Amicus Analysis & Recommendations for Denmark Legislative Proposal to Amend the Parental Responsibility Act

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Foundation for Comments:

I am offering my analysis of the proposed amendments to Denmark's Parental Responsibilities Act from the following professional background: I am a licensed clinical psychologist and consultant to the family courts regarding post-divorce custody conflict (drcachildress-consulting.com). My consultation surrounding post-divorce custody conflict is based on six domains of specialized professional expertise supported by my vita (Appendix 1):

- Attachment pathology
- Delusional thought disorders
- Family systems therapy
- Child abuse & complex trauma
- Factitious disorder imposed on another
- Court-involved custody conflict

When providing analysis of material in court-involved custody cases, I begin my review by conducting a line-by-line analysis of the material based on the application of the established scientific and professional knowledge of clinical psychology. These notes then serve as the foundation for my subsequent opinions in my overall Analysis report. My line-by-line notes for the Denmark proposed legislative initiative are attached separately as Appendix 2 as the foundations for my opinions contained in this Analysis report.

Based on my review of the proposed legislative initiative for the family courts in Denmark, I'm offering the following analysis and recommendations:

Goals of Legislation:

The expressed goals of the legislative initiative are:

1. **Best Interests of the Child:**

   The legislation wishes to support the child's "best interests" through the legal system's response to post-divorce custody conflict.

   From Proposal: "The parties want to maintain the family law reform's focus on the best interests of the child and the child's well-being in break-up situations."

   Best Interests in Clinical Psychology: It is always in the child's best interests to fix the problem in the family. It is always in the child's best interests to restore healthy and normal-range attachment bonds of love and affection throughout the family. It is always in the child's best interests to receive an accurate diagnosis and effective treatment for whatever the problem is.

2. **Promote Bonding to Both Parents:**

   The child's attachment bonding with both parents is valued, and the goal of the legislation is to support the child's healthy attachment bonds with both parents following divorce.

   From Proposal: "The agreement must thus strengthen the child's right to both parents and emphasize the parents' responsibility to shield the child from their conflicts."

3. **Resolve Pathological Parenting:**

   The legislation seeks to identify and resolve pathological parenting and child abuse within the family (described using euphemisms for child psychological abuse of "parental alienation" and "collaborative harassment").

   From Proposal: "Therefore collaborative harassment, including parental alienation, in parental responsibility cases must be stopped to a greater extent than today and in the most pronounced cases, where this is in the best interest of the child, have a consequence for the parent who prevents the child's contact with the other parent through persistent groundless harassment."

While praiseworthy and commendable, the proposed approach is problematic because of its poor professional-level foundations. The proposed approach to strengthening child protections in the family courts is not likely to be successful because its professional-level foundations are flawed. The Denmark proposal relies on euphemisms for child abuse of made-up pathology labels ("parental alienation" and "collaborative harassment") that hide the child abuse from view, hide the child abuse from the court's understanding, and prevent effective intervention for the child abuse. When child abuse is a considered diagnosis, as it is whenever a child rejects a parent, euphemisms of made-up pathology labels should NEVER be used.

- It is not "inappropriate affection" – it is child sexual abuse.
- It is not "overly harsh discipline" – it is child physical abuse
- It is not "lax supervision" – it is child neglect
- It is not "parental alienation"; it is not "collaborative harassment" – it is child psychological abuse

Grounding solutions in the established scientific and professional knowledge from professional psychology will resolve the pathology in the family courts to the child's benefit. Approaches based on euphemisms of made-up pathology labels, however, will not. Throughout healthcare, diagnosis guides treatment. Effective treatment of the family pathology will require an accurate professional-level diagnosis.

The application of established scientific and professional knowledge of the discipline as the bases for professional judgments is required by Standard 2.04 of the ethics code for the American Psychological Association,

2.04 Bases for Scientific and Professional Judgments
Psychologists' work is based upon established scientific and professional knowledge of the discipline.

The established scientific and professional knowledge of the discipline required for application as the bases for professional judgments is:

- Attachment pathology - Bowlby & others
- Family systems therapy - Minuchin & others
- Child abuse and complex trauma – van der Kolk & others
- Personality disorder pathology - Beck & others
- Child Development – Tronick & others
- Psychological control – Barber & others
- The DSM-5 & ICD-11 diagnostic systems - American Psychiatric Association & World Health Organization

Professional Level Practice:

The term "parental alienation" is NOT a defined professional construct in clinical psychology and the use of that term in a professional capacity represents the spread of medical-psychiatric-psychological misinformation to the general public and is in violation of Standard 2.04 Bases for Scientific and Professional Judgments of the American Psychological Association ethics code. The made-up pathology label of "parental alienation" is a euphemism for child psychological abuse.

The only cause of severe attachment pathology (i.e., a child rejecting a parent) is child abuse range parenting by one parent or the other.

Targeted Parent Abusive: Either the targeted parent is abusing the child in some way, thereby creating the child's attachment pathology toward that parent (a 2-person attribution of causality),

Allied Parent Abusive: Or the allied parent is psychologically abusing the child by creating a shared (induced) persecutory delusion and false (factious) attachment pathology in the child for secondary gain to the allied parent (a 3-person triangle attribution of causality).

The potential secondary gain (rewards) to the allied parent for creating false pathology in the child include:

- **Manipulating the Court:** The allied parent seeks to manipulate the court's decisions regarding child custody in their favor by creating false pathology in the child (i.e., deceiving the court regarding the parenting of the other parent by creating factitious attachment pathology in the child),

- **Spousal Abuse:** The allied parent seeks to emotionally, psychologically, and financially abuse the targeted parent using the child, the child's induced pathology, and the legal system as the spousal abuse weapons,

- **Regulatory Object:** The pathological parent seeks to use the child as a 'regulatory object' to meet the parent's own emotional and psychological needs,

The term "parental alienation" is a poorly defined construct that is used by the general public (due to professional misinformation) to refer to a type of pathology in the family courts – i.e., the creation of a shared (induced) persecutory delusion and false (factitious) attachment pathology in the child by the pathogenic parenting of a narcissistic-borderline-dark personality parent. The accurate professional-level term for "parental alienation" is child psychological abuse (DSM-5 V995.51; ICD-11 QE82). The professional level diagnosis for the family pathology described by the general public as "parental alienation" is the following:

Persecutory Delusion (shared/induced)

- DSM-5 297.1 Delusional Disorder (shared); persecutory type
- ICD-11 6A24.Z Delusional disorder, unspecified
  MB26.07 Persecutory delusion

Factitious Disorder Imposed on Another (FDIA)

- DSM-5 300.19 Factitious Disorder Imposed on Another
- ICD-11 6D51 Factitious Disorder Imposed on Another

Child Psychological Abuse

- DSM-5 V995.51 Child Psychological Abuse
- ICD-11 QE82 Personal History of Psychological Child Abuse

Rule-Out (R/O) Spousal Psychological Abuse (of targeted parent)

- Rule-Out: V995.82 Spouse or Partner Abuse, Psychological (of the targeted parent by the allied parent using the child as the weapon).
- Rule-Out: QE51.1 History of Spouse or Partner Violence (of the targeted parent by the allied parent using the child as the weapon).

Factitious Disorder Imposed on Another

The ICD-11 describes the diagnostic criteria for Factitious Disorder Imposed on Another (ICD-11 6D51; DSM-5 300.19),

> **From ICD-11:** "Factitious disorder imposed on another is characterised by feigning, falsifying, or inducing medical, psychological, or behavioural signs and symptoms or injury in another person, most commonly a child dependent, associated with identified deception."

The allied parent in the family court pathology induces psychological and behavioral signs and symptoms in the dependent child for secondary gain of manipulating the court's decisions regarding custody by deceiving the court regarding the parenting of the targeted parent. The allied parent presents the child to mental health professionals and to the court as being injured by the parenting practices of the targeted parent, and as having an impaired relationship with the targeted parent based on the child's induced signs, symptoms, and supposed injuries.

> **From ICD-11:** "The individual seeks treatment for the other person or otherwise presents him or her as ill, injured, or impaired based on the feigned, falsified, or induced signs, symptoms, or injuries."

The pathology in the family courts represents a false, artificially created, factitious. attachment pathology imposed on the child for secondary gain to the pathological allied parent. Pathogenic parenting that creates severe psychiatric and attachment pathology in the child for secondary gain to the parent of meeting that parent's own emotional and psychological needs represents a diagnosis of child psychological abuse (DSM-5 V995.51; ICD-11 QE82.2). The ICD-11 provides the following definition for a diagnosis of child psychological abuse:

> **From ICD-11 QE82.2:** "Description. Personal history of non-accidental verbal or symbolic act that results in significant psychological harm. This category is applied to the victim of the maltreatment, not the perpetrator."

The distorted and pathogenic parenting of the allied parent inducing a persecutory delusion in the child that then destroys the child's attachment bond to the other parent (i.e., a factitious attachment pathology imposed on the child) represents a non-accidental verbal and symbolic act by the allied parent that results in significant psychological harm to the child.

To effectively solve the child abuse pathology in the family courts will require professional-level mental health services for the child and family based on an accurate diagnosis. The treatment for child abuse by the targeted parent is entirely different than the treatment for child psychological abuse by the allied parent. The court's decisions surrounding child custody conflict will be substantially improved with an accurate diagnosis from professional psychology regarding the cause of the child's severe attachment pathology.

Persecutory Delusion

Divorce involves the rejection and perceived abandonment of the spousal attachment figure. These are significantly triggering vulnerabilities for both narcissistic and borderline personality pathology in a spouse/parent. The inherent rejection of the divorce can trigger narcissistic pathology into more complete display, and the loss of the spousal attachment figure can provoke prominent abandonment fears in borderline personality pathology of a spouse/parent. Both narcissistic and borderline personality pathology are known to collapse into persecutory thought disorders under stress (Millon, 2011, Barnow et al., 2019).

> **From Millon:** "Under conditions of unrelieved adversity and failure, narcissists may decompensate into paranoid disorders. Owing to their excessive use of fantasy mechanisms, they are disposed to misinterpret events and to construct delusional beliefs. Unwilling to accept constraints on their independence and unable to accept the viewpoints of others, narcissists may isolate themselves from the corrective effects of shared thinking. Alone, they may ruminate and weave their beliefs into a network of fanciful and totally invalid suspicions. Among narcissists, delusions often take form after a serious challenge or setback has upset their image of superiority and omnipotence. They tend to exhibit compensatory grandiosity and jealousy delusions in which they reconstruct reality to match the image they are unable or unwilling to give up. Delusional systems may also develop as a result of having felt betrayed and humiliated. Here we may see the rapid unfolding of persecutory delusions and an arrogant grandiosity characterized by verbal attacks and bombast." (p. 407-408).[1]

> **From Barnow et al:** "This review reveals that psychotic symptoms in BPD patients may not predict the development of a psychotic disorder but are often permanent and severe and need careful consideration by clinicians. Therefore, adequate diagnosis and treatment of psychotic symptoms in BPD patients is emphasized... In conclusion, we therefore suggest that it is not a cognitive developmental deficit but rather a tendency to construe interpersonal relations as malevolent that characterizes BPD, and this may be shared with certain psychotic disorders." (p. 186-187)[2]

The American Psychiatric Association provides the definition of a persecutory delusion:

> **From the APA:** "Persecutory Type: delusions that the person (or someone to whom the person is close) is being malevolently treated in some way." (American Psychiatric Association, 2000)

The American Psychiatric Association also indicates that a shared (induced) persecutory delusion can especially occur in family situations, in which children within the family adopt the parent's delusional beliefs to varying degrees.

> **From the APA:** "Usually the primary case in Shared Psychotic Disorder is dominant in the relationship and gradually imposes the delusional system on the more passive and initially healthy second person… Although most commonly seen in relationships of only two people, Shared Psychotic Disorder can occur in larger number of individuals, especially in family situations in which the parent is the primary case

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[1] Millon. T. (2011). Disorders of personality: introducing a DSM/ICD spectrum from normal to abnormal. Hoboken: Wiley.

[2] Barnow, S., Arens, E. A., Sieswerda, S., Dinu-Biringer, R., Spitzer, C., Lang, S., et al (2010). Borderline personality disorder and psychosis: a review. Current Psychiatry Reports, 12,186-195

and the children, sometimes to varying degrees, adopt the parent's delusional beliefs." (American Psychiatric Association, 2000)

Writing in the journal, *Family Court Review*, Walters & Friedlander (2016)[3] describe the persecutory delusion that is present in the family courts.

> **From Walters & Friedlander:** "In some RRD families [resist-refuse dynamic], a parent's underlying encapsulated delusion about the other parent is at the root of the intractability (cf. Johnston & Campbell, 1988, p. 53ff; Childress, 2013). An encapsulated delusion is a fixed, circumscribed belief that persists over time and is not altered by evidence of the inaccuracy of the belief." (Walters & Friedlander, 2016, p. 426)

> **From Walters & Friedlander:** "When alienation is the predominant factor in the RRD [resist-refuse dynamic}, the theme of the favored parent's fixed delusion often is that the rejected parent is sexually, physically, and/or emotionally abusing the child. The child may come to share the parent's encapsulated delusion and to regard the beliefs as his/her own (cf. Childress, 2013)." (Walters & Friedlander, 2016, p. 426)

The assessment for a possible delusional thought disorder is a mental status exam of thought and perception as described by Martin (1990),[4]

> **From Martin:** "Thought and Perception. The inability to process information correctly is part of the definition of psychotic thinking. How the patient perceives and responds to stimuli is therefore a critical psychiatric assessment. Does the patient harbor realistic concerns, or are these concerns elevated to the level of irrational fear? Is the patient responding in exaggerated fashion to actual events, or is there no discernible basis in reality for the patient's beliefs or behavior?"

Martin also indicates that the mental status exam of thought and perception is "one of the most difficult" and requires "considerable experience" to administer, and that the involved professionals will often seek consultation regarding the diagnostic assessment of delusional thought disorders.

> **From Martin:** "Of all portions of the mental status examination, the evaluation of a potential thought disorder is one of the most difficult and requires considerable experience. The primary-care physician will frequently desire formal psychiatric consultation in patients exhibiting such disorders."

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[3] Walters, M. G., & Friedlander, S. (2016). When a child rejects a parent: Working with the intractable resist/refuse dynamic. *Family Court Review, 54*(3), 424–445

[4] Martin DC. The Mental Status Examination. In: Walker HK, Hall WD, Hurst JW, editors. Clinical Methods: The History, Physical, and Laboratory Examinations. 3rd edition. Boston: Butterworths; 1990. Chapter 207. Available from: https://www.ncbi.nlm.nih.gov/books/NBK320/

Dangerous Pathology & Risk Assessment:

There are three types of dangerous pathology that activate a mental health professional's duty to protect obligations, 1) suicide, 2) homicide, and 3) abuse (child, spousal, and elder abuse). Whenever a mental health professional encounters any of these three types of dangerous pathology (suicide, homicide, or abuse), professional duty to protect obligations are activated and a proper risk assessment needs to be conducted for the type of danger involved, such as a suicide risk assessment when the client expresses suicidal thoughts (i.e., an assessment of prior history, current plan, recent loss, means, etc.), or a risk assessment for possible spousal abuse when that is the concern.

The clinical concern surrounding severe attachment pathology displayed by the child is child abuse range parenting by one parent or the othe, and all mental health professionals have duty to protect obligations,

> **From Wikipedia Duty to Protect:** "In medical law and medical ethics, the duty to protect is the responsibility of a mental health professional to protect patients and others from foreseeable harm."

Failure to conduct a proper risk assessment for a dangerous pathology when a risk assessment is warranted by the symptom features and context may represent negligent professional practice.

> **Cornell Law School Definition of Negligence:** "Negligence is a failure to behave with the level of care that someone of ordinary prudence would have exercised under the same circumstances. The behavior usually consists of actions, but can also consist of omissions when there is some duty to act."

Since the only cause of severe attachment pathology (a child rejecting a parent, a directional change in a primary motivational system) is child abuse range parenting by one parent or the other (i.e., either a true attachment pathology caused by the abusive parenting of the targeted parent, or a factitious attachment pathology caused by the pathogenic parenting of the allied parent), a proper risk assessment for child abuse needs to be conducted to the appropriate differential diagnoses for each parent in ALL court-involved custody conflict involving severe attachment pathology displayed by the child (see Appendix 3: Diagnostic Questions to be Answered).

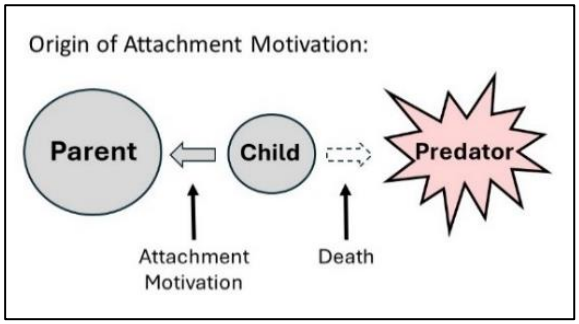
Attachment Pathology:

A child rejecting a parent is an attachment pathology, a pathology (problem) in the love and bonding system of the brain. The attachment system develops its patterns of expectations in childhood that it uses in governing all aspects of love and bonding throughout the lifespan, including grief and loss.

> **From Bowlby:** "No variables, it is held, have more far-reaching effects on personality development than have a child's experiences within his family: for, starting during the first months of his relations with his mother figure, and extending through the years of childhood and adolescence in his relations with both parents, he builds up

working models of how attachment figures are likely to behave towards him in any of a variety of situations; and on those models are based all his expectations, and therefore all his plans for the rest of his life." (Bowlby, 1973, p. 369).[5]

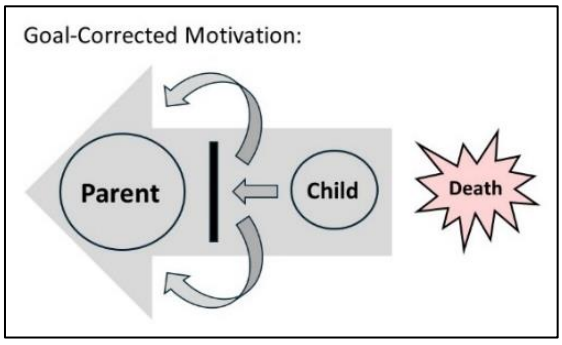
The attachment system is a primary motivational system of the brain, and all motivational systems (eating, pain, pleasure, sex, attachment) motivate toward a direction (unlike regulatory systems that can go either up-or-down). Motivational systems always have direction.



As a primary motivational system, the attachment system ALWAYS motivates the child to form an attached bond to the parent, because the other motivational direction is death by starvation and predation. That is the evolutionary origins of a primary motivational system for attachment bonding to parents.

From Bretherton: "The ultimate functions of behavioral systems controlling attachment, parenting, mating, feeding, and exploration are survival and procreation." (Bretherton, 1992, p. 766)[6]

The attachment system is a "goal-corrected" motivational system, meaning that it always seeks the goal of forming an attached bond to the parent. In response to problematic parenting, the attachment system changes how it tries to bond to the parent, but it always tries to bond because the other motivational direction is death. The various adaptations to problematic parenting are called "insecure attachments" and display characteristic patterns and features.



A child rejecting a parent represents a severe attachment pathology involving a *directional change* in a primary motivational system of the brain. Rejecting a parent is an extremely aberrant child behavior and is ONLY caused by child abuse range parenting by one parent or the other. Less severely problematic parenting creates an "insecure attachment" that MORE strongly motivates the child to bond to the problematic parent.

The only cause for a directional change in a primary motivational system of the brain is child abuse range parenting. Either the targeted-rejected parent is abusively maltreating the child in some way, creating authentic attachment pathology with that

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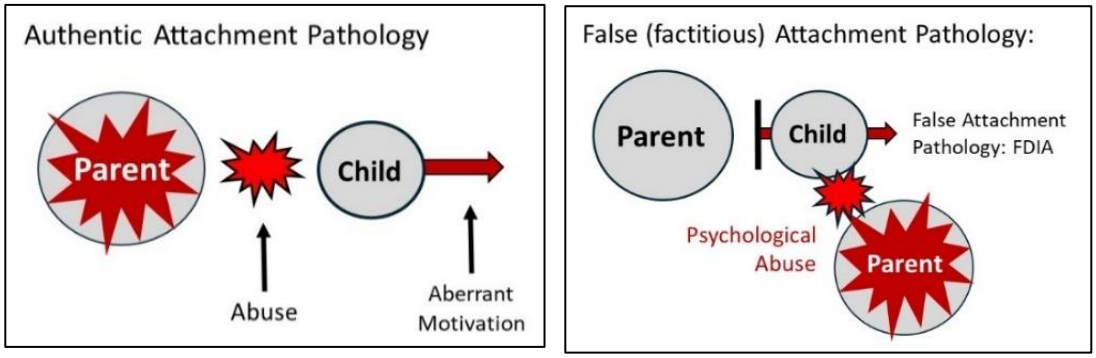
[5] Bowlby, J. (1973). Attachment and loss: Vol. 2. Separation: Anxiety and anger. NY: Basic.

[6] Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental Psychology*, 1992, 28, 759-775.

parent, or the allied parent is psychologically abusing the child by creating a false (factitious) attachment pathology in the child for secondary gain to the allied parent.

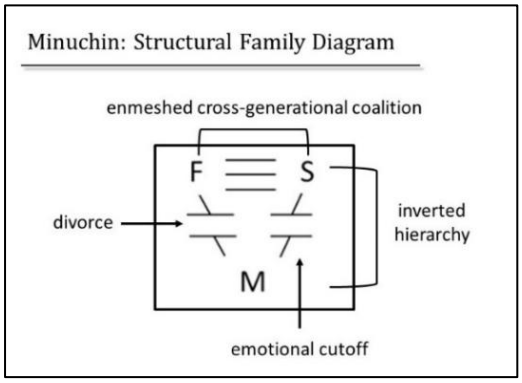


In all cases of severe attachment pathology surrounding court-involved custody conflict, a proper risk assessment for child abuse needs to be conducted to the appropriate differential diagnoses for each parent.

Family Systems Pathology

The domain of family systems therapy (Bowen, Minuchin, Haley, Madanes, Satir) is one of the four primary schools of psychotherapy, and family systems therapy is the appropriate school of psychotherapy to apply to understanding and treating families. The family systems pathology of concern surrounding high-conflict custody litigation is the possible *triangulation* of the child into the spousal conflict through a *cross-generational coalition* with the allied parent against the targeted parent, resulting in an *emotional cutoff* in the child's attachment bond to the targeted parent.

This family relationship pattern is depicted in a Structural family diagram from Minuchin and Nichols (1993).[7] This diagram depicts a cross-generational coalition of a father and son against the mother, resulting in an inverted hierarchy and emotional cutoff in the child's attachment bond to the mother.



Triangulation

The term *triangulation* refers to the child being placed in the middle of the spousal conflict, which then turns the two-person spousal conflict into a three-person triangle of conflict involving the child. The triangular pattern of family relationships is clearly evident in the Minuchin-Nichols diagram. The Bowen Center for

[7] Minuchin. S. & Nichols, M.P. (1993). Family healing: Strategies for hope and understanding. New York: Touchstone.

Study of the Family[8] describes the construct of triangles within families.

> **From Bowen Center:** "A triangle is a three-person relationship system. It is considered the building block or "molecule" of larger emotional systems because a triangle is the smallest stable relationship system. A two-person system is unstable because it tolerates little tension before involving a third person. A triangle can contain much more tension without involving another person because the tension can shift around three relationships. If the tension is too high for one triangle to contain, it spreads to a series of "interlocking" triangles". Spreading the tension can stabilize a system, but nothing is resolved." (Bowen Center for Study of the Family)

Cross-Generational Coalition

A *cross-generational coalition* is when a parent creates an alliance with the child against the other spouse/parent. This coalition between the allied parent and child against the other parent provides additional power to the allied parent in the spousal conflict (two against one). However, a cross-generational coalition is also extremely damaging to the child who is being used by one parent as a weapon against the other parent in the spousal conflict. Cloe Madanes (2018),[9] the co-founder of Strategic family systems therapy, describes the development of cross-generational coalitions within families,

> **From Madanes**: "Cross-Generational Coalition. In most organizations, families, and relationships, there is hierarchy: one person has more power and responsibility than another. Whenever there is hierarchy, there is the possibility of cross-generational coalitions. The husband and wife may argue over how the wife spends money. At a certain point, the wife might enlist the older son into a coalition against the husband. Mother and son may talk disparagingly about the father and to the father, and secretly plot about how to influence or deceive him. The wife's coalition with the son gives her power in relation to the husband and limits the husband's power over how she spends money. The wife now has an ally in her battle with her husband, and the husband now runs the risk of alienating his son."

> **From Madanes:** "Cross-generational coalitions take different forms in different families (Madanes, 2009). The grandparent may side the grandchild against a parent. An aunt might side with the niece against her mother. A husband might join his mother against the wife. These alliances are most often covert and are rarely expressed verbally. They involve painful conflicts that can continue for years. Sometimes cross-generational coalitions are overt. A wife might confide her marital problems to her child and in this way antagonize the child against the father… This child may feel conflicted as a result, suffering because his or her loyalties are divided."

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[8] Bowen Center Triangles: https://www.thebowencenter.org/triangles

[9] Madanes, C. (2018). Changing relationships: Strategies for therapists and coaches. Phoenix, AZ: Zeig, Tucker, & Theisen, Inc.

Jay Haley (1977),[10] the co-founder of the *Strategic* school of family systems therapy, provides the professional definition of a cross-generational coalition:

> **From Haley:** "The people responding to each other in the triangle are not peers, but one of them is of a different generation from the other two… In the process of their interaction together, the person of one generation forms a coalition with the person of the other generation against his peer. By 'coalition' is meant a process of joint action which is *against* the third person… The coalition between the two persons is denied. That is, there is certain behavior which indicates a coalition which, when it is queried, will be denied as a coalition… In essence, the perverse triangle is one in which the separation of generations is breached in a covert way. When this occurs as a repetitive pattern, the system will be pathological." (p. 37)

Emotional Cutoff

The family systems construct of an *emotional cutoff* (Bowen, 1978; Titelman, 2003) refers to any full-scale breach in a family bond. The child's loyalty to a pathological parent in a cross-generational coalition against the other parent (Haley, 1977; Madanes, 2018) leads to an emotional cutoff in the child's attachment bond to the targeted parent. In the Minuchin-Nichols structural family diagram, the emotional cutoff between the child and parent is depicted as the broken bonding line between the child and the mother, while the broken bonding line between the father and mother represents the divorce.

Inverted Hierarchy

An *inverted hierarchy* is when the child becomes over-empowered by the coalition with the allied parent into an elevated position in the family hierarchy, above that of the targeted parent, from which the child is empowered by the coalition with the allied parent to judge the adequacy of the targeted parent as if the parent was the child and the child was the parent.

Enmeshment

The term *enmeshment* refers to a parent's psychological boundary dissolution with the child (i.e., a fused psychological state), and the parent's use of psychological control to manipulate the child to the parent's desired ends. The construct of enmeshed relationships within families is described by Minuchin (1974),[11]

> **From Minuchin:** "Enmeshment and disengagement refer to a transactional style, or preference for a type of interaction, not to a qualitative difference between functional and dysfunctional… Operations at the extremes, however, indicate areas of possible pathology. A highly enmeshed subsystem of mother and children, for example, can exclude father, who becomes disengaged in the extreme." (p. 55).

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[10] Haley, J. (1977). Toward a theory of pathological systems. In P. Watzlawick & J. Weakland (Eds.), *The interactional view* (pp. 31-48). New York: Norton.

[11] Minuchin, S. (1974). *Families and Family Therapy*. Cambridge, MA: Harvard University Press.

Writing in the *Journal of Emotional Abuse*, Kerig (2005)[12] identifies the enmeshed parent-child relationship as a psychological boundary dissolution between the parent and child, and describes the impact of an enmeshed relationship with one parent on the child's relationship with the other parent,

> **From Kerig:** "Examination of the theoretical and empirical literatures suggests that there are four distinguishable dimensions to the phenomenon of boundary dissolution: role reversal, intrusiveness, enmeshment, and spousification." (p. 8)

> **From Kerig:** "Enmeshment in one parent-child relationship is often counterbalanced by disengagement between the child and the other parent (Cowan & Cowan, 1990; Jacobvitz, Riggs, & Johnson, 1999)." (p. 10)

Kerig also describes the association between generational boundary dissolution and the emotional/psychological abuse of the child,

> **From Kerig:** "The breakdown of appropriate generational boundaries between parents and children significantly increases the risk for emotional abuse." (p. 6)

Stone Buehler, and Barber (2002)[13] link the family systems constructs of triangulation, cross-generational coalitions, and enmeshment, with parental psychological control of the child.

> **Stone, Buehler, and Barber:** "The concept of triangles "describes the way any three people relate to each other and involve others in emotional issues between them" (Bowen, 1989, p. 306). In the anxiety-filled environment of conflict, a third person is triangulated, either temporarily or permanently, to ease the anxious feelings of the conflicting partners. By default, that third person is exposed to an anxiety-provoking and disturbing atmosphere. For example, a child might become the scapegoat or focus of attention, thereby transferring the tension from the marital dyad to the parent-child dyad. Unresolved tension in the marital relationship might spill over to the parent-child relationship through parents' use of psychological control as a way of securing and maintaining a strong emotional alliance and level of support from the child. As a consequence, the triangulated youth might feel pressured or obliged to listen to or agree with one parents' complaints against the other. The resulting enmeshment and cross-generational coalition would exemplify parents' use of psychological control to coerce and maintain a parent-youth emotional alliance against the other parent (Haley, 1976; Minuchin, 1974)." (p. 86-87).

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[12] Kerig, P.K. (2005). Revisiting the construct of boundary dissolution: A multidimensional perspective. *Journal of Emotional Abuse*, 5, 5-42.

[13] Stone, G., Buehler, C., & Barber, B. K.. (2002) Interparental conflict, parental psychological control, and youth problem behaviors. In B. K. Barber (Ed.), Intrusive parenting: How psychological control affects children and adolescents. Washington, DC: American Psychological Association.

Psychological Control

The means of inducing pathology in the child is through the *psychological control* of the child by the allied parent. The psychological control of children by a pathological parent (Barber, 2002)[14] is an established family relationship pattern in dysfunctional family systems. Barber and Harmon (2002),[15] identify over 30 empirically validated scientific studies that have established the construct of parental psychological control of children. Barber and Harmon (2002) provide the following definition for the construct of parental psychological control of the child,

> **From Barber & Harmon:** "Psychological control refers to parental behaviors that are intrusive and manipulative of children's thoughts, feelings, and attachment to parents. These behaviors appear to be associated with disturbances in the psychoemotional boundaries between the child and parent, and hence with the development of an independent sense of self and identity." (p. 15)

Stone, Bueler, and Barber (2002) [16] describe the difference between parental behavioral and psychological control of the child:

> **Stone, Buehler, & Barber:** "The central elements of psychological control are intrusion into the child's psychological world and self-definition and parental attempts to manipulate the child's thoughts and feelings through invoking guilt, shame, and anxiety. Psychological control is distinguished from behavioral control in that the parent attempts to control, through the use of criticism, dominance, and anxiety or guilt induction, the youth's thoughts and feelings rather than the youth's behavior." (p. 57)

Soenens and Vansteenkiste (2010)[17] describe the various methods used to achieve parental psychological control of the child:

> **From Soenens and Vansteenkiste:** "Psychological control can be expressed through a variety of parental tactics, including (a) guilt-induction, which refers to the use of guilt inducing strategies to pressure children to comply with a parental request; (b) contingent love or love withdrawal, where parents make their

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[14] Barber, B. K. (Ed.) (2002). Intrusive parenting: How psychological control affects children and adolescents. Washington, DC: American Psychological Association.

[15] Barber, B. K. and Harmon, E. L. (2002). Violating the self: Parenting psychological control of children and adolescents. In B. K. Barber (Ed.), Intrusive parenting (pp. 15-52). Washington, DC: American Psychological Association.

[16] Stone, G., Buehler, C., & Barber, B. K.. (2002) Interparental conflict, parental psychological control, and youth problem behaviors. In B. K. Barber (Ed.), Intrusive parenting: How psychological control affects children and adolescents. Washington, DC: American Psychological Association.

[17] Soenens, B., & Vansteenkiste, M. (2010). A theoretical upgrade of the concept of parental psychological control: Proposing new insights on the basis of self-determination theory. Developmental Review, 30, 74–99.

attention, interest, care, and love contingent upon the children's attainment of parental standards; (c) instilling anxiety, which refers to the induction of anxiety to make children comply with parental requests; and (d) invalidation of the child's perspective, which pertains to parental constraining of the child's spontaneous expression of thoughts and feelings." (p. 75)

Barber and Harmon (2002) describe the scope of damage done to the child's development as a result of parental psychological control of the child,

> **From Barber & Harmon:** "Numerous elements of the child's self-in-relation-to-parent have been discussed as being compromised by psychologically controlling behaviors such as individuality (Goldin, 1969; Kurdek, et al., 1995; Litovsky & Dusek, 1985; Schaefer, 1965a, 1965b, Steinberg, Lamborn, Dornbusch, & Darling, 1992); individuation (Barber et al., 1994; Barber & Shagle, 1992; Costanzo & Woody, 1985; Goldin, 1969, Smetana, 1995; Steinberg & Silverberg, 1986; Wakschlag, Chase-Landsdale & Brooks-Gunn, 1996 1996); independence (Grotevant & Cooper, 1986; Hein & Lewko, 1994; Steinberg et al., 1994); degree of psychological distance between parents and children (Barber et al., 1994); and threatened attachment to parents (Barber, 1996; Becker, 1964)." (p. 25).

Dark Personalities

Dark personalities are a sub-clinical, yet highly malevolent, constellation of personality characteristics. Dark personalities are present in the general population, and dark personality variants will be represented in high-conflict custody litigation.

Three variants of dark personalities have been identified in the research literature (Paulhus & Williams, 2002; Miller et al., 2010; Book et al., 2016),[18] the Dark Triad (narcissism, psychopathy, Machiavellian manipulation), the Vulnerable Dark Triad (vulnerable narcissism, psychopathy, borderline pathology), and the Dark Tetrad (add sadism to the Dark Triad). Giammarco and Vernon (2014)[19] describe the core traits of the Dark Triad,

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[18] Paulhus, D. L., & Williams, K. M. (2002). The dark triad of personality: Narcissism, Machiavellianism, and psychopathy. *Journal of Research in Personality*, 36, 556–563.

Miller, J.D., Dir, A., Gentile, B., Wilson, L., Pryor, L.R., and Campbell, W.K. (2010). Searching for a Vulnerable Dark Triad: Comparing Factor 2 psychopathy, vulnerable narcissism, and borderline personality disorder. *Journal of Personality*, 78, 1529-1564.

Book, A., Visser, B.A., Blais, J., Hosker-Field, A., and Methot-Jones, T. (2016). Unpacking more "evil": What is at the core of the dark tetrad? *Personality and Individual Differences*, 90, 269-272.

[19] Giammarco, E.A. and Vernon, P.A. (2014). Vengeance and the Dark Triad: The role of empathy and perspective taking in trait forgivingness. *Personality and Individual Differences*, 67, 23–29

From Giammarco & Vernon: "First cited by Paulhus and Williams (2002), the Dark Triad refers to a set of three distinct but related antisocial personality traits: Machiavellianism, narcissism, and psychopathy. Each of the Dark Triad traits is associated with feelings of superiority and privilege. This, coupled with a lack of remorse and empathy, often leads individuals high in these socially malevolent traits to exploit others for their own personal gain." (p. 23)

A second dark personality triad, the Vulnerable Dark Triad, was subsequently identified in the research (Miller et al., 2010). The traits of the Vulnerable Dark Triad are described by Bonfá-Araujo & Schermer, 2023):[20]

From Bonfá-Araujo & Schermer: "The Vulnerable Dark Triad (VDT, i.e., Factor II psychopathy, vulnerable narcissism, and borderline personality) was proposed >10 years ago as a counterpart to the Dark Triad (i.e., narcissism, psychopathy, and Machiavellianism; Paulhus & Williams, 2002), combining socially undesirable behavior and emotionally vulnerable traits (Miller et al., 2010). This interplay of vulnerable behaviors can lead to complex patterns of emotional instability, a fragile sense of self, relationship difficulties, and manipulative tendencies." (p. 1)

From Bonfá-Araujo & Schermer: The first trait of the VDT is Factor II psychopathy (Miller et al., 2010). Psychopathy is a personality disorder characterized by inter-personal manipulation, callousness, lack of empathy, and impulsivity." (p. 1)

From Bonfá-Araujo & Schermer: "The second trait of the VDT is vulnerable narcissism (Miller et al., 2010). Vulnerable narcissism is characterized by an underlying fragility and sensitivity, often camouflaged underneath a façade of modesty and self-doubt" (p. 1)

From Bonfá-Araujo & Schermer: "Borderline personality represents the final piece of the VDT (Miller et al., 2010). Borderline Personality Disorder (BPD) is characterized by a pervasive instability in emotions, self-image, interpersonal relationships, and behaviors." (p. 2)

From Bonfá-Araujo & Schermer: "It should be noted that just like the Dark Triad (Paulhus & Williams, 2002), the VDT's three traits should be considered subclinical versions of the disorders and that behaviors associated with these traits do not reach the intensity or presence to warrant a clinical diagnosis of the disorder." (p. 2)

Adding sadism to the Dark Triad constellation creates a Dark Tetrad personality. The Dark Triad and Dark Tetrad personalities have been described in the research as the core of evil.

From Book et al: "Recently, everyday sadism has been added to the Triad (Buckels, Jones, & Paulhus, 2013), characterized by the enjoyment of cruelty in everyday life. Its

[20] Bonfá-Araujo, B., Schermer, J.A. (2024). Unveiling the fragile façade: A scoping review and meta-analysis of the Vulnerable Dark Triad. Personality and Individual Differences, Volume 224. https://doi.org/10.1016/j.paid.2024.112659

> conceptual overlap with other dark personalities serves as an impetus for including it in the study of evil behaviors in the form of a Dark Tetrad (Buckels et al., 2013)." (p. 270)

Judicial Manipulation & Dark Triad

Judicial manipulation by Dark Triad parents using the child has been identified in the research (Clemente, Padilla-Racero, & Espinosa, 2020),[21]

> **From Clemente et al:** "This research examines the relationship between dark triad and the use that some parents make of their children in order to attack the other parent after a couple break-up. We examined whether parents who are willing to lie about issues concerning the other parent and their children during a couple break-up process show higher levels of dark triad traits… Results show significant correlations for judicial manipulation and dark triad traits and confirm the psychometric properties of reliability and validity of a proposed scale." (Clemente, Padilla-Racero, & Espinosa, 2020)

Virtuous Victim Signaling & Dark Triad

Dark Triad personality traits are also associated with the manipulative practice of "virtuous victim signaling" by the parent (Ok et al., 2021).[22] Research indicates that narcissistic personality pathology is associated with virtue signaling, and that psychopathic personality pathology is associated with victim signaling, but only the Dark Triad personality is associated with the combination of both virtue and victim signaling used to manipulate others.

> **From Ok, et al:** "Effective altruism requires the ability to differentiate between false and true victims. Credulous acceptance of all virtuous victim signals as genuine can also enable and reward fraudulent claims, particularly by those with antisocial personality traits…The findings of this study support our hypothesis that virtuous victim signaling is more frequently displayed by Dark Triad personalities."

Misdiagnosis & Participation in Child Abuse & Spousal Abuse

One of the prominent professional dangers of misdiagnosing a shared persecutory delusion is that if the mental health professional and/or the court misdiagnoses the pathology of a shared persecutory delusion and believes the shared delusion as if it was true, then the mental health professional and/or the court become part of the shared delusion, they become part of the pathology because of their misdiagnosis.

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[21] Clemente, M., Padilla-Racero, D., & Espinosa, P. (2020). The Dark Triad and the Detection of Parental Judicial Manipulators. Development of a Judicial Manipulation Scale. *International journal of environmental research and public health*, *17*(8), 2843. https://doi.org/10.3390/ijerph17082843

[22] Ok, E., Qian, Y., Strejcek, B., & Aquino, K. (2021). Signaling virtuous victimhood as indicators of Dark Triad personalities. *Journal of Personality and Social Psychology, 120*(6), 1634–1661. https://doi.org/10.1037/pspp0000329

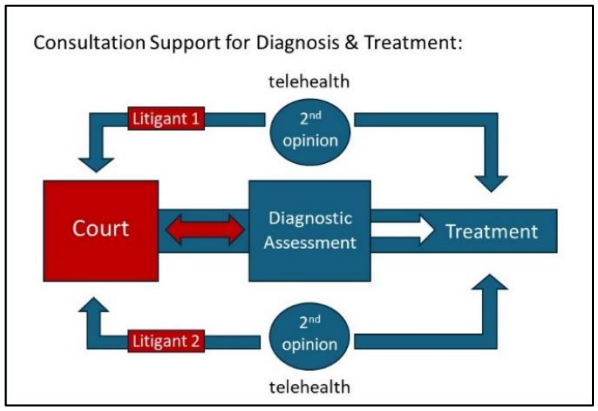
When that pathology is the psychological abuse of the child by the allied parent, then the mental health professional and/or the court become participants in the parent's psychological abuse of the child by validating to the child that the child's false (delusional) beliefs are true when they are, in fact, symptoms of an induced persecutory delusion. Furthermore, when that pathology is also the spousal psychological abuse of the targeted parent by the allied parent using the child as the weapon, then the mental health professional and/or the court become participants in the spousal psychological abuse of the targeted parent because of their misdiagnosis of the pathology in the family.

Diagnosis Guides Treatment

In clinical psychology, and throughout healthcare, diagnosis guides treatment (the treatment for cancer is different than the treatment for diabetes). A diagnosis returned into the legal system will likely be a disputed diagnosis due to the adversarial nature of the legal system and the nature of the pathology involved. The appellate system for a disputed diagnosis in healthcare is second opinion. The National Academy of Sciences (2015)[23] describes the role of second opinion consultation in improving diagnoses in healthcare.

> **From National Academy of Sciences Improving Diagnosis**: **"**Clinicians may refer to or consult with other clinicians (formally or informally) to seek additional expertise about a patient's health problem. The consult may help to confirm or reject the working diagnosis or may provide information on potential treatment options. If a patient's health problem is outside a clinician's area of expertise, he or she can refer the patient to a clinician who holds more suitable expertise. Clinicians can also recommend that the patient seek a second opinion from another clinician to verify their impressions of an uncertain diagnosis or if they believe that this would be helpful to the patient."

Since a disputed diagnosis is anticipated in all child custody cases, a second (or even third) opinion consultation through telehealth participation in the clinical diagnostic assessment should be allowed to each litigant. This will ensure that the concerns and rights of each litigant are adequately and appropriately addressed, and it will ensure that the courts and the children receive the highest caliber of professional services.



[23] *Improving Diagnosis in Healthcare* (2015). National Academies of Sciences, Engineering, and Medicine; Institute of Medicine;

https://www.nap.edu/catalog/21794/improving-diagnosis-in-health-care?fbclid=IwAR2ht8JZQGHLWElqlBjwqPqx6qtmgc9JYpI8mSRUJaLZFdzljAubk2MkOAI

Recommendations:

1. Apply Established Knowledge

   Apply established scientific and professional knowledge as the bases for professional judgments. Relevant professional knowledge for application to the pathology in the family courts includes:

   - Attachment pathology - Bowlby & others
   - Family systems therapy - Minuchin & others
   - Child abuse and complex trauma – van der Kolk & others
   - Personality disorder pathology - Beck & others
   - Child Development – Tronick & others
   - Psychological control – Barber & others
   - The DSM-5 & ICD-11 diagnostic systems - American Psychiatric Association & World Health Organization

2. Avoid Euphemisms for Child Abuse

   Avoid using euphemisms of made-up pathology labels[24] for child abuse that hide the child abuse from view, hide the child abuse from the court's understanding, and that prevent effective intervention for the child abuse. When child abuse is a considered diagnosis, say child abuse.

3. Risk Assessment for Child Abuse

   In all cases of severe attachment pathology surrounding court-involved custody conflict, a proper risk assessment for child abuse needs to be conducted to the appropriate differential diagnoses for each parent. The diagnostic questions that need to be answered are contained in Appendix 3.

4. Disputed Diagnosis

   The appellate system for a disputed diagnosis in healthcare is a second (or even third) opinion. Since any diagnosis returned into the legal system is anticipated to be disputed by one party or the other, the initial diagnostic risk assessment for child abuse should include second (or even third) opinion support through telehealth consultation.

Craig Childress, Psy.D.
Clinical Psychologist, CA PSY 18857

[24] Made-up pathology labels include: "parental alienation" – "resist-refuse dynamic" – "parent-child contact problems" – "collaborative harassment". None of these exist as defined pathology in clinical psychology or any diagnostic system.

Appendix 1: Dr. Childress Vita & Domains of Specialized Expertise

Craig Childress, Psy.D.
CA License #: PSY 18857

Office: 271 Winslow Way E, 10631 email: drcachildress.bainbridge@gmail.com
Bainbridge Island, WA 98110 website: drcachildress-consulting.com

Education:

Pepperdine University; 11/00
Psy.D. degree in Clinical Psychology, APA accredited

California State University, Northridge; 6/85
M.A. degree in Clinical/Community Psychology

University of California, Los Angeles; 3/78
B.A. in Psychology, cum laude

National Presentations Regarding Family Court Pathology:

- **American Psychological Association.** *Directing a Contingent Visitation Schedule in the Family Courts.* C.A. Childress. Presentation at the APA National Convention, Division 41 Psychology & Law Society, Seattle, WA 8/10/24.
- **American Psychological Association.** *Dangerous Decisions: A Crisis in Family and Domestic Violence Courts*. Greenham, M. & Childress, C.A. Poster presentation at the APA National Convention, Division 41 Psychology & Law Society, Seattle, WA 8/10/24.
- **American Psychological Association** *Dark Personalities and Induced Delusional Disorder: A Crisis in Family and Domestic Violence Courts*. Greenham, M., Childress, C.A. & Pruter, D. Poster presentation at the APA National Convention, Division 37 Society for Child and Family Policy and Practice, Seattle, WA 8/8/24
- **American Psychological Association.** *Empathy, the Family, and the Core of Social Justice*. Childress, C.A. & Pruter, D. Paper Presentation at the APA National Convention, Division 24 Society for Theoretical and Philosophical Psychology, Chicago, Ill. 8/8/19;
- **Association of Family and Conciliation Courts** (AFCC). *An Attachment-Based Model of Parental Alienation: Diagnosis and Treatment*. Childress, C.A & Pruter, D. Presentation at the AFCC National Convention, 6/1/17; Boston, MA.
- **Pennsylvania Legislature Briefing**. Pennsylvania State Legislature; House Children and Youth Committee. Solutions to High-Conflict Divorce in the Family Court. November 15, 2017; Harrisburg, PA (https://www.youtube.com/watch?v=AIa1KbfsWIM)

International Presentations Regarding Family Court Pathology

- **Serbia: University of Novi Sad.** *The Return of Clinical Psychology to Court-Involved Custody Conflict.* Center for Shared Parenting Conference. April 27 & 28, 2023.
- **Netherlands: Erasmus University Medical Center**. *Attachment-Based Parental Alienation: Trauma Informed Assessment of Complex Family Conflict*. Rotterdam, Netherlands; 2/25/19. (invited meeting with Dutch Ministry of Justice)
- **Venice, Italy:** *Assessment, Diagnosis, and Treatment of Attachment Related Pathology Surrounding Divorce: Solutions for the Family Court System.* Presentation European Association for Forensic Child and Adolescent Psychiatry & Psychology Congress 6/23/18
- **Canada: Law Society of Saskatchewan**. *Solutions for the Family Court and Professional Psychology*; Saskatoon 11/20/18; Regina 11/21/18.

Employment History:

6/08 – Current: Private Practice
271 Winslow Way E, 10631
Bainbridge Island, WA 98110

Consultation and expert testimony with court-involved family conflict. Psychotherapy with adults, couples, children, and families. Specializing in attachment pathology, ADHD, child anger and impulse control problems, childhood trauma, family psychotherapy, marital therapy, and parent-child conflict.

10/06 - 6/08: Clinical Director
START Pediatric Neurodevelopmental Assessment and Treatment Center
California State University, San Bernardino
Institute of Child Development and Family Relations

Clinical director for an early childhood assessment and treatment center providing comprehensive developmental assessment and psychotherapy services to children ages 0-5 years old in foster care. The primary referral source for the clinic was Child Protective Services. Directed the clinical operations, clinical staff, and the provision of comprehensive psychological assessment and treatment services across clinic-based, home-based, and school-based services. The clinic was a three-university collaboration, with speech and language faculty an services through the University of Redlands, occupational therapy faculty and services through Loma Linda University, and psychology faculty and clinical staff through Calif. State University, San Bernardino.

5/03 – 10/06: Clinical Director
Fineman Consulting Group
Fire F.R.I.E.N.D.S. Juvenile Firesetting Intervention Program
Executive Director: Kenneth Fineman, Ph.D.

Through grants from the Department of Justice and FiEMA, developed a comprehensive diagnostic assessment protocol for the mental health evaluation of juvenile fire setting behavior.

1/12 – 12/17: Faculty
University of Phoenix; Pasadena Campus; Ontario Campus

Courses taught: Child Development; Assessment and Treatment Planning; Advanced Diagnosis; Models of Psychotherapy; Counseling Psychometrics; Research Methods; Cultural Psychology

1/09 – 9/10: Faculty
Argosy University; San Bernardino Campus

Courses taught: Diagnosis and Psychopathology; Child and Adolescent Psychotherapy; Child Development

4/02 – 10/06: Pediatric Psychologist

Children's Hospital Orange County – UCI Child Development Center
Early Identification and Treatment of ADHD in Preschoolers
Director: James Swanson, Ph.D.

Served as the primary clinical psychologist on a joint CHOC-UCI project for early identification of ADHD in preschool-age children.

4/02 - 9/02: Research Associate

Children's Hospital Los Angeles
Principle Investigator: Ernest Katz, Ph.D.

Multi-site Children's Hospital study of remediation of attention deficits of children with cancer.

9/00 – 4/02 Postdoctoral Fellow

Childrens Hospital Los Angeles

Two-year post-doctoral fellowship. Specialty focus: ADHD; spina bifida; early childhood mental health

9/99 - 9/00 Predoctoral Psychology Intern – APA Accredited

Childrens Hospital Los Angeles

Rotations: spina bifida, early childhood preschool consultation

9/98 - 9/99 Research Associate

UCLA Neuropsychiatric Institute
Principle Investigator: Elisabeth Dykens, Ph.D.

Area: Cognitive functioning in Williams Syndrome. Test administration and coding of behavioral observation data

9/85 - 9/98 Research Associate

UCLA Neuropsychiatric Institute
Principle Investigator: Keith Nuechterlein, Ph.D.

Area: Longitudinal study of initial-onset schizophrenia. Received annual training to research and clinical reliability in the rating of psychotic symptoms using the Brief Psychiatric Rating Scale (BPRS). Managed all aspects of data collection and data processing.

9/80 – 9/85 Psychiatric Aide

Southern California psychiatric hospitals.

3/74 – 6/78 Crisis Counselor

Los Angeles Suicide Prevention Center

Crisis telephone counselor and supervisor for Los Angeles Suicide Prevention Hotline.

Divorce Training

Certificate Program: Certification in Divorce Mediation. Conflict Resolution Training, Inc. 2/24/16 – 2/27/16. Susan Deveney, Instructor

Early Childhood Training:

Certificate Program: Parent-Infant Mental Health: Fielding Graduate University, 1/14/08; 1/15/08.

Early Childhood Diagnostic System: *DC:0-3R Diagnostic Criteria*: Orange County Early Childhood Mental Health Collaborative.

Early Childhood Diagnostic System: *DMIC: Diagnostic Manual for Infancy and Early Childhood.* Interdisciplinary Council on Developmental and Learning Disorders: assessment, diagnosis, and intervention for developmental and emotional disorders, autistic spectrum disorders, multisystem developmental disorders, regulatory disorders involving attention, learning and behavioral problems, cognitive, language, motor, and sensory disturbances.

Early Childhood Treatment Intervention: *Watch, Wait, and Wonder*: Nancy Cohen, Ph.D. Hincks-Dellcrest Centre & the University of Toronto.

Early Childhood Treatment Intervention: *Circle of Security*: Glen Cooper, MFT, Center for Clinical Intervention, Marycliff Institute, Spokane, Washington.

Recent Seminars Taken

The Advanced Master Program on the Treatment of Trauma. National Institute for the Clinical Application of Behavioral Medicine – 12-hour online course.

Complex Trauma: Bessel van der Kolk. How the Body Keeps Score: Intensive Trauma Treatment Course – 12-hour PESI seminar, online.

Dialectic Behavior Therapy (DBT): Dialectic Behavior Therapy Intensive Training; 12-hour PESI seminar, online.

Emotion Focused Therapy (EFT): Sue Johnson. Intensive Course in Emotionally Focused Therapy: Attachment-Based Interventions for Couples in Crisis; 12-hour PESI seminar, online

The Bowen Center: Emotional Cutoff: The Bowen Center for Study of the Family: 56th Annual Symposium on Family Theory and Family Psychotherapy. Dr Plimer "*Family Rifts and How to Mend Them: Findings from the Cornell Estrangement and Reconciliation Project*" – three-day symposium, Johns Hopkins University, MD; 11-7/19 – 11-9-19.

Book Publications:

Childress, C.A. (2018). *The Petition to the American Psychological Association*. Claremont, CA: The Childress Institute.

Childress, C.A. (2017). *Assessment of Attachment-Related Pathology Surrounding Divorce.* Claremont, CA: Oaksong Press.

Childress, C.A. (2017). *Strategic Family Systems Intervention for AB-PA: Contingent Visitation Schedule*. Claremont, CA: Oaksong Press.

Childress, C.A. (2017). *The Key to Solving High-Conflict Divorce in the Family Courts: Proposal for a Pilot Program in the Family Law Courts*. Claremont, CA: Oaksong Press.

Childress, C.A. (2016). *The Narcissistic Parent: A Guidebook for Legal Professionals Working with Families in High-Conflict Divorce*. Claremont, CA: Oaksong Press.

Childress, C.A. (2015). *An Attachment-Based Model of Parental Alienation: Foundations*. Claremont, CA: Oaksong Press.

Childress, C.A. (2015). *An Attachment-Based Model of Parental Alienation: Single Case ABAB Assessment and Remedy*. Claremont, CA: Oaksong Press.

Childress, C.A. (2015*). An Attachment-Based Model of Parental Alienation: Professional Consultation.* Claremont, CA: Oaksong Press.

Childress, C.A. (2015). *Essays in Attachment-Based Parental Alienation: The Internet Writings of Dr. Childress*. Claremont, CA: Oaksong Press.

Journal Publications

Tamm, T., Swanson, J. Lerner, M.D., **Childress**, **C**. Patterson, B, Lakes, K., Nguyen, A.S., Kudo, M., Altamirano, W., Miller, J., Santoyo, R., Camarero-Morse, V., Watkins, J., Simpson, S., Waffarn, F., Cunningham, C. (2005). Intervention for preschoolers at risk for Attention-Deficit/Hyperactivity Disorder (ADHD): Service before diagnosis. *Clinical Neuroscience Research,* 5 (5–6) 247-253.

Childress C.A. (2000) *Ethical issues in providing online psychotherapeutic interventions*. Journal of Medical Internet Research, 2(1):e5.

Childress, C.A. (1999). *Interactive e-mail journals: A model for providing psychotherapeutic interventions using the Internet*, Cyberpsychology and Behavior, 2(3), 213-221

Childress, C.A., & Asamen, J.K. (1998). *The emerging relationship of psychology and the Internet: Proposed guidelines for conducting Internet intervention research*. Ethics and Behavior, 8, 19-35.

In Submission: ResearchGate

Greenham & Childress, (ResearchGate): Dark Personalities and Induced Delusional Disorder, Part I: Solving the Gordian Knot of Conflict in the Family and Domestic Violence Courts

Greenham & Childress (ResearchGate). Dark Personalities and Induced Delusional Disorder, Part II: The Research Gap Underlying a Crisis in the Family and Domestic Violence Courts

Greenham, Childress, Pruter (ResearchGate). Dark Personalities and Induced Delusional Disorder, Part III: Identifying the Pathogenic Parenting Underlying a Crisis in the Family and Domestic Violence Courts

"Parental Alienation" Seminars and Presentations Given:

- **American Psychological Association.** *Directing a Contingent Visitation Schedule in the Family Courts.* C.A. Childress. Presentation at the APA National Convention, Division 41 Psychology & Law Society, Seattle, WA 8/10/24.
- **American Psychological Association.** *Dangerous Decisions: A Crisis in Family and Domestic Violence Courts*. Greenham, M. & Childress, C.A. Poster presentation at the APA National Convention, Division 41 Psychology & Law Society, Seattle, WA 8/10/24.
- **American Psychological Association** *Dark Personalities and Induced Delusional Disorder: A Crisis in Family and Domestic Violence Courts*. Greenham, M., Childress, C.A. & Pruter, D. Poster presentation at the APA National Convention, Division 37 Society for Child and Family Policy and Practice, Seattle, WA 8/8/24
- **Serbia: University of Novi Sad.** Center for Shared Parenting Conference. The Return of Clinical Psychology to Court-Involved Custody Conflict. April 27 & 28, 2023.
- **American Psychological Association.** *Empathy, the Family, and the Core of Social Justice*. **Childress**, C.A. & Pruter, D. Paper Presentation at the APA National Convention, Division 24 Society for Theoretical and Philosophical Psychology, Chicago, Ill. 8/8/19;
- **Association of Family and Conciliation Courts** (AFCC). *An Attachment-Based Model of Parental Alienation: Diagnosis and Treatment*. Childress, C.A & Pruter, D. Presentation at the AFCC National Convention, 6/1/17; Boston, MA.
- **Netherlands:** Erasmus University Medical Center. Attachment-Based Parental Alienation: Trauma Informed Assessment of Complex Family Conflict. Rotterdam, Netherlands; 2/25/19.
- **Canada:** Law Society of Saskatchewan. Solutions for the Family Court and Professional Psychology; Saskatoon 11/20/18; Regina 11/21/18.
- **Texas:** Certification Seminars for the Houston Pilot Program for the Family Courts. Attachment-Based Parental Alienation (AB-PA) May 22-24, 2018; Houston, Texas.
- **California:** California Association for Licensed Professional Clinical Counselors (CALPCC). Parental Alienation Testing, Orders, and Treatment in BPD/NPD Custody Proceedings. April 20, 2018; San Francisco, CA.
- **Pennsylvania:** Legislature Briefing. Pennsylvania State Legislature; House Children and Youth Committee. Solutions to High-Conflict Divorce in the Family Court. November 15, 2017; Harrisburg, PA (https://www.youtube.com/watch?v=AIa1KbfsWIM)
- **Massachusetts**: Legislature Briefing. Massachusetts State Legislature. Grandparent and Family Alienation. Hosted by Representative Walsh. 5/31/17. Boston MA.
- **Association of Family and Conciliation Courts Annual Convention**. An Attachment-Based Model of Parental Alienation: Diagnosis and Treatment. June 1, 2017. Boston, MA.

- **Master Lecture Series; California Southern University**. *Treatment of Attachment-Based Parental Alienation.* November 21, 2014; Irvine, CA. (available online at https://www.youtube.com/watch?v=ezBJ3954mKw)
- **Master Lecture Series; California Southern University**. *Theoretical Foundations of Attachment-Based Model of "Parental Alienation."* July 18, 2014; Irvine, CA. (available online at https://www.youtube.com/watch?v=brNuwQNN3q4
- **Virginia:** Family Law Reform Conference. Invited Panelist: *Parental Alienation and Domestic Violence*. Hosted by DivorceCorp. November 15-16, 2014; Alexandria, VA.

Professional Association Presentations Regarding Parenting

Herrejon, E., Feeney-Kettler, K., Kettler, R., **Childress**, C., Kamptner, L., Lakes, K. (2007). *Multi-tiered Early Childhood Model of Service Delivery*. American Psychological Association Convention presentation.

Marche Haynes, M., Lakes, K., **Childress**, C., Kamptner, L., Lilles, E. (2006). *Do SES, Race/Ethnicity, and Acculturation Predict Parenting Intervention Completion?* Western Psychological Association Convention Presentation.

Grimes, L., Lakes, K., **Childress**, C., Kamptner, K., Simmons, S. (2006) Impact of SES and Culture on Parenting Intervention Outcomes. Western Psychological Association Convention Presentation.

Kramer, L., Lakes, K., **Childress**, C., Kamptner, L., Grimes, L. (2006) *Parent Behaviors and Corresponding Child Prosocial Behaviors and Conduct Problems.* Western Psychological Association Convention Presentation.

Lilles, E., Lakes, K., **Childress**, C., Kamptner, L., and Kramer, L. (2006). *Does SES or Ethnicity Predict Parent Use of Physical Punishment?* Western Psychological Association Convention Presentation.

Early Childhood Mental Health Seminars and Trainings Given:

Early Childhood Intervention with "Behavior Problems" in the Preschool Classroom. San Bernardino Head Start Preschool Teacher Training Series (10/27/06; 11/3/06; 11/17/06).

Early Childhood Intervention with "Behavior Problems" in the Preschool Classroom. San Bernardino West End SELPA Preschool Teacher Training Series (10/17/06; 11/7/06; 12/5/06).

Early Childhood Intervention with "Behavior Problems" in the Preschool Classroom. San Bernardino West End SELPA Preschool Teacher Training Series (10/31/06; 11/14/06; 12/12/06).

Early Childhood Intervention with "Behavior Problems" in the Preschool Classroom (5/5/06). Victorville Head Start. Victorville, CA

Early Childhood Intervention with "Behavior Problems" in the Preschool Classroom. (11/12/04). National Association for the Education of Young Children Conference, Anaheim, CA

Functional Behavioral Analysis and Positive Child Guidance with Preschoolers. (5/1/04). Westminster School District. Westminster, CA.

Functional Behavioral Analysis with Preschool-Age Children - Seminar Series. (2/6/04; 2/13/04; 2/20/04). Irvine Unified School District. Irvine, CA.

Functional Behavioral Analysis and Positive Behavior Management with Children. (12/3/03). Orangewood Preschool, Irvine, CA

Early Childhood Working with "Problem Behavior" in the Preschool Classroom (10/31/03). Orange County Head Start; Teachers & Teacher Aides. Bren Events Center, University of California; Irvine, CA.

Functional Behavioral Analysis and Positive Child Guidance with Preschool-Age Children. (10/17/03). Irvine Unified School District. Irvine, CA.

Functional Behavioral Analysis with Preschool-Age Children - Seminar Series. (9/26/03; 10/17/03). Orange County Head Start Center Directors and Multi-disciplinary Teams. Orange, CA.

Internet Psychology Presentations Given

- **World Health Organization**, 2nd International Symposium on Psychiatry and Internet: Information – Support – Therapy. Invited presentation on *Ethical Issues in Online Psychotherapeutic Interventions*. 4/2002, Munich, Germany.
- **American Association for the Advancement of Science** and the Office of Protection from Research Risks, Conference on the Ethical and Legal Aspects of Human Subjects Research in Cyberspace. Invited paper presentation on *Privacy and Confidentiality Issues in Internet Research*. 6/1999, June. Washington, D.C.
- **American Psychological Association** Convention, Symposium on Using the Internet for Change: Online Psychotherapy and Education. J. Grohol (Chair): *The Potential Risks and Benefits of Online Therapeutic Interventions*. 8/1/98; San Francisco, CA.

My vita supports the following six domains of specialized expertise in professional psychology:

1. Thought disorders and delusional pathology
2. Child abuse assessment, diagnosis, and treatment
3. The attachment system and attachment pathology
4. Factitious Disorder Imposed on Another (FDIA)
5. Family systems therapy
6. Court-involved custody conflict

Thought Disorders & Delusions

In support of my specialized expertise in the assessment and diagnosis of thought disorders and delusions are 12 years of experience at a major UCLA clinical research project on schizophrenia where I received annual training in the assessment and diagnosis of delusions and thought disorders using the *Brief Psychiatric Rating Scale* (BPRS) to diagnostic reliability of r=.90 to the co-directors of the Diagnostic Unit at the UCLA-Brentwood VA, Dr. Lukoff and Dr. Ventura. The entry on my vita for this work experience while I was at Dr. Nuechterlein's project at UCLA is:

> 9/85 - 9/98 Research Associate
> UCLA Neuropsychiatric Institute
> Principle Investigator: Keith Nuechterlein, Ph.D.
>
> Area: Longitudinal study of initial-onset schizophrenia. Received annual training to research and clinical reliability in the rating of psychotic symptoms using the Brief Psychiatric Rating Scale (BPRS). Managed all aspects of data collection and data processing.

Note that I was trained annually in the rating of delusional and psychotic symptoms using the *Brief Psychiatric Rating Scale* (BPRS). Wikipedia describes the BPRS:

> From Wikipedia: "The Brief Psychiatric Rating Scale (BPRS) is a rating scale which a clinician or researcher may use to measure psychiatric symptoms such as depression, anxiety, hallucinations and unusual behaviour. The scale is one of the oldest, most widely used scales to measure psychotic symptoms and was first published in 1962… An expanded version of the test was created in 1993 by D. Lukoff, Keith H. Nuechterlein, and Joseph Ventura."

The Expanded BPRS cited by Wikipedia links to a professional reference available online from Drs. Nuechterlein, Ventura, and Lukoff,[25] note the date of the revision -

[25] Ventura, Joseph & Lukoff, D. & Nuechterlein, Keith & Liberman, R.P. & Green, Megan & Shaner, Andrew. (1993). Brief Psychiatric Rating Scale Expanded version 4.0: Scales anchor points and administration manual. Int J Meth Psychiatr Res. 13. 221-244.

1993. Note where I was from 1985-to-1998, i.e., at Dr. Neuchterlein's UCLA research project being trained annually in the assessment and diagnosis of delusional and thought disorder pathology to an r=.90 diagnostic reliability with the co-directors of the Diagnostic Unit at the UCLA-Brentwood VA and authors of the Expanded BPRS, Dr. Ventura and Dr. Lukoff. I have considerable professional training, background, and experience in the diagnostic assessment of thought disorders and delusional pathology,

Child Abuse Pathology

Regarding my background in child abuse pathology, I served as the Clinical Director for a three-university assessment and treatment center for children ages zero-to-five in the foster care system. Our primary referral source was Child Protective Services (CPS). As the Clinical Director for a three-university treatment center for children in foster care, I supervised the multi-disciplinary assessment and treatment of child abuse. I have personally worked with all four DSM-5 child abuse diagnoses, and I have led the treatment teams that have included CPS social worker involvement. The entry for this experience on my vita is:

> 10/06 - 6/08: Clinical Director
> START Pediatric Neurodevelopmental Assessment and Treatment Center
> California State University, San Bernardino
> Institute of Child Development and Family Relations
>
> Clinical director for an early childhood assessment and treatment center providing comprehensive developmental assessment and psychotherapy services to children ages 0-5 years old in foster care. Directed the clinical operations, clinical staff, and the provision of comprehensive psychological assessment and treatment services across clinic-based, home-based, and school-based services. The clinic was a three-university collaboration with speech and language services provided through the University of Redlands, occupational therapy provided through Loma Linda University, and psychology services through Calif. State University, San Bernardino.

Attachment System & Attachment Pathology

I have specialty background in Early Childhood Mental Health, ages zero-to-five initially obtained from training with Dr. Marie Poulsen at Children's Hospital Los Angeles and subsequently extended with professional practice. Early Childhood Mental Health ages 0-to-5 is a restricted sub-specialty domain of practice because it requires extensive knowledge of brain development in infancy through the first five years of life. Early Childhood Mental Health specialization requires understanding the neuro-development for each brain system individually (cognitive, language, sensory-motor, emotional, memory, and relationship systems) as well as how they integrate with each other at each developmental period of maturation in the first year of infancy and beyond into all the subsequent maturational changes.

The period of early childhood is directly the developmental period of the child's early attachment formation to the parent. Within this specialty background, I know two additional diagnostic systems for early childhood pathology besides the DSM-5 diagnostic system of the American Psychiatric Association, the DC:0-3 which is more attachment

sensitive, and the DMIC which is stronger with autistic spectrum disorders. I am also trained in two early childhood attachment therapies, *Watch, Wait, and Wonder* for infants and *Circle of Security* for preschool-age children, and I am Certified in Infant Mental Health from Fielding Graduate Institute. The entries for this experience on my vita are:

> Early Childhood Diagnostic System: *DC:0-3R Diagnostic Criteria*: Orange County Early Childhood Mental Health Collaborative.
>
> Early Childhood Diagnostic System: *DMIC: Diagnostic Manual for Infancy and Early Childhood.* Interdisciplinary Council on Developmental and Learning Disorders: assessment, diagnosis, and intervention for developmental and emotional disorders, autistic spectrum disorders, multisystem developmental disorders, regulatory disorders involving attention, learning and behavioral problems, cognitive, language, motor, and sensory disturbances.
>
> Early Childhood Treatment Intervention: *Watch, Wait, and Wonder*: Nancy Cohen, Ph.D. Hincks-Dellcrest Centre & the University of Toronto.
>
> Early Childhood Treatment Intervention: *Circle of Security*: Glen Cooper, MFT, Center for Clinical Intervention, Marycliff Institute, Spokane, Washington.
>
> Certificate Program: Parent-Infant Mental Health: Fielding Graduate University, 1/14/08; 1/15/08.

The attachment system is the brain system that governs all aspects of love and bonding throughout the lifespan, including grief and loss. The attachment system develops its patterns ("internal working models") for love-and-bonding during childhood and then uses these internalized patterns for love-and-bonding (attachment) to guide future expectations for all future love and bonding experiences in adulthood.

> **From Bowlby:** "No variables, it is held, have more far-reaching effects on personality development than have a child's experiences within his family: for, starting during the first months of his relations with his mother figure, and extending through the years of childhood and adolescence in his relations with both parents, he builds up working models of how attachment figures are likely to behave towards him in any of a variety of situations; and on those models are based all his expectations, and therefore all his plans for the rest of his life." (Bowlby, 1973, p. 369).[26]

The clinical domain of attachment and attachment pathology is within the Early Childhood Mental Health specialization, and my clinical experience is with children ages zero-to-five in foster care, which is directly attachment pathology. A child rejecting a parent surrounding court-involved custody conflict is a problem in attachment to that parent, i.e., a problem in the love-and-bonding system of the brain,

[26] Bowlby, J. (1973). Attachment and loss: Vol. 2. Separation: Anxiety and anger. NY: Basic.

Factitious Disorder Imposed on Another

I have specialized professional background and training in the diagnostic assessment of Factitious Disorder Imposed on Another (FDIA: Munchausen by proxy) from three years of training in pediatric psychology from Children's Hospital Los Angeles (CHLA), and my subsequent tenure on medical staff as a pediatric psychologist at Children's Hospital Orange County (Choc). FDIA is generally thought of as inducing a false medical pathology in the child for secondary gain to the parent from doctor attention given to the supposedly "nurturing" parent (with histrionic/borderline personality associations). As a false medical (or psychiatric) pathology produced in the child by the parent, FDIA is difficult to diagnose by community professionals because it is a false disorder, with frequent changes in providers as part of the symptom presentation. Community professionals are typically unable to determine a cause for the false symptoms, and when they begin to become suspicious as to their cause, the pathological parent changes providers to avoid detection and to obtain the diagnosis they seek ("doctor-shopping").

As a result of the false disorder imposed on the child, the parent and child will eventually be referred into the upper levels of the healthcare system, the local Children's Hospital, for a more expert diagnosis, since the community resources cannot determine the cause of the child's symptoms. When FDIA is suspected by the treatment team at the Children's Hospital, a doctor's order is written for a consultation from the hospital's Psychology Department regarding a potential diagnosis of FDIA. A pediatric psychologist is then sent from the hospital's Psychology Department to assess and diagnose the possible FDIA.

As a pediatric psychologist with three years of training from Children's Hospital Los Angeles and tenure on medical staff as a pediatric psychologist at Children's Hospital Orange County, I have relevant training and experience in the diagnostic assessment of FDIA (DSM-5 300.19). The entries on my vita for this training and experience in the diagnostic assessment of FDIA are:

4/02 – 10/06: Pediatric Psychologist
Children's Hospital Orange County – UCI Child Development Center

9/00 – 4/02 Postdoctoral Fellow
Children's Hospital Los Angeles

9/99 - 9/00 Predoctoral Psychology Intern – APA Accredited
Children's Hospital Los Angeles

Family Systems Therapy

Family systems therapy (Minuchin, Bowen, Haley, Madanes, Satir) is one of the four primary schools of psychotherapy, the others being psychoanalytic, cognitive-behavioral, and humanistic-existential therapy. My specialization training during my doctoral studies at Pepperdine University was in family systems therapy, and I have been a practicing family systems therapist for 20 years. I have additional training through the Bowen Center for Study of the Family in "*Family Rifts and How to Mend Them*."

The Bowen Center: Emotional Cutoff: The Bowen Center for Study of the Family: 56th Annual Symposium on Family Theory and Family Psychotherapy. Dr Plimer "***F***amily Rifts and How to Mend Them: Findings from the Cornell Estrangement and Reconciliation Project" – Johns Hopkins University, MD; 11/7/19 – 11/9/19.

Court-Involved Family Conflict

I have been a practicing court-involved clinical psychologist for the past decade, writing multiple books and booklets addressing the pathology that develops surrounding court-involved child custody conflict, its diagnosis and treatment.[27] I have multiple professional conference presentations regarding court-involved custody conflict, both nationally and internationally,

- **American Psychological Association.** *Directing a Contingent Visitation Schedule in the Family Courts.* C.A. Childress. Presentation at the APA National Convention, Division 41 Psychology & Law Society, Seattle, WA 8/10/24.
- **American Psychological Association.** *Dangerous Decisions: A Crisis in Family and Domestic Violence Courts*. Greenham, M. & Childress, C.A. Poster presentation at the APA National Convention, Division 41 Psychology & Law Society, Seattle, WA 8/10/24.
- **American Psychological Association** *Dark Personalities and Induced Delusional Disorder: A Crisis in Family and Domestic Violence Courts*. Greenham, M., Childress, C.A. & Pruter, D. Poster presentation at the APA National Convention, Division 37 Society for Child and Family Policy and Practice, Seattle, WA 8/8/24
- **Serbia: University of Novi Sad.** Center for Shared Parenting Conference. The Return of Clinical Psychology to Court-Involved Custody Conflict. April 27 & 28, 2023.
- **American Psychological Association.** *Empathy, the Family, and the Core of Social Justice*. Childress, C.A. & Pruter, D. Paper Presentation at the APA National Convention, Division 24 Society for Theoretical and Philosophical Psychology, Chicago, Ill. 8/8/19;
- **Association of Family and Conciliation Courts** (AFCC). *An Attachment-Based Model of Parental Alienation: Diagnosis and Treatment*. Childress, C.A & Pruter, D.

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[27] Childress, C.A. (2017). *Assessment of Attachment-Related Pathology Surrounding Divorce.* Claremont, CA: Oaksong Press.

Childress, C.A. (2017). *Strategic Family Systems Intervention for AB-PA: Contingent Visitation Schedule*. Claremont, CA: Oaksong Press.

Childress, C.A. (2016). *The Narcissistic Parent: A Guidebook for Legal Professionals Working with Families in High-Conflict Divorce*. Claremont, CA: Oaksong Press.

Childress, C.A. (2015). *An Attachment-Based Model of Parental Alienation: Foundations*. Claremont, CA: Oaksong Press.

Childress, C.A. (2015). *An Attachment-Based Model of Parental Alienation: Single Case ABAB Assessment and Remedy*. Claremont, CA: Oaksong Press.

Presentation at the AFCC National Convention, 6/1/17; Boston, MA.

- **Netherlands:** Erasmus University Medical Center. Attachment-Based Parental Alienation: Trauma Informed Assessment of Complex Family Conflict. Rotterdam, Netherlands; 2/25/19.
- **Canada:** Law Society of Saskatchewan. Solutions for the Family Court and Professional Psychology; Saskatoon 11/20/18; Regina 11/21/18.
- **Texas:** Certification Seminars for the Houston Pilot Program for the Family Courts. Attachment-Based Parental Alienation (AB-PA) May 22-24, 2018; Houston, Texas.
- **California:** California Association for Licensed Professional Clinical Counselors (CALPCC). Parental Alienation Testing, Orders, and Treatment in BPD/NPD Custody Proceedings. April 20, 2018; San Francisco, CA.
- **Pennsylvania:** Legislature Briefing. Pennsylvania State Legislature; House Children and Youth Committee. Solutions to High-Conflict Divorce in the Family Court. November 15, 2017; Harrisburg, PA (https://www.youtube.com/watch?v=AIa1KbfsWIM)

I am also cited as an expert in delusional thought disorders by Walters and Friedlander (2016)[28] in the journal *Family Court Review*:

> **From Walters & Friedlander:** "In some RRD families [resist-refuse dynamic], a parent's underlying encapsulated delusion about the other parent is at the root of the intractability (cf. Johnston & Campbell, 1988, p. 53ff; **Childress**, 2013). An encapsulated delusion is a fixed, circumscribed belief that persists over time and is not altered by evidence of the inaccuracy of the belief."
>
> **From Walters & Friedlander:** "When alienation is the predominant factor in the RRD [resist-refuse dynamic}, the theme of the favored parent's fixed delusion often is that the rejected parent is sexually, physically, and/or emotionally abusing the child. The child may come to share the parent's encapsulated delusion and to regard the beliefs as his/her own (cf. **Childress**, 2013)." (Walters & Friedlander, 2016, p. 426)

I have professional background and specialized expertise supported by my vita in multiple relevant domains of knowledge, 1) thought disorders and delusions, 2) child abuse pathology, 3) the attachment system and attachment pathology, 4) Factitious Disorder Imposed on Another (DSM-5 300.19), 5) family systems therapy, and 6) court-involved child custody conflict.

[28] Walters, M. G., & Friedlander, S. (2016). When a child rejects a parent: Working with the intractable resist/refuse dynamic. *Family Court Review, 54*(3), 424–445.

Appendix 3: Diagnostic Questions to be Answered

Diagnostic Questions to be Answered

Targeted Parent Abusive: Is the targeted parent abusing the child in some way, thereby creating the child's attachment pathology toward that parent? ☐ yes ☐ no

If yes, identify the DSM-5 Child Abuse diagnosis involved:

- Child Physical Abuse (V995.54) ☐ yes ☐ no
- Child Sexual Abuse (V995.53) ☐ yes ☐ no
- Child Neglect (V995.52) ☐ yes ☐ no
- Child Psychological Abuse (V995.51) ☐ yes ☐ no

Allied Parent Abusive: Is the allied parent psychologically abusing the child (DSM-5 V995.51 Child Psychological Abuse) by creating a shared (induced) persecutory delusion and false (factitious) attachment pathology in the child for the secondary gain to the allied parent? ☐ yes ☐ no

Component Diagnoses

- **Persecutory Delusion (shared):** Does the allied have a persecutory delusion surrounding the other parent, and does the child share this persecutory belief (a fixed and false belief that the child is being malevolently treated in some way)? ☐ yes ☐ no
- **Factitious Attachment Pathology:** Does the child have a false (factitious) attachment pathology imposed on the child by the pathogenic parenting of the allied parent (DSM-5 300.19 Factitious Disorder Imposed on Another)? ☐ yes ☐ no
- **Spousal Psychological Abuse:** Is the allied parent using the child's induced pathology as a weapon of spousal emotional and psychological abuse of the other parent (DSM-5 V995.82 Spouse or Partner Abuse, Psychological)? ☐ yes ☐ no

Family Systems Pathology

- **Triangulation:** Is the child being triangulated into the spousal conflict surrounding the divorce? ☐ yes ☐ no
- **Cross-generational Coalition:** Is there a cross-generational coalition of the child with the allied parent against the targeted parent in the family? ☐ yes ☐ no
- **Emotional Cutoff:** Is there an emotional cutoff between the child and the targeted parent in the family (a full breech to the parent-child bond)? ☐ yes ☐ no
- **Inverted Hierarchy:** Is there an inverted hierarchy in the family? (Does the child judge the parent's adequacy as if the parent was the child and the child was the parent?) ☐ yes ☐ no
- **Enmeshment:** Do the allied parent and child have an enmeshed relationship? ☐ yes ☐ no