C. A. CHILDRESS, Psy.D.
LICENSED CLINICAL PSYCHOLOGIST, PSY 18857
219 N. INDIAN HILL BLVD., STE. 201 • CLAREMONT, CA 91711 • (909) 821-5398

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To: <attorney>

Re: Assessment protocol

Based on the CRM data profile, I would recommend a clinical psychology assessment of the family pathology to identify an accurate DSM-5 diagnosis to guide the development of a treatment plan.

The Referral Question

In psychology, the assessment is always focused on answering the referral question. The typical referral question in forensic psychology is, "What should the child's custody schedule be." This is NOT an appropriate question for clinical psychology and will be rejected by clinical psychology as both inappropriate and unanswerable based on the knowledge of professional psychology.

For clinical psychology, the referral question is treatment-focused, because clinical psychology is treatment focused. In order to develop a treatment plan we must first have a diagnosis, the treatment for cancer is different than the treatment for diabetes. The axiom in clinical psychology is: assessment leads to diagnosis, and diagnosis guides treatment. Those are the steps to developing an effective treatment plan. What's the treatment? What's the diagnosis and I will tell you the treatment. The treatment for cancer is different than the treatment for diabetes.

The referral question for a trauma-informed clinical psychology assessment of the pathology is:

> <u>Referral Question:</u> Which parent is the source of pathogenic parenting[1] creating the child's attachment pathology, and what are the treatment implications?

Child Abuse Concerns

When a child presents as being "victimized" by a parent and is refusing to see that parent, this raises prominent concerns for potential child abuse parenting by the targeted-rejected parent. Children do not reject parents (the attachment bond) unless subjected to significant maltreatment by the parent. The presenting problem of child, complaints of

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[1] Pathogenic parenting: patho=pathology; genic=genesis, creation. Pathogenic parenting is the creation of significant pathology in the child through aberrant and distorted parenting practices. The term pathogenic parenting in most often used in attachment pathology, since the attachment system (the love and bonding system of the brain) only becomes dysfunctional in response to pathogenic parenting. Pathogenic parenting (by one parent or the other) is always the cause of attachment bonding pathology.

being "victimized" by the targeted parent warrant assessment for potential child abuse factors. It is hard to imagine a situation where a child is being authentically "victimized" by a parent that would not also be child abuse.

There are four DSM-5 diagnoses of child abuse in the Child Maltreatment section of the DSM-5:

V995.54 Child Physical Abuse

V995.53 Child Sexual Abuse

V995.52 Child Neglect

V995.54 Child Psychological Abuse

These four categories of child abuse need to be assessed relative to both parents when a child is presenting as being "victimized" by a parent. The process of diagnosis is called "differential diagnosis," where all possibilities are examined. For a child presenting as being "victimized" by a parent, two possibilities exist; the belief in victimization is true, or the belief in potential victimization is false, each direction has implications for a DSM-5 child abuse diagnosis.

True Belief: if the child's belief in "victimization" by a parent is true, then this will likely be a DSM-5 diagnosis of child abuse with the specific category identified by the assessment.

> Documentation of Parenting: I strongly recommend that the professional determination on the parenting practices of the targeted parent be documented for clarity using the Parenting Practices Rating Scale (PPRS; Appendix 1). This data documentation instrument is simply a clinical checklist documentation instrument that identifies the parent's category and level of parenting practices; with Levels 1 and 2 (Abusive and Severely Problematic) representing abusive-range parenting and Levels 3 and 4 (Problematic and Healthy) representing normal-range parenting. The PPRS is simply a check-box documentation for the clinical judgement and findings of the assessing mental health professional. Documentation of the parenting practices assessment for the targeted parent will bring valuable clarity to decision-making.

False Belief: If it is a false belief in supposed "victimization," then that is called a "persecutory idea" and may rise to the level of a persecutory delusion based on the degree of conviction held in the false belief. If the person has "full conviction" that the false belief in persecution is true, then that would be persecutory delusion. Delusional pathology is in the psychotic realm of clinical pathology and is a common symptom feature surrounding the collapse of a fragile narcissistic or borderline personality under stress.

> Child Psychological Abuse: If the child is displaying a persecutory delusion toward a normal-range parent, the likely origin is the influence of the allied parent who is the "primary case" for this persecutory delusion (American Psychiatric Association, 2000), and who is imposing this false belief onto the child. If a parent is creating a false delusional persecutory belief in the child through aberrant and distorted

parenting practices (pathogenic parenting) which then destroys the child's attachment bond to the other normal-range parent, then that would rise to the level of a DSM-5 diagnosis of V995.51 Child Psychological Abuse.

Either way on this differential diagnosis, a potential child abuse diagnosis is a real and credible possibility. The potential for a DSM-5 child abuse diagnosis for either direction of the differential diagnosis elevates the priority of the assessment. Child protection concerns are prominently present simply based on the differential diagnosis for the presenting problem, and a trauma-informed clinical psychology assessment of the family pathology is warranted as quickly as possible.

The diagnostic symptom of concern is a potential persecutory delusion in the child if the child's beliefs are false. If the child's belief in "victimization" is true, then that should likely receive a DSM-5 diagnosis of child abuse relative to the parenting practices of the targeted-rejected parent (the father in this family).

Assessing a Persecutory Delusion:

There are structured diagnostic steps for assessing and diagnosing delusional pathology. The first step is to identify whether the belief in supposed "victimization" by the parent is true or false.

If true, it is most likely child abuse, and the assessment findings should then be accompanied by a DSM-5 diagnosis of child abuse relative to the targeted-rejected parent.

If false, however, the belief is false, then how false? Use the *Brief Psychiatric Rating Scale* (BPRS)to anchor the symptom rating.

The BPRS is the is considered the standard in professional psychology for anchoring symptom ratings. This is the description of the BPRS from Wikipedia:

> 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. Each symptom is rated 1-7 and depending on the version between a total of 18-24 symptoms are scored. The scale is one of the oldest, most widely used scales to measure psychotic symptoms and was first published in 1962.

The BPRS is considered the diagnostic standard for all university-based clinical research projects. Item 11 on the BPRS is Unusual Thought Content (delusions), and it is this item on the BPRS that can be used to anchor the symptom rating of the false belief.

IPV Spousal Abuse

Also of prominent clinical psychology concern is the potential for Intimate Partner Violence (IPV; "domestic violence") involving the brutal emotional abuse of the ex-spouse using the child as the weapon. In weaponizing the child into the spousal conflict, the allied parent creates such significant psychopathology in the child that it rises to the level of a

DSM-5 diagnosis of child abuse, but the central core of the pathology is IPV spousal abuse (ex-spousal abuse) using the child as the weapon.

A trauma-informed clinical psychology assessment should specifically assess for and address potential issues of IPV spousal abuse (using the child as the weapon). This would include using the child as a weapon of spousal power, control, and domination of the decision-making autonomy ex-spouse (targeted parent), such as using the child to gain advantage (control) in various spousal disputes.

Assessment of Attachment Related Pathology Surrounding Divorce

I have published a booklet that describes my recommended approach to structuring an trauma-informed clinical psychology assessment process requiring six sessions, one with each parent to collect history and symptom information, two with the child and targeted-rejected parent to obtain direct symptom observation data, and one session each with the parents to examine their parental beliefs and attitudes. In my private practice, this set of structured assessment sessions focusing on three symptoms (attachment pathology, personality disorder pathology displayed by the child, and a persecutory delusion displayed by the child) is typically adequate to make a DSM-5 diagnosis, which then guides treatment planning recommendations.

However, assessing mental health providers are free to conduct whatever assessment they like, as long as it addresses the referral question and assessed the three domains of symptom of concern

1) Attachment suppression toward a normal range parent; yes - no- somewhat.
2) Personality disorder pathology displayed by the child; yes – no – somewhat.
3) Delusional pathology, a persecutory delusion is displayed by the child toward a normal-range parent; yes – no – somewhat.

Treatment Plan

Ultimately, the goal of both the assessment and diagnostic process is to develop an effective treatment plan that restores heathy attachment bonds of love and affection throughout the family, because it is always in the child's best interests for the family to make a successful post-divorce transition into a healthy and functional separated family structure following divorce.

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