INFORMATION FOR CONSIDERATION BY MEMBERS PROVIDING PSYCHOLOGICAL SERVICES IN THE CONTEXT OF CHILD CUSTODY DISPUTES & CHILD PROTECTION PROCEEDINGS

January 2014

INTRODUCTION

In September 2012, the College of Psychologists of Ontario appointed a Task Force to develop advice to members who provide services in the context of child custody/access disputes or child protection proceedings. In preparing this advice, the Task Force relied upon comments, suggestions and requests provided by members in response to surveys, literature review and information from the College about complaints against members practicing in this area. The survey results indicated that College members specifically requested information regarding best practices.

This document emphasizes best practices of the profession that are particularly relevant in doing this work. It is also meant to complement information in existing guidelines and other relevant literature (See Appendix A). The information applies to services provided from any theoretical or clinical orientation and suggests best practices, and in some instances these may exceed minimum standards of the profession.

The advice in this document is offered as a suggestion for members of the current best practice of the profession on the matters addressed. These best practices represent goals to be strived for in professional practice, and are not offered as defining the standard of practice of the profession in relation to the matters addressed.

The information provided in this document is general in nature and may not be applicable in specific cases. It should also not be used as a substitute for independent, case specific clinical or legal advice. It is applicable to any services provided in the context of a dispute over custody or access or a child protection concern, including but not limited to:

- family mediation
- court ordered assessments (e.g., currently s.30 CLRA, s.54 CFSA)
- assessments done on the consent of the parties in the absence of an order
- clinical investigations (Office of the Children’s Lawyer; s.112 CJA)
- child wishes and preferences reports
- parenting coordination
- mediation/arbitration
- court-ordered therapy
- therapy with child or adolescent in child protection context
- therapy with a child, adolescent, parent or any other family member in which custody, or child protection is in dispute or may become in dispute
- mental health consultation to a parent or lawyer that does not involve testifying in court
- mental health consultation that involves testifying in court, such as acting as a court expert, or critiquing another assessor’s work.
1 Prepared by the Custody & Access Task Force, Dr. Barbara Fidler (Chair), Drs. Sharon Francis-Harrison (Ottawa), Rob Rowe (Kingston), Marlies Sudermann (London). Mr. Barry Gang, Director of Investigations & Hearings, assisted the Task Force.
therapy with an individual (child or adult), couple or family when there is no dispute, but there has been parental separation or involvement with the child welfare system.

For the purposes of this document, the terms “parents”, “parties” or “caregivers” will be used interchangeably to refer to adults receiving professional services in the context of a custody/access disputes or child protection proceedings.

**COMPETENCE**

As is the case with the provision of any psychological service, members are required to limit their professional activities to those that fall within the boundaries of their own competence and authorization. The areas of specific knowledge required are diverse and may vary depending on the specific service being provided within the broad area of child custody/access or child protection work. Members are likely to require specialized knowledge about several of the following areas and how issues arising in them interact with parenting and/or the court process:

- child and adolescent development
- adult mental health, including adult conflict, high conflict personalities and related personality disorders
- family systems
- parenting skills and parenting capacity
- nature of parent-child relationships, attachment theory
- effects of child physical, sexual and emotional abuse and neglect
- mental health and substance abuse
- separation related parent-child contact problems (e.g., alienation, realistic estrangement, affinity, alignment, etc.)
- special needs of children (e.g., learning disabilities, ADHD, pervasive developmental spectrum disorders, anxiety disorders, etc.)
- dynamics of intimate partner violence and its effect on children, adolescents and parenting
- social science literature/research on various relevant topics, such as relocation/mobility, developmentally appropriate parenting time schedules, impact of separation/divorce on children/adolescents, changing trends in assessment methodology
- expert court testimony
- court report writing

Situations may arise that require specialized knowledge that the member may access through consultation with professionals, including but not limited to psychologists, psychological associates, or other regulated mental health professionals, who are qualified in one or more of the relevant areas.
Because of the unique challenges and ethical issues in providing the services listed above, members are advised to:

- Maintain up to date knowledge regarding the legal framework within which this work is conducted, including the Ontario Family Court system, current relevant case law and professional literature specific to court related assessments and the other services provided in the area (see Appendices A, B and C).
- Obtain continuing education (see Appendix B).
- Engage in a continuous self-appraisal process to assist in identifying specific objectives each year within the broad scope of the work (e.g., court-related report writing, substance abuse, child abuse, etc.).
- Regardless of expertise or experience, members may benefit from consulting from time to time. It is suggested that they consider joining a peer consultation group for support, or start their own; it is instructive to hear about the practices of other professionals and this may help to pre-empt problems from occurring in their own practices.
- When providing services in this area review, consider and utilize other available guidelines (see Appendix A).
- When challenging ethical issues arise seek advice from the College and/or obtain legal consultation.

Key legislation for service providers in this area include the Child & Family Services Act (CFSA) and Children’s Law Reform Act (CLRA), and the Courts of Justice Act (CJA) for those employed by the Office of the Children’s Lawyer (OCL). Other relevant legislation is listed in Appendix A.

CONSENT

Because work in this area often involves consideration of the interests and rights of multiple individuals involved directly or indirectly in an adversarial context, vigilance in ensuring informed consent from all parties is advisable.

- Informed consent can only be obtained if those granting consent understand the nature, purposes, scope and parameters of the service, the limits of confidentiality, and the potential risks and benefits of the service provided.
- If a person is incapable of providing informed consent, the consent of a legally authorized substitute decision maker should be obtained.
- The nature and purpose of all services and the limits of confidentiality should be explained to a child/adolescent in a developmentally appropriate fashion.
- Information provided during the informed consent process is ideally provided both orally and in writing (e.g., in an information sheet or service agreement with the parties and their lawyers.
• In obtaining informed consent, there are a number of best practices one should consider that include:
  ▪ Before entering any agreement to provide any of the above noted services, obtain a copy of any relevant Court Order and review the details of the Order.
  ▪ If a party refuses to provide consent for a court ordered psychological service, as part of the informed consent process explain that there may be consequences due to their lack of participation and that they may wish to seek legal advice.
    o If a party indicates he or she does not wish to provide consent for a court ordered psychological service, remind the client of the right to refuse the service, inform those parties with whom there is legal authorization to communicate and seek further direction from the court.
  ▪ If there are no contemporaneous custody/access or child welfare proceedings at the time of referral for intervention, ask clients to inform of any changes in custody or access rights or arrangements.
  ▪ Even when legally required to obtain informed consent and/or authorized to communicate with only one parent, or when a child is capable of providing consent, consider the psychological or therapeutic benefits of obtaining authorization to communicate (i.e., obtain information and provide appropriate feedback) with both parents, and the risks of both doing so and not doing so.
    o Questions that may be relevant include: Do both parents know a child is receiving therapy? Does the member have sufficient information related to the family circumstances and the child’s developmental history to develop an appropriate treatment plan? Is the child being required, due to explicit or implicit instruction by a parent, not to inform the other parent that they are attending therapy? Is the child being placed in the middle of parental conflict by not including both parents in treatment decisions? Can the child or adolescent consent to treatment without one or both parents’ knowledge or consent? What are the ethical, clinical or legal risks associated with providing treatment to a child or adolescent and communicating or not communicating with the parent(s)?
  ▪ When conducting an update or review of an assessment the member previously conducted, obtain current informed written consent before proceeding.

**CONTRACTING**

Services in this broad area of practice often require the agreement of multiple parties who have different interests. When making a Service Agreement with clients, it is advisable for members to:

• Confirm understanding of the purpose of the referral with all parties and their legal representatives.
• Provide parties to services in this area with information about the member’s qualifications and a current and accurate Curriculum Vitae, including only those affiliations that are relevant and accurate.

• Be clear about the anticipated timelines for the work being conducted; i.e., when the work will begin and be completed, barring any unforeseen and unavoidable circumstances.

• Clarify the assumption that parties will make themselves available as required.

• If the expected timelines significantly change during the course of the work, advise all concerned, providing reasons for any delay, as necessary and appropriate.

• Clarify expectations about how feedback and any recommendations will be provided.

• Clarify and confirm billing procedures in writing (i.e., what is covered and not covered by a retainer, which specific services are subject to a fee and which are delivered without charge, cancellation policies and other important administrative issues).

• When conducting an update or review of an assessment previously conducted by the member, obtain formal agreement in the same manner as when the initial agreement was made.

• When making a service agreement about therapy or a review, critique, consultation or expert opinion in which no custody or access assessment is to be provided, confirm the parties’ agreement that no information arising from this service will be considered to reflect recommendations regarding custody or access, given that a comprehensive assessment will not be conducted.

• When considering discontinuation of services without client agreement make reasonable attempts to facilitate continuity of services. When unsure about how to proceed, it may be helpful to seek qualified advice. Making this decision may be appropriate when there is reason to believe that a service might not be in the best interests of an individual or when it appears that objectivity might not be possible.

• If the review or production of audio or video recordings is possible, all parties to the assessment should be made aware of any risks inherent in doing so.

OBJECTIVITY

It is not uncommon for members working in this emotionally charged area to be subject to concerns about objectivity. For this reason, it is important to be vigilant about objectivity and the perception of objectivity. Members are advised to:

• Be mindful of potential and perceived conflicts of interest or apparent biases. Generally speaking,
  ▪ A conflict of interest is present when professional judgment or actions in providing a service will be unduly influenced by financial gain beyond the cost of the services, the desire for professional advancement and/or the wish to advance the interests of family and friends or other associates.
- Bias occurs when one has an inclination or prejudice for or against one person or group, especially in a way considered to be unfair.
- Declare and discuss any possible conflicts of interest or perceptions of bias with the parties and their representatives.
- Draw conclusions, form opinions and make recommendations about parenting or child care arrangements (e.g., legal custody, access, parenting plans or plans of care) only after direct assessment of the child(ren), parents, and all kinship providers and other caregivers involved and a review of other available information (e.g., observations, collateral information, review of court documentation, etc. (See Appendices A and C for further information about methodology.)
- Ensure that, in addition to any historical information used, information is gathered that is current, reliable and accurate.
- Make best efforts to avoid dual or multiple relationships, or roles, even when the parties request or consent to this.
- Consider performing multiple roles only when it cannot be avoided and the potential problems have been discussed with the parties.
- Distinguish between performing an evaluative role (e.g., forensic or court-involved assessor) and a therapeutic role (e.g., therapist to parent, child, couple or family), because providing both may compromise objectivity. This is the case whether the relationships are simultaneous or sequential. In addition to causing some participants in an assessment to be more guarded, and interfering with therapeutic alliances in therapy, it may also introduce challenges with respect to maintaining objectivity.
- Some examples of sequential roles to be avoided include changes from:
  - assessor, mediator or parenting coordinator to therapist for child, one or both parents, or other family members;
  - therapist to assessor, mediator or parenting coordinator;
  - reviewer of another assessor’s assessment to provider of a second opinion or recommendation without having conducted an assessment;
  - mediator to assessor, and/or;
  - parenting coordinator to assessor.
- Exercise particular caution if considering becoming a parenting coordinator or mediator/arbitrator after being an assessor as this constitutes a dual sequential role and may become a dual simultaneous role if subsequently required to testify as an assessor.
- Be aware of inevitable, perceived or actual biases (e.g., selective attention/confirmatory bias, recency bias, repetition bias, dichotomous thinking bias).
- If a decision is made to change roles with the same individuals, ensure that the risks of doing so are explained and informed consent is obtained.
- When conducting custody/access or parenting capacity assessments, consider and note any possible effect of location on observations of parent-child interaction in different settings.
• When acting in a neutral role, such as assessor, mediator, arbitrator or parenting coordinator, take positive steps to optimize objectivity, including:
  ▪ Crosschecking of information and looking for confirming and disconfirming information within and across sources and types of information.
  ▪ Noting and addressing any inconsistencies between information provided by different parties.
  ▪ If significantly more or different information is gathered with respect to one party than another analogous or corresponding party, or different methodologies are utilized, noting the reasons for this and communicate this where appropriate.
  ▪ Obtaining verification of significant information to be presented as fact, and if unable to verify a significant concern or allegation with corroborating information, explaining why.
  ▪ Considering, when appropriate, having the parties review information, which is to be presented as factual in a report, prior to release of the report.

• Given the unique circumstances in child welfare cases, including the possibility of the parties’ increased vulnerability, confirm that parties understand the nature and purpose of the assessment and clarify the assessor’s role in relation to the Court and the Child Protective Agency (i.e., that the assessor is not an agent of the Child Protective Agency, but rather an independent professional chosen by all parties or the court to help determine what is in the best interest of the child(ren)); this may need to occur not only at the outset, but also be repeated in the course of any assessment or other service provided.

TESTING

Psychometric data must be interpreted in the context of other clinical data. There are no psychological tests or other measures that, on their own, provide definitive information bearing directly upon custody/access arrangements or parenting capacity or provide information about the best interest of a child. Members are advised to:

• Consider whether tests or other measures are appropriate given the objectives of the service and population.
• Consider the validity and reliability of specific tests used and limitations of these tests in the context of the particular service provided (e.g. therapy, assessment, etc.).
• Identify and communicate any limitations to the certainty of the results of tests utilized.

MAKING RECOMMENDATIONS

Many concerns raised about services in this area arise from the nature of recommendations provided. To proactively minimize the occurrences of any such concerns, members are advised to:
• When making recommendations about custody and access or child protection, discuss the risks and benefits of the recommendation, and the rationale for making it.

• When making recommendations for interventions (e.g., therapy, counseling, psycho-educational assessment, mediation, parenting coordination, etc.), include the recommended goals, modalities, possible options for accessing the service and, where appropriate, frequency and duration and whether information from the service should be shared with others.

• When recommending intervention, consider and note whether resources required are free of barriers for the family with respect to availability, access and affordability.

• When making recommendations in the role of therapist for one of the parties or one of the children involved, clearly explain to the participants and state in writing, that these do not represent, and should not be used to support, any position regarding custody or access arrangements.

• When providing services other than custody/access or child welfare assessments (e.g., therapy, mental health consultation, educational assessment, other assessment) at the same time as a family is participating in a court involved or ordered assessment, keep in mind that any recommendations made may have significant implications, including legal ones, for the participants.

• Resist pressure to provide any opinions or recommendations (e.g., regarding holiday visits, access timing, school attendance) until adequate and appropriate information has been obtained as the basis for the opinion or recommendation.

• Do not make recommendations regarding custody or access when a comprehensive assessment has not been conducted, such as when providing therapy to a child or parent, or reviewing another assessor’s report.

REPORT WRITING

To ensure that reports achieve the desired objectives, members are advised to carefully consider how the report will be utilized and tailor it to the intended purposes as different services and contexts require different types of reports.

• Because assessment, mediation or parenting coordination reports are often the basis upon which a settlement can be reached, best efforts should be made to make them understandable to parents, not only judges or lawyers.

• Members should clearly distinguish between observations, conclusions, opinions and recommendations
  ▪ Conclusions are findings that the psychologist or psychological associate arrives at from the obtained observations, information or data and should flow logically from the information or data.
  ▪ Opinions and recommendations are the application of the conclusions to the referral questions (e.g., which custody or access arrangements or plan of care is in the child’s best interests).
• The rationale for opinions and recommendations should be explained in the report.
• Members are advised to adopt a neutral tone and report on positive attributes of all parties, so as not to be perceived as advocating for one party, even though recommendations may support the wishes of one more than the other.
• When making a diagnosis in an assessment, it is useful to also describe behavioural and functional limitations that accompany the diagnosis.
• It is advisable to use headings and subheadings to structure a report, which may help to guide the reader, make the report more understandable and help communicate the logic behind the ultimate recommendations.
• If there is any information missing in the report, address the omission in the report and any possible effects of this on the assessment or any recommendations.
• When writing letters or reports in the context of providing therapy, consultation or critiques, clearly identify the information upon which the document was based, and any limitations to opinions based on the extent of the information available.
• Remain aware that documents may be used in ways other than those intended; where appropriate, advise that nothing in any report or letter should be construed as a recommendation related to custody or access arrangements when a comprehensive assessment was not conducted.

Some important elements of reports include:

• A clear statement of the referral questions.
• A summary of the member’s professional qualifications and where required by the courts, a current and accurate Curriculum Vitae attached to the report.
• A list of other professionals who participated in providing services, noting their specific roles.
• A list of all sources and types of information (e.g., telephone or in-person interviews, observations, contacts with lawyers, personal and professional collateral information sources, specific documentation/reports reviewed, psychological testing).
• When possible and appropriate, provision of analogous and similar amounts of information for each parent or caregiver discussed (e.g., when providing a personal or employment history of one party, do the same for the other).
• Consideration of only those allegations or concerns that are relevant to the referral questions.
• An explanation of any attempts to validate contentious information or to reconcile differing versions of events.
• Presentation of information from all perspectives.
• Inclusion of both parents’ strengths and challenges, including information about what may improve parenting, co-parenting and parent-child relationships in a compassionate manner that increases hope, keeping the possibility of settlement in mind, where appropriate.
• Clear distinction between verified facts, observations and self reports.
• Explanation of the limits to certainty of opinions and reliability of information.
• Inclusion of non-supporting data and explanation of why it was dismissed or little weight was given to it.
• If a substantive correction to a report is required, clear indication that the report was revised with identification of the date and nature of the correction in the corrected version.

RECORD KEEPING

Contention surrounding records may ultimately interfere with processes intended to be focused upon the best interests of the children. As it is possible that any case may go to court and client records may be scrutinized within an adversarial context, it is especially important to prepare and maintain records so that they are complete, accurate, easy to understand and contain all clinically relevant information. Additionally, detailed documentation helps clarify the logic involved in decision-making. As such, members are advised to:

• Cross-check client files, reports and calendars to avoid any errors in reporting of appointments.
• Document all significant communications in client records, including the date, time taken, location of interviews, description of the issue discussed, and what each party communicated.
• Document any consultations or advice received.
• List other professionals who participated in providing services and note their specific role.
• Document any reasons for proceeding in a manner that may be inconsistent with common or best practice.
• Seek confirmation in writing when informed consent or agreement is obtained from any party, for any purpose.
• Record the rationale for making any intervention decisions, including a decision to either continue or discontinue the services.

PRIVACY/CONFIDENTIALITY

In custody and access and child welfare related matters, client records often contain highly sensitive personal information and members are advised to specifically:

• Obtain informed consent to collect, use and disclose personal information from the parties in accordance with the relevant privacy legislation, remaining aware that obligations may vary depending upon age and capacity.
• Thoroughly review the limits of confidentiality with the clients or parties to the particular case, and provide written information explaining these limits.
• While in some circumstances custodians of information may refuse to provide information, including psychological test raw data, be mindful that the Standards of Professional Conduct
require one to consider each request and, absent concerns of the nature specifically set out
in the statute, to release client information including test data (as distinguished from
copyrighted test material) when such a request is reasonable and appropriate.
• Obtain consent from clients or parties to obtain information from third parties, including
both personal (e.g., step-parent) and professional (e.g., teachers, physicians, therapists,
etc.) collateral sources of information.
• Clearly inform all personal or professional collateral sources of information, preferably in
writing, about the purpose for which the information is being collected and that the
information they provide may be disclosed to the parties, lawyers and/or the court; to avoid
any misunderstandings, confirm their understanding of this and consider obtaining their
written permission to release the information.
• If consent is not provided by the individual receiving the services for you to obtain
information from a third party (collateral source), advise only those parties you are
authorized to communicate with and seek direction from the court when the service is
court ordered.
• When releasing information, consider the impact on intervention being provided, the court
processes and of your responsibilities (clinical and legal), even when responding to a
summons. When concerned about making disclosure under such circumstances, consider
seeking legal advice about what action may be taken to minimize harm.
• When conducting an assessment update or reassessment, note that consent to release
information previously obtained from any party was for the purpose of the first assessment
and obtain current consent.

GENERAL

Providing services related to child custody or child protection related matters can be rewarding
and of significant benefit to children and families. It can also be more emotionally demanding
than some other areas of practice.
• In the context of what can be challenging and intense work in often adversarial
circumstances, it is important to remember that members should strive to set and maintain
firm and appropriate limits and boundaries with respect to services and interactions with
parties, clients and lawyers from the outset, before challenges arise, e.g., clarify
expectations with respect to work hours and when telephone calls and email will be
returned.
• Be sensitive to the impact of any proceedings on the parents and the children and on their
relationships.
• Be responsive to those involved in the services provided, even in in situations involving
conflict.
• Although it is natural to become defensive when challenged, it is important to make efforts
to recognize when this occurs and remain neutral and objective.
• When concerns about the safety of a child arise:
• Remain aware of the limits of the role of a psychologist or psychological associate in the service, for example, it is the responsibility of mandated child protection agency staff to investigate allegations of child abuse or neglect.
• Review the relevant legislation regarding the duty to report children in need of protection to the appropriate child protection agency; when unsure about whether the obligation is present in a specific case, it is advisable to consult with the appropriate child protection agency before reporting.
• Be aware of the signs and symptoms of “burnout” or “compassion fatigue” and seek supports, exercise self-care and engage in stress reducing activities.

• Appendix A: Standards, Guidelines & Legislation
• Appendix B: Resources
• Appendix C: Bibliography
APPENDIX A

STANDARDS, ETHICS & GUIDELINES RELATED TO CUSTODY/ACCESS RELATED WORK¹


¹The following list was last updated in September 2013 and provides a selection of frequently referred to documents considered relevant to child custody/access and child protection dispute work. It is not intended to be a definitive or exhaustive list and does not reflect any endorsement by the College. There may be other relevant documents and the various general and practice-specific standards and ethical guidelines will be updated from time to time. Members are advised to remain current and check sources to be sure they are relying on the most current documents.


Governing Legislation and Other Authorities

- Psychology Act, 1991, S.O. 1101, c.38
- Regulated Health Professions Act and Health Professions Procedural Code
  - Ontario Regulation 801/93 to the Psychology Act, 1991 (Professional Misconduct)
• Practice Guidelines for Providers of Psychological Services, Canadian Psychological Association, Updated 2001
• Personal Health Information Protection Act (PHIPA) (2004)
• Protection of Personal Information and Electronic Documents Act (PIPEDA) (2000)
• Child and Family Services Act, RSO 1990, c.C11
  o Ontario Regulation 25/07 – Court Ordered Assessments, Child & Family Services Act
• Children’s Law Reform Act, 1990, c.C12
• Courts of Justice Act, RSO, 1990, c.C33
• Family Law Act, RSO, 1990, c.F3
• Divorce Act, RSC 1985, c.3
• Health Care Consent Act, 1996, S.O. 1996, c.2, Schedule A
• Arbitration Act, 1991 as amended
• Ontario Regulation 114/99 – Family Law Rules (Superior Court of Justice and Ontario Court of Justice
  o Rule 20.1 (Questioning Experts and Disclosure)
  o Rule 23(23) (Expert Witness Report Served Before Trial)
  o Rule 52.03; 53.03 (Ontario Rules of Civil Procedure, Court Appointed Experts; Courts of Justice Act; R.R.O. 1990, Regulation 194)
RESOURCES FOR CONTINUING EDUCATION AND PROFESSIONAL SUPPORT

Preamble

The provision of ethical and clinically appropriate psychological services in the context of disputes involving custody or access requires practitioners to acquire and maintain a great deal of specialized knowledge. Members practicing in this area are also advised to utilize professional support systems to ensure adherence to at least minimum standards of practice.

The following organizations provide valuable training opportunities and/or access to information, which are of value to members practicing in this area. The list is not comprehensive and does not represent endorsement by the College of any particular event or organization. It is a sample of what was available at the time of writing.

Continuing Education

1. University of Toronto Custody Assessment Course (contact Dr. Michael Saini michael.saini@utoronto.ca)


3. Association of Family & Conciliation Courts AFCC (www.afccnet.org)

4. AFCC Ontario Chapter – wwwafccontario.ca (annual conferences, other initiatives, Parenting Capacity Assessors Group, New Professionals Group)


6. Various private and College/University-based courses throughout Ontario related to Conflict Resolution, Mediation or Alternative Dispute Resolution.

7. Ontario Bar Association (Family Law Section)
8. American Psychological Association, Ontario Psychological Association, Canadian Psychological Association, Ontario Association of Psychological Associates, The College of Psychologists (Barbara Wand Symposium) (see websites for listings)

Organizations/Websites

- American Psychological Association
- American Academy of Forensic Psychology
- American Board of Professional Psychology
  - American Board of Forensic Psychology
- Association of Family and Conciliation Courts (AFCC) – www.afccnet.org
- Association of Family and Conciliation Courts Ontario (AFCC-O) – visit www.afccontario.ca for further information and events related to:
  - Parenting Capacity Assessor’s Group (contact Anthony Macri, anthony@mccarthyco.ca or Dr. Dan Ashbourne, dan.ashbourne@lfcc.on.ca)
  - Kingston Local Group (contact: Vince Ramsay, vramsay@on.aibn.com; see tab: About Us/Working Groups & Other Initiatives for Kingston’s local meetings and continuing education events
  - Provincial Programming (see afccontario.ca/Events/Provincial Programming for continuing education events around Ontario)
- Association for the Treatment of Sexual Abusers
- Association for Successful Parenting
- Alternative Dispute Resolution Institute of Ontario (ADARIO)
- Centre for Excellence for Child Welfare - www.cwlc.ca/en
- Collaborative Family Law and local groups (Durham, Toronto, etc.)
- Family Mediation Canada
- Federal Department of Justice – www.justice.gc.ca
- High Conflict Forum (Toronto) (contact: Ricardo Theoduloz, rtheoduloz@jfandcs.com; www.jfandcs.com;
- High Conflict Forum (Ottawa) – www.familyserviceottawa.org
- Office of the Children’s Lawyer (Ontario) - www.attorneygeneral.jus.gov.on.ca/english/family/ocl
- Ontario Bar Association (Family Law Section)
- Ontario Psychological Association
- Ontario Association of Children’s Aid Societies (OACAS) - www.oacas.org
To locate CASs in Ontario - www.oacas.org/childwelfare/locate.htm

- Ontario Association of Family Mediator (OAFM)
- Ontario Ministry of Aboriginal Affairs - www.aboriginalaffairs.gov.on.ca/english/default.asp
- Ontario Ministry of the Attorney General (MAG) – www.attorneygeneral.jus.gov.on.ca
  - Supervised Access Program - www.attorneygeneral.jus.gov.on.ca/english/family/supaccess.asp
- Ontario Ministry of Children and Youth Services – www.children.gov.on.ca
  - Children’s Mental Health Agencies
- Sudbury Mediation Group
- www.effectivechildtherapy.com
- www.kidsmentalhealth.ca/professionals/interventions and research.php

Resources For Parents & Children

- Canadian Centre for Abuse Awareness (CCAA) – www.abusehurts.ca
- Catholic Family Services of Toronto - www.cfsofto.org
- Catholic Community Services of York Region – www.ccsyr.org
- Child Abuse Prevention & Intervention - www.211toronto.ca
- Children’s Mental Health Ontario-www.kidsmentalhealth.ca
- Assaulted Women’s Helpline – www.awhl.org
- Centre for Research & Education on Violence Against Women & Children - www.learningtoendabuse.ca
- Centre for Children & Families in the Justice System - www.lfcc.ca
- Association for Family and Conciliation Court (AFCC) Resources for Families - www.afccnet.org/resourcecenter/resourcesforfamilies/categoryid
- All About The Children (web-based communication tool for dealing with finances, scheduling and communication) - www.allaboutthechildren.us
- Benjamin D. Garber - www.healthyparent.com
- Breakthrough Parenting (parenting program, divorced family parenting tips) - www.breakthroughparenting.com
• Center for Divorce Education- After the Storm: Resolving Post-Separation Conflict (video and manuals) - www.divorce-education.com
• CoD-CoD – Children of Divorce-Coping with Divorce (for 11+ yrs old, web-based program for children- www.familytransitions-ptw.com)
• Family Service Ontario – www.familyserviceontario.org
• Family Services of York Region – www.fsyn.ca
• High Conflict Institute - www.highconflictinstitute.com
• Families Change – A Guide to Separation and Divorce (B.C. interactive educational programs for children and adolescents) - www.familieschange.com
• Family Works Inc. Parenting Wisely (interactive education program for parents) - www.familyworksinc.com
• Liana Lowenstein (books, articles, free ebook, workshops, parenting strategies) - www.lianalowenstein.com
• Parent Education (parenting, communication, resolution skills) - www.onlineparentingprograms.com
• Ontario Association of Children’s Aid Societies – www.oacas.org
• Our Kids Network - http://www.ourkidsnetwork.ca/Public/Home.aspx
• Jewish Family and Child - www.jfandcs.com
• Native Child and Family Services of Toronto - www.nativechild.org
• Sesame Street – Little Children: Big Challenges Divorce Toolkit - www.sesamestreet.org/parents/topicsandactivities/toolkits/divorce
• Shared Ground - www.sharedground.com
• Two Families Now – Effective Parenting During Separation and Divorce - www.irised.com
• Up to Parents (an interactive website for divorced parents) - www.uptoparents.org
• Dr. Richard A. Warshak (divorce and parental alienation books, DVD) - www.warshak.com
• Ontario Network for Sexual Assault/Domestic Violence Treatment Centres - www.satcontario.com
• The International Support Network for Alienated Families (ISNAF) – www.isnaf.info
• Parental Alienation Awareness Organization (PAAO) – www.paaawareness.org
Barbara Schlifer Clinic – www.schliferclinic.ca

Parenting Plans & Parent Communication Tools

- Alberta – Critical Issues for Consideration when Developing Practical Parenting Plans - www.albertacourts.ab.ca/familylaw
- Cooperative Parenting Institute. Shared parenting guidebook, parenting coordination services tools - www.cooperativeparenting.com
- Parent Communication Software Tools
  - Our Family Wizard – www.ourfamilywizard.com
  - www.talkingparents.com
  - www.parentalplanner.com
  - www.planiclik.com
APPENDIX C

SELECTED BIBLIOGRAPHY

Assessment: Methodology, Report Writing


Sandler, I., Wolchik, S., Winslow, E., Mahrer, N., Moran, J., & Weinstock, D. (2012). Quality of maternal and paternal parenting following separation and divorce. In:


Testifying & Multiple Roles


**Mental Health Consultation, Critiques/Work Product Reviews**


Child Custody, 8(1/2), 103-123.

**Relevant Journals**

- Family Court Review
- Journal of Child Custody
- Journal of Forensic Psychology
- American Journal of Family Therapy
- Journal of Personality Assessment
- Canadian Family Law Quarterly
- Family Psychology & the Law

**Special Issue Journals & Other Publications**

- **Family Court Review**
  - 2001, Vol 39(3) - The Alienated Child
  - 2008, Vol. 46(3) - Wingspread on Domestic Violence/Intimate Partner Violence
  - 2010, Vol 48(1) - Alienated Children in Divorce and Separation
  - 2011, Vol 49(3) - Special Issue on Court Involved Therapy (CIT)

- **Journal of Child Custody**
  - 2009, Vol 6(3-4) – Domestic Violence in Child Custody
  - 2011, Vol 8(1-2) – Forensic Mental Health Consulting in Family Law: Part of the Problem or Part of the Solution?
  - 2012, Vol 9(1-2) - Court-Involved Therapy

- AFCC Publications ([www.afccnet.com](http://www.afccnet.com), see Resource Center and Publications)