

Risk Assessments

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A risk assessment is conducted when any of three types of dangerous pathology are presented by a client, suicide, homicide, or abuse (child, spousal, elder). The type of risk assessment depends on 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.).

There are four diagnoses of child abuse in the Child Maltreatment section of the DSM-5,¹ each of these warrants a proper risk assessment; Child Physical Abuse (V995.54), Child Sexual Abuse (V995.53), Child Neglect (V995.52), Child Psychological Abuse (V995.51). All of these child abuse diagnoses are equivalent in the severity of the damage they cause to the child, they differ only in the type of damage done, not in the severity of damage done to the child. Psychological child abuse destroys the child from the inside out.

A suspicion of child physical, sexual, or neglect abuse is a mandated report to Child Protective Services (CPS) to allow their trained assessment professionals to conduct a proper risk assessment for these types of child abuse, and then to take the proper child protection steps when warranted. Mental health professionals in the community are prohibited from conducting the risk assessment themselves for these forms of child abuse, and they are mandated to refer to Child Protective Services (CPS) to ensure a proper assessment and the proper protection of the forensic evidence if needed.

Psychological child abuse, however, is not a mandated report, it is a “permitted” report to CPS, but not required. Psychological child abuse (i.e., creating severe pathology in the child through aberrant and distorted parenting) is more difficult to assess and diagnose, and typically requires a higher level of training than is available to the CPS professionals who are more focused on child physical, sexual, and neglect abuse.

The assessment for possible child psychological abuse requires a higher level of professional knowledge in attachment pathology, complex trauma, personality pathology, and thought disorders. Since psychological child abuse is not a mandated CPS report, this allows the the involved mental health professionals to conduct the risk assessment for psychological child abuse, thereby allowing CPS to remain focused on identifying the other more overt forms of child abuse.

The professional concern with child psychological abuse is the creation of a thought disorder in the child, an induced persecutory delusion, by the aberrant and distorted

¹ The DSM-5 diagnostic system is from the American Psychiatric Association. It is a specialty diagnostic system focused solely on psychiatric disorders (as contrasted with the ICD-10 that is both medical and psychiatric diagnostic codes). In its more specialty focus, the DSM-5 offers greater descriptive elaboration on each psychiatric disorder, as well as diagnostic criteria for each disorder. The ICD-10 is the diagnostic coding system, the DSM-5 is the description.

parenting practices of the allied parent. A delusion is a fixed and false belief that is maintained despite contrary evidence. The type of delusion of concern is a potential persecutory delusion, i.e., a fixed and false belief in supposed “victimization.” 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)

Creating a shared persecutory delusion with a child that then destroys the child’s attachment bond to the other parent represents a DSM-5 diagnosis of V995.51 Child Psychological Abuse. The assessment for thought disorder pathology (delusions) is a Mental Status Exam of thought and perception conducted with the child and allied parent. Obtaining direct observation of the symptoms displayed in the parent-child relationship would confirm the diagnosis from the Mental Status Exam of thought and perception.

The clinical pathology of concern in the family is for possible unresolved trauma with a parent that then distorts their thinking and perception of situations, and that the parent’s persecutory delusion is then imposed on the child through aberrant and distorted parenting practices, creating a shared persecutory delusion (ICD-10 F24) relative to the other parent.

An additional clinical concern is that the allied parent is inducing this thought disorder in the child in order to (intentionally?) destroy the child’s attachment bond to the other parent in vengeful retaliation against the targeted parent for the failed marriage and divorce. Using the child as a weapon of spousal emotional and psychological abuse would represent Intimate Partner Violence (IPV; “domestic violence”), and would warrant a DSM-5 diagnosis of V995.82 Spouse or Partner Abuse, Psychological. By weaponizing the child into the spousal conflict, the allied parent creates such significant pathology in the child that it rises to the level of Child Psychological Abuse (DSM-5 V995.51). Spousal emotional and psychological abuse using the child as the weapon is a second dangerous pathology of concern in the family that warrants a proper risk assessment.

Attachment pathology is only created by problematic parenting (pathogenic parenting), either from the targeted-rejected parent or from the allied parent. Whenever there is significant attachment pathology displayed by a child surrounding divorce, a proper diagnostic risk assessment should be conducted to answer the referral question: Which parent is the source of pathogenic parenting creating the child’s attachment pathology, and what are the treatment implications?

In all cases of a dangerous pathology, including possible psychological child abuse (DSM-5 V995.51 Child Psychological Abuse) and possible spousal emotional and psychological abuse using the child as the weapon (DSM-5 V995.82 Spouse or Partner Abuse, Psychological), a proper risk assessment is required. Mental health professionals have duty to protect obligations.