

Understanding Diagnosis: DSM-V and the Nexus Between Parent Deficiencies and Parent-Child Interactions

Beyond the Bench XXII

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Statutes, Professional Practice Guidelines and Daubert

- The Uniform Marriage and Divorce Act of 1979, Sec. 402 (p. 45) suggests evaluators shall assess “the interaction and interrelationship of the child with the parent or parents, siblings, and any other person who may significantly affect the child’s best interest.”
- The ethical principles of psychologists and code of conduct (American Psychological Association, 2010, p. 864) specifies that parenting responsibility evaluations “3....Focus upon parenting attributes, the child’s psychological needs, and the resulting fitThe most useful and influential evaluations focus upon skills, deficits, values, and tendencies relevant to parenting attributes and a child’s psychological needs.”
- The Model Standards of Practice for Child Custody Evaluation (Association of Family and Conciliation Courts, 2007, p. 73) states that child custody evaluators are to expected to be trained in, “(13) how to assess parenting capacity and co-parenting capacity and to construct effective parenting and co-parenting plans.”
- Daubert v. Merrell Dow Pharmaceuticals: Scientific knowledge assists the trier of fact.

Standards and applicability across domains

- The foundation for this work:

Moran, J.A. and Weinstock, D.K. (2011). Assessing Parenting Skills for Family Court, *Journal of Child Custody*, 8, 166-188.

- Assessing parenting and court/evidentiary standards should be applied in all areas

Meta-Analysis Studies of Parenting Skills

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- Cedar, B., Levant, R. F. (1990), A Meta-Analysis of the Effects of Parent Effectiveness Training, *J American Journal of Family Therapy*, Vol. 18, No. 4, Winter (26 articles reviewed).
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- Lundahl, B.W., Nimer, J., Parsons, B. (2006), Preventing Child Abuse: A Meta-Analysis of Parent Training Programs, *Research on Social Work Practice*, Vol. 16, No. 3, 251-262 (23 articles reviewed).
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Basis For Assessing Parenting Capacity

Parenting Skills

1) NURTURING SKILLS

- 1) Shared affection – offering physical contact and affection; participating in activities with child; expressing enthusiasm and approval
- 2) Responsiveness – sensitivity to child’s subjective experience and behavioral signals; empathic responding; helping child identify and express emotions
- 3) Protection – providing physical, emotional and cognitive resources; learning developmentally appropriate expectations; ensuring physical, emotional, and interpersonal security

2) TEACHING SKILLS

- 1) Communication – clarity about expectations, rules, and values; active listening; minimal use of negative talk such as loud, demanding, threatening or hostile speech; teaching problem-solving and critical thinking skills
- 2) Managing - structuring routines, monitoring in a non-intrusive manner academic progress, social involvement, and exposure to social environments including the media and internet
- 3) Discipline – setting developmentally appropriate goals; establishing clear consistent limits, boundaries, rules, expectations and consequences; use of praise, positive reinforcement, planned ignoring, time-outs
- 4) Modeling - stress management, impulse control, rule-compliance, conflict management, time management

3) CO-PARENTING SKILLS

- 1) Communicating with the co-parent about the child’s medical needs, school performance, recreational activities, friends, disciplinary incidents, daily routines etc.
- 2) Encouraging the child’s relationship with the co-parent by refraining from criticism of the co-parent; flexing the parenting time share schedule; acknowledging the co-parent’s resources and benign intentions; supporting relationship with the co-parent’s extended family and social network

Parent Report Card Sample

Child's Name _____

Date _____ Brought by _____

INTRODUCTION: I am going to ask you to grade your Mom/Dad on things that parents do. These are the grades:

A = Excellent Job

B = Good Job

C = OK Job

D = Needs Improvement

F – Needs a Lot of Help

	My Mom / My Dad	A	B	C	D	F	Examples:
	I. NURTURING						
	<i>Shared Affection/Participation</i>						
1	Gives me hugs and kisses						
2	Says things that make me feel special						
3	I like giving my parents hugs and kisses						
4	Helps me enjoy spending time with him/her						
5	Drives me and my friends places we want to go						
6	Visits my school and comes to my sports activities						
7	Plays games and sports with me						
8	Watches TV/movies with me						
	<i>Responsiveness</i>						
9	Is a good listener when I feel sad						
10	Understands how I feel about his/her girlfriend/boyfriend						
11	Comforts me when my feelings are hurt						

Diagnoses and Parenting Skills

Cautionary Statement for Forensic Use of DSM-5

“In most situations, the clinical diagnosis of a DSM-5 mental disorder . . . does not imply that an individual with such a condition meets legal criteria for the presence of a mental disorder or a specified legal standard (e.g. for competence, criminal responsibility, or disability). For the latter, additional information is usually required beyond that contained in the DSM-5 diagnosis, which might include information about the individual’s functional impairments and how these impairments affect the particular abilities in question. It is precisely because impairments, abilities, and disabilities vary widely within each diagnostic category that assignments of a particular diagnosis does not imply a specific level of impairment or disability.”

DSM-5 and Major Depression

1. Depressed mood most of the day, nearly every day (e.g. feels sad, empty, hopeless, tearful)
 - Helps me enjoy spending time with him/her
 - Makes it easy to talk to about my problems
 - Usually is in a happy mood
 - Calms down quickly when he/she gets upset
2. Markedly diminished interest or pleasure in all, or almost all, activities
 - Helps me enjoy spending time with him/her
 - Drives me and my friends places
 - Visits my school and comes to sports activities
 - Plays games and sports with me
 - Watches TV/movies with me
 - Takes me to special learning activities like museums, national parks, ball games, plays, puppet shows, etc.
 - Can be counted on to do what he/she says they will do
3. Significant weight loss when not dieting or weight gain
 - Has nutritious food around the house

DSM-5 and Major Depression

4. Insomnia or hypersomnia

5. Psychomotor agitation or retardation

- Is a good listener when I feel sad
- Stays calm and does not get angry when I break a rule
- Talks to me calmly when I get in trouble so I learn to make better choices
- Usually is in a happy mood
- Calms down quickly when he/she gets upset

6. Fatigue or loss of energy

- Drives me and my friends places we want to go
- Visits my school and comes to sports activities
- Plays games and sports with me
- Watches TV/movies with me

7. Feelings of worthlessness or excessive or inappropriate guilt

8. Diminished ability to think or concentrate, or indecisiveness

9. Recurrent thoughts of death

How impactful is depression

- There is some evidence that children can thrive despite parental depression
 - For example: Carter et al-some mothers show adequate parenting practices despite high levels of depressive symptoms.
- However significant data suggests risk to children with parental depression

Research

Parents with Depression

Observed behaviors

- **Nurturing:**
 - Murray (2010): Depressed mothers were less sensitive and more withdrawn from infants who were two to four months old.
 - Goodman (1999): Maternal depression during infancy may hinder a mother's ability to regulate her infant's emotions and establish secure attachment relationships
 - Dietz (2009): Depressed mothers demonstrated high levels of negative affect and critical feedback and low levels of sensitivity and warmth in interactions with their young children.
- **Teaching:**
 - Field (2005) : Depressed mothers had high levels of anxiety symptoms, they would smile less, imitate less and show more intrusive behavior.
 - Kiernan (2008): Depressed mothers are less likely to participate in reading activities with young children and more likely to disengage from children.
 - Feng (2007): Depressed mothers may be less empathic, more aggressive, and less emotionally responsive.
 - Fear (2009) : Depression is associated with high levels of maternal criticism
- **Discipline specifically:**
 - Garstein (2003) : Paternal depression has been linked with ineffective behavior management practices (e.g. coercive parenting)
 - Bodovski (2010) : Parental depression is associated with a greater use of physical discipline.
 - Lyons-Ruth (2002) : Depressed parents may discipline more frequently or harshly.

Research

Parents with Depression

Risks to Children

- Emotional outcomes
 - Abela (2006): Maternal depression history is positively associated with depressive cognitions in adolescence, specially hopelessness, self-worth, and attribution style.
 - Bruder-Costello (2007) : Offspring of depressed parents who had a difficult temperament early in life were twice as likely to develop major depressive disorder.
 - Hammen (2004): Children were more reactive to stressful environments.
 - Dietz et al (2009) : The negative affectivity and communication styles observed in mothers have been associated with negative self-concept, low perceived competence and high level of externalizing and internalizing behavior in children.
- Physical health:
 - Brennan (2000), Brennan (2003) and Campbell (2009) : Increased chronicity and severity of parental depression increase the likelihood children will become ill.
- Behavioral outcomes:
 - Weissman (1999): Children of depressed parents are at risk for other internalizing and externalizing disorders, cognitive delays, medical difficulties and academic and social failure.
 - Davé (2008): Fathers with a major depressive syndrome were significantly more likely to have a child with conduct problems, compared with fathers without a major depressive.
 - Harold (2011): Significant associations between mothers' and fathers' depression and their antisocial symptoms with child depression and antisocial behavior.

Depression-other environmental outcomes

- Hammen (2004): A depressed individual is more likely to marry a depressed spouse or have substance abuse problems.
- England (2009): Adverse life events (poverty, marital distress, rejection, abuse) and an increased likelihood of a negative impact from maternal depression.
- Riley (2008): Nonspecific risk factors common in families with depression include poverty, abuse, and exposure to violence.
- Downey (1990): Depressed persons tend to marry persons with a psychiatric illness or a family history of psychopathology.

Other Behaviors/Diagnoses To Consider

- ADHD
- PTSD
- Antisocial Personality
- Schizophrenia
- Anxiety
- Bipolar Disorder
- Child Physical, Emotional and Sexual Abuse
- Spanking
- Alienation/Estrangement
- Addiction
- Co-Sleeping
- Physical and Emotional Unavailability

Take home messages

- Diagnosis does not mean deficiency
- Functional Behavioral Analysis rather than illness focus
- Empirically based assessment of skills with a focus on nurturing, teaching and co-parenting
- Determine the level of risk of deficient parenting when determining the potential impact on the child.
- Research guided clinical judgment

For a copy of the PC-3 and other inquiries:

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