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10/30/19

To: Eric Glasser

Re: Assessment protocol

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

The Referral Question

In psychology, an 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 inappropriate, and as unanswerable by 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 foundational axiom in clinical psychology is; assessment leads to diagnosis, and diagnosis guides treatment. Those are the foundational steps to solving pathology. What's the treatment? Tell me 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:

> Referral Question: 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 the child, i.e., complaints of being "victimized" by the targeted parent, warrant assessment for potential

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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.

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 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 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" belief 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 a 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 beliefs in "victimization" are true, then that would 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 the belief is false, however, then how false? The *Brief Psychiatric Rating Scale* (BPRS) should be used to anchor the symptom rating. The *Brief Psychiatric Rating Scale* is considered the diagnostic standard for all clinical research and treatment. 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.

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 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 manipulating and exploiting the child as a weapon of spousal power, control, and domination over the autonomous decision-making of the ex-spouse (targeted parent), such as using the child to gain advantage (control) in various spousal disputes.

Protocol Booklet

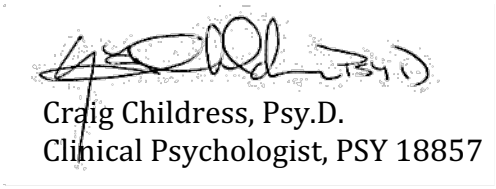
I have published a booklet (*Assessment of Attachment Related Pathology Surrounding Divorce*) that describes my recommended approach to structuring a trauma-informed clinical psychology assessment process. It requires six sessions, the first two are one with each parent to collect history and symptom information, the next two are with the child and targeted-rejected parent to obtain direct symptom observation data, the final two are one session with each parent 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 enough to make a DSM-5 diagnosis, which then guides treatment planning recommendations.

However, the assessing mental health provider is free to conduct whatever assessment they deem necessary, as long as it addresses the referral question and assesses 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) A persecutory delusion displayed by the child toward; 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 throughout the family, because it is always in the child's best interests for the family to make a successful transition into a healthy separated family structure following divorce. Divorce ends the marriage, not the family.



Craig Childress, Psy.D.
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Appendix 1

Parenting Practices Rating Scale

C.A Childress, Psy.D. (2016)

Name of Parent: _____ Date: _____

Name of Rater: _____

Indicate all that apply.

Child Abuse Ratings: Do not indicate child abuse is present unless allegations have been confirmed. In cases of abuse allegations that have neither been confirmed nor disconfirmed, or that are unfounded, use Allegation subheading rating not Category rating.

Level 1: Child Abuse

☐ 1. Sexual Abuse

As defined by legal statute.

- ☐ Allegation: Neither confirmed nor disconfirmed
- ☐ Allegation: Unfounded

☐ 2. Physical Abuse

Hitting the child with a closed fist; striking the child with an open hand or a closed fist around the head or shoulders; striking the child with sufficient force to leave bruises; striking the child with any instrument (weapon) such as kitchen utensils, paddles, straps, belts, or cords.

- ☐ Allegation: Neither confirmed nor disconfirmed
- ☐ Allegation: Unfounded

☐ 3. Emotional Abuse

Frequent verbal degradation of the child as a person in a hostile and demeaning tone; frequent humiliation of the child.

- ☐ Allegation: Neither confirmed nor disconfirmed
- ☐ Allegation: Unfounded

☐ 4. Psychological Abuse

Pathogenic parenting that creates significant psychological or developmental pathology in the child in order to meet the emotional and psychological needs of the parent, including a role-reversal use of the child as a regulatory object for the parent's emotional and psychological needs.

- ☐ Allegation: Neither confirmed nor disconfirmed
- ☐ Allegation: Unfounded

☐ 5. Neglect

Failure to provide for the child's basic needs for food, shelter, safety, and general care.

- ☐ Allegation: Neither confirmed nor disconfirmed
- ☐ Allegation: Unfounded

☐ 6. Domestic Violence Exposure

Repeated traumatic exposure of the child to one parent's violent physical assaults toward the other parent or to the repeated emotional degradation (emotional abuse) of the other parent.

- ☐ Allegation: Neither confirmed nor disconfirmed
- ☐ Allegation: Unfounded

Level 2: Severely Problematic Parenting

☐ 7. Overly Strict Discipline
Parental discipline practices that are excessively harsh and over-controlling, such as inflicting severe physical discomfort on the child through the use of stress postures, using shaming techniques, or confining the child in an enclosed area for excessively long periods (room time-outs are not overly strict discipline).

☐ 8. Overly Hostile Parenting
Frequent displays (more days than not) of excessive parental anger (a 6 or above on a 10-point subjective scale).

☐ 9. Overly Disengaged Parenting
Repeated failure to provide parental supervision and/or age-appropriate limits on the child's behavior and activities; parental major depression or substance abuse problems.

☐ 10. Overly Involved-Intrusive Parenting
Enmeshed, over-intrusive, and/or over-anxious parenting that violates the psychological self-integrity of the child; role-reversal use of the child as a regulatory object for the parent's anxiety or narcissistic needs.

☐ 11. Family Context of High Inter-Spousal Conflict
Repeated exposure of the child to high inter-spousal conflict that includes excessive displays of inter-spousal anger.

Level 3: Problematic Parenting

☐ 12. Harsh Discipline
Excessive use of strict discipline practices in the context of limited displays of parental affection; limited use of parental praise, encouragement, and expressions of appreciation.

☐ 13. High-Anger Parenting
Chronic parental irritability and anger and minimal expressions of parental affection.

☐ 14. Uninvolved Parenting
Disinterested lack of involvement with the child; emotionally disengaged parenting; parental depression.

☐ 15. Anxious or Over-Involved Parenting
Intrusive parenting that does not respect interpersonal boundaries.

☐ 16. Overwhelmed Parenting
The parent is overwhelmed by the degree of child emotional-behavioral problems and cannot develop an effective response to the child's emotional-behavioral issues.

☐ 17. Family Context of Elevated Inter-Spousal Conflict
Chronic child exposure to moderate-level inter-spousal conflict and anger or intermittent explosive episodes of highly angry inter-spousal conflict (intermittent spousal conflicts involving moderate anger that are successfully resolved are normal-range and are not elevated inter-spousal conflict).

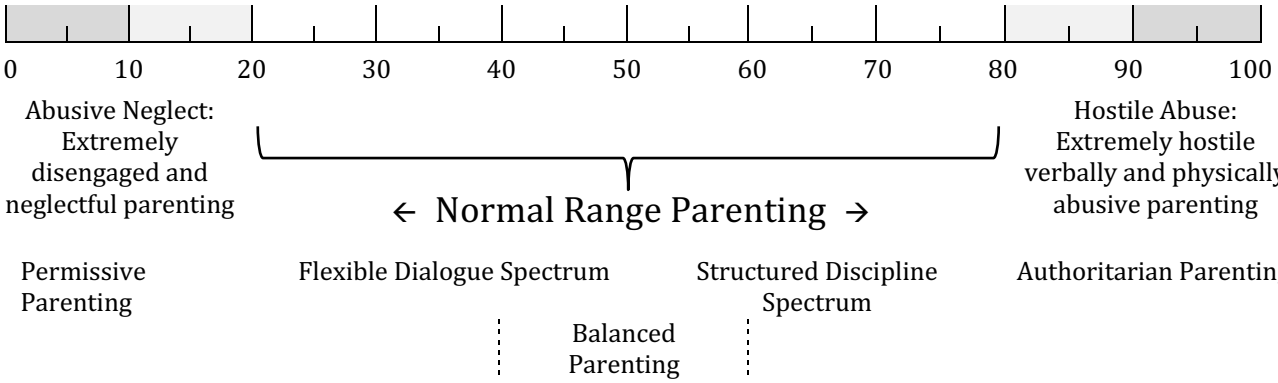
Level 4: Positive Parenting

☐ 18. Affectionate Involvement – Structured Spectrum
Parenting includes frequent displays of parental affection and ***clearly structured*** rules and expectations for the child's behavior. Appropriate discipline (loss of privileges or desired objects, or appropriate use of time-out) follows from clearly defined and appropriate rules.

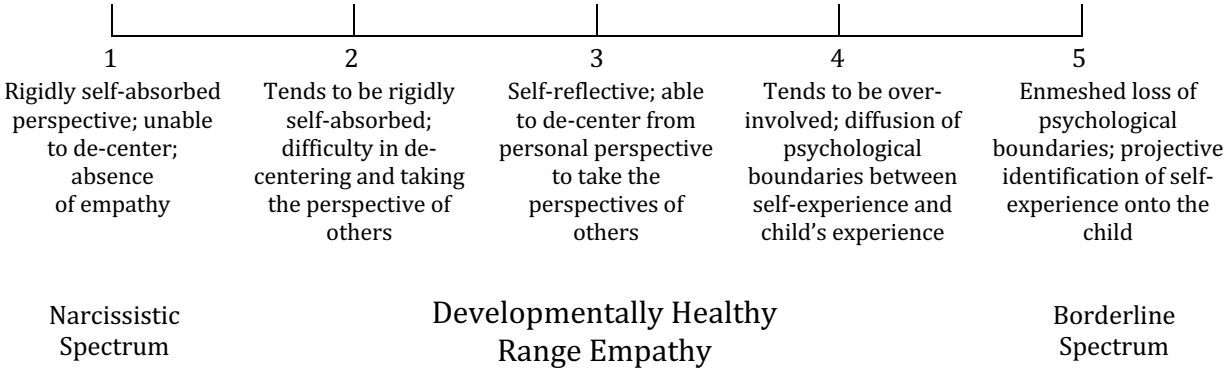
☐ 19. Affectionate Involvement – Dialogue Spectrum
Parenting includes frequent displays of parental affection and ***flexibly negotiated*** rules and expectations for the child's behavior. Parenting emphasizes dialogue, negotiation, and flexibility.

☐ 20. Affectionate Involvement – Balanced
Parenting includes frequent displays of parental affection and parenting blends clearly defined and structured rules with flexible negotiation at times. Parenting effectively balances structured discipline with flexible parent-child dialogue.

Permissive to Authoritarian Dimension Rating: _____



Capacity for Authentic Empathy Rating: _____



Parental Issues of Clinical Concern (CC)

☐ CC 1: Parental schizophrenia spectrum issues
Stabilized on medication? ☐ Yes ☐ No ☐ Variable

☐ CC 2: Parental bipolar spectrum issues
Stabilized on medication? ☐ Yes ☐ No ☐ Variable

☐ CC 3: Parental major depression spectrum issues (including suicidality)
Stabilized by treatment? ☐ Yes ☐ No ☐ Variable

☐ CC 4: Parental substance abuse issues
Treated and in remission (1 yr)? ☐ Yes ☐ No ☐ Variable

☐ CC 5: Parental narcissistic or borderline personality disorder traits
In treatment? ☐ Yes ☐ No ☐ Variable

☐ CC 6: Parental history of trauma
Treated or in treatment? ☐ Yes ☐ No ☐ Variable