kaser
Lucy Martin
Teresa Mayer
Laura McClenny
Athena McCullough
Sara Nawrocki
Stephanie Norris
Rebecca Patterson
Jessica Peck
Cherish Roberts
Sharon Sturges
Andrew Tidrick
Marian Tone
Susan Vanderborgh
Cecilia Wall
Emily Warren

COAFCC members--what have you been up to?

Let us know when something amazing happens - when you publish a peer-reviewed paper or a book of relevance to family law practitioners or when you receive an award or promotion or similar honor. We'd love to help you celebrate in the Member News section of our newsletter!

Send an email to April Freier, our administrative assistant: aprilfreier@hotmail.com

Love the newsletter? Have some creative ideas of your own? We'd love to have your help!

Contact one of our co-chairs, Katie Hays or Tiah Terranova, if you'd like to join the Communications and Public Relations Committee!

katie@haysandstrode.com
tiahterranova@gmail.com

www.coafcc.org