0 (Section 2018 Resemble) 0 (Section 2018 Resemble)

Center for Shared Parenting Conference Novi Sad, Serbia – April 28, 2023

The Return of Clinical Psychology to Court-involved Custody Conflict`

C.A. Childress, Psy.D.

Diagnostic Protocol

1

Attachment-Based Model

Three Diagnostic Indicators (3 DI)

- 1. Attachment suppression toward a normal-range parent
- 2. Five narcissistic traits or a phobic fear of the parent displayed by the child
- 3. A persecutory delusion displayed by the child
- 12 Associated Clinical Signs (12 ACS)
 - · Frequently but not always present

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Greenham, Childress, & Pruter (2023)

Frequency of ACS in 46 families in custody litigation

5 ACS: 1 family 8 ACS: 4 families 9: ACS: 12 families 10 ACS: 11 families

11 ACS: 14 families 12 ACS: 4 families

Greenham, Childress, & Pruter. 2023. Dark Personalities and Induced Delusional Disorder, Part III. ResearchGate:

DOI:<u>10.6084/m9.figshare.22558006</u>

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3

Greenham, Childress, & Pruter (2023)

Prevalence of 12 Associated Clinical Signs

100%: ACS-2; ACS-7; ACS-11 90%+: ACS-5; ACS-10; ACS-12 80%+: ACS-1; ACS-6; ACS-8

50%+: ACS-3; ACS-4 30%+: ACS-9

Greenham, Childress, & Pruter. 2023. Dark Personalities and Induced Delusional Disorder, Part III. ResearchGate:

DOI: 10.6084/m9.figshare.22558006

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Assessment of Child Abuse

In the absence of child abuse, parents have the right to parent according to their cultural values, their personal values, and their religious values.

In the absence of child abuse, each parent should have as much time and involvement with the child as possible.

In the absence of child abuse, to restrict either parent's time and involvement with their child would damage the child's attachment bond to that parent, thereby harming the child and harming that parent

Is there child abuse?

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In all cases of court-involved custody conflict involving severe attachment pathology displayed by the child (a child rejecting a parent), a proper risk assessment for possible child abuse needs to be conducted to the appropriate differential diagnosis for each parent.

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7

Differential Diagnosis for Attachment Pathology

- Targeted Parent Abusive yes no
 - Is the targeted parent abusing the child, thereby creating the child's attachment pathology toward that parent?
- Allied Parent Abusive ☐ yes ☐ no

Is the allied parent psychologically abusing the child by creating a shared persecutory delusion and false (factitious) attachment pathology in the child for secondary gain of manipulating the court's decisions on child custody?

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9

Targeted Parent Diagnostic Considerations:

- Child Physical Abuse DSM-5 V995.54
- Child Sexual Abuse DSM-5 V995.53
- Child Neglect DSM-5 V995.52
- Child Psychological Abuse DSM-5 V995.51

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Assessment of Targeted Parent Child Abuse

Assessing Targeted Parent:

 Concerns for Child Physical Abuse (V995.54), Child Sexual Abuse (V995.53), and Child Neglect (V995.52) should receive a risk assessment from Child Protective Services.

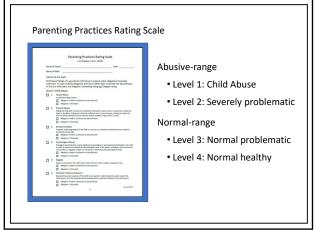
No – Uncertain – Yes

- Child Psychological Abuse (V995.51), i.e., creating psychiatric or psychological pathology in the child, should receive a proper assessment to the allegations.
- A CPS return of Uncertain should receive continued monitoring and treatment appropriate to the concerns.
- Document parenting practices of targeted parent using the Parenting Practices Rating Scale.

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11

12



Assessment of Allied Parent Shared Persecutory Delusion

13

14

Allied Parent Risk Considerations:

- Child Psychological Abuse DSM-5 V995.51
 - o Shared persecutory delusion
 - o Factitious Disorder Imposed on Another
- Spouse or Partner Abuse, Psychological DSM-5 V995.82
 - Emotional and psychological spousal abuse of the targeted parent by the allied parent using the child as the weapon.

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Allied Parent Risk Considerations:

- Child Psychological Abuse DSM-5 V995.51
 - o Shared persecutory delusion
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- Spouse or Partner Abuse, Psychological DSM-5 V995.82
 - Emotional and psychological spousal abuse of the targeted parent by the allied parent using the child as the weapon.

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15

17

16

18

Allied Parent DSM-5 Diagnostic Considerations:

- 309.4 Adjustment Disorder (mixed emotions & conduct)
 V995.51 Child Psychological Abuse (shared delusion)
- 207.1 Delusional Disorder (shared; persecutory) V995.51 Child Psychological Abuse (pathogenic parenting)
- 300.19 Factitious Disorder Imposed on Another
 V995.51 Child Psychological Abuse (pathogenic parenting; attachment pathology, induced persecutory delusion)

R/O V995.82 Spouse or Partner Abuse, Psychological

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Assessment of Delusional Thought Disorders

Mental Status Exam

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, 1990)

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. https://www.ncbi.nlm.nih.gov/books/NBK320/

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Brief Psychiatric Rating Scale - BPRS

Item 11 Unusual Thought Content: Unusual, odd, strange or bizarre thought content. Rate the degree of unusualness, not the degree of disorganization of speech. Delusions are patently absurd, clearly false or bizarre ideas that are expressed with full conviction. Consider the patient to have full conviction if he/she has acted as though the delusional belief were true. Ideas of reference/persecution can be differentiated from delusions in that ideas are expressed with much doubt and contain more elements of reality.

"Brief Psychiatric Rating Scale Expanded version 4.0: Scales anchor points and administration manual". ResearchGate.

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19

Dr. Childress Vitae:

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.

Ventura J, Lukoff D, Nuechterlein KH, Liberman RP, Green MF, Shaner A. (1993) Training and quality assurance with the Brief Psychiatric Rating Scale. Int J Methods Psychiatr Res. 221-244.

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Assessment

21

Mental Health Diagnostic Assessment

- · Document the symptoms.
- Consider all possible explanations differential diagnosis.
- Systematically gather information that rules-out some explanations (diagnoses) and supports others.
- When the explanation accounts for all the symptoms, the explanation is the diagnosis.
 - o Rule-out & Provisional diagnoses
- Categorical diagnoses (DSM-5); Clinical diagnoses (family systems).

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Diagnostic Process in Healthcare:

From Improving Diagnosis: "As the diagnostic process proceeds, a fairly broad list of potential diagnoses may be narrowed into fewer potential options, a process referred to as diagnostic modification and refinement (Kassirer et al., 2010). As the list becomes narrowed to one or two possibilities, diagnostic refinement of the working diagnosis becomes diagnostic verification, in which the lead diagnosis is checked for its adequacy in explaining the signs and symptoms, its coherency with the patient's context (physiology, risk factors), and whether a single diagnosis is appropriate." (Improving Diagnosis, 2015)

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23

24

20

Reason for Referral

 Identify the category of pathology (ADHD, depression, anxiety, autism, attachment).

History Section

 Brief summary description of family structure, family history, legal history, and additional factors. Symptom reporting for supporting subsequent diagnosis.

Summary & Conclusions

• Narrative summary and conclusions of history and symptoms.

Diagnosis

· DSM-5 diagnosis

Recommendations for Treatment

 Treatment plan – goals, interventions, timeframes, outcome measures.

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Scaffolding: Attachment-Based Model

- Three Diagnostic Indicators (3 DI)
 - 1. Attachment suppression toward a normal parent (Parenting Practices Rating Scale)
 - 2. Five narcissistic traits or a phobic fear of the parent
 - 3. A persecutory delusion displayed by the child
- 12 Associated Clinical Signs (12 ACS)
 - o Frequently but not always present
- Parenting Practice Rating Scale
 - o Targeted parent 4 Levels

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25

26

Diagnostic Checklist for Pathogenic Parenting

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Parenting Practices Rating Scale

	Parenting Practices Rating Scale
	CA ONRIVIS, Ptv D. (2016)
Name of	Parent Date
Name of	
	of that apply.
conform	one Natings: Do p.g. indicate child abuse is present unions altegations have been if. In cases of abuse allegations that have neither been confirmed nor disconfirme re unbounded, use Allegation subheading rating p.gt Category rating.
Level 1	Child Abuse
O i	Sensal Pilose Is Safried to Agal clarks. Singular Notice confirmed nor deconformed Shappion Noticeable
D 2	Physical Ribone Write pile in New America, policy the shift with an open hand or a closed file exceed the annual file of the shift with an open hand or a closed file exceed the shift with an America from the base for young control of the shiftee directs, politics, proper, policy or code, and policy of the shift with an open file of the shift with a shif
0 1	Emotional Albuse Impact motifs deputation of the drift as a particle a hondle and democrating time, Trajumor burnhaften of the child. Integration further confirmed and descriptional Objection further confirmed.
0 4	Psychological Motors The gas is a some just in comes agenture a purhological or development a politicity in the other incident or the control of the period of the period of the period of the period of the control of
0 5	Neglect Nation to provide for the child's bear reach for fixed, shelter, safety, and general one. If they private the confirmed our deconfirmed Streption following
0 4	Commodic Violence Exposure Reparted traumatic exposure of the child to one general values physical annuals traumat the other parent or to the represed environal degradation (environal above) of the other parent.
	The Sharing Influented
	D spillion (spinning)

Differential Diagnosis for Attachment Pathology

Targeted Parent Abusive

☐ yes ☐ no

Is the targeted parent abusing the child, thereby creating the child's attachment pathology toward that parent?

· Allied Parent Abusive

☐ yes ☐ no

Is the allied parent psychologically abusing the child by creating a shared persecutory delusion and false (factitious) attachment pathology in the child for secondary gain of manipulating the court's decisions on child custody?

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27

28

Professional Consultation

Consultation on Working Diagnosis

From 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.

Improving Diagnosis in Healthcare (2015). National Academies of Sciences, Engineering, and Medicine; Institute of Medicine; Board on Health Care Services; Committee on Diagnostic Error in Health Care.

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29

Consultation Surrounding Competence

From Improving Diagnosis: "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."

Improving Diagnosis in Healthcare (2015). National Academies of Sciences, Engineering, and Medicine; Institute of Medicine; Board on Health Care Services; Committee on Diagnostic Error in Health Care.

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Consultation Support

APA Ethics Code

Standard 3.09 Cooperation with Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately.

Improving Diagnosis in Healthcare, 2015

From Improving Diagnosis: "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."

Treatment Protocol

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31

2.04 Bases for Scientific and Professional Judgments

Psychologists' work is based upon established scientific and professional knowledge of the discipline.

- Attachment Bowlby and others
- Family systems therapy Bowen and others
- · Personality disorders Millon and others
- Complex trauma van der Kolk and others
- Child development Tronick and others
- Self psychology Kohut and others
- DSM-5 diagnostic system American Psychiatric Association

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33

34

32

Treatment Plan

Safety Plan for Dangerous Pathology

· Suicide, homicide, abuse

Treatment Plan

- Goals measurable
- Interventions specified for goal
- Timeframes goal accomplishment
- Outcome Measures documentation

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Safety Plan

Safety Plan: In all cases of child abuse, the protective separation of the child from the abusive parent is warranted and required by duty to protect obligations.

Treatment Plan: The child's healthy and normal-range development is then recovered, and once stable, contact with the abusive parent is reestablished with enough safeguards to ensure the child abuse does not resume.

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35

Outcome Measure Parent-Child Relationship Rating Scale

- Affection
- Cooperation
- Social Involvement

Daily ratings by parent sent to the family therapist.

Monitored and discussed in family therapy sessions.



38

40

Treatment Integration

Dialectic Behavior Therapy (DBT):

• Linehan - University of Washington

Emotionally Focused Therapy (EFT)

 Johnson – Center for Excellence in EFT https://iceeft.com/

Internal Family Systems (IFS)

 Schwartz – IFS Institute https://ifs-institute.com/

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37

Court-Adapted DBT Family Therapy

- Cognitive Behavior Therapy (CBT)
 - o Applied Behavioral Analysis
 - o CBT challenge to irrational beliefs
- Mindfulness
- Skills Instruction
 - Communication, problem-solving, breach-and-repair

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Applied Behavioral Analysis

	Before	During	After
Thoughts			
Feelings			
Actions			

Stimulus Response Reinforcer

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39

DBT Family Therapy – EFT Informed

Attachment - breach-and-repair (Tronick)

- Rogerian
 - o Requires DBT for personality pathology
- Attachment couples therapy adapted
- Process analysis of attachment communication rather than the Applied Behavioral Analysis used in DBT.

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DBT Family Therapy - IFS Informed

Family systems with Gestalt self-integration

- Family systems orientation
 - Triangulation, cross-generational coalition, emotional cutoff, inverted hierarchy, enmeshment
- · Addresses integration of split-off self
- Helps child develop self-authenticity

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41

Solution Focused Therapy

Berg & DeShazer

Institute of Solution Focused Therapy

https://solutionfocused.net/

Social Construction School

- Don't construct the problem construct the solution instead
- Relentlessly solution-focused
- Don't return to the (unsolvable) past

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Treatment Protocol:

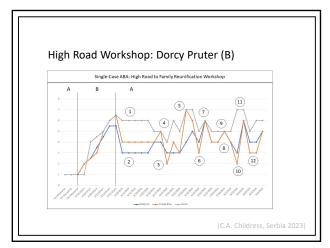
Court-adapted solution-focused Dialectic Family Therapy informed by Emotionally Focused Therapy and Internal Family Systems therapy.

- DBT personality pathology
- EFT attachment repair
- IFS family systems and self-integration
- SFT trauma release

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43

44



Early Intervention

45

46

Early Intervention is the Goal

Identity the pathology on its first presentation and take steps to interrupt its progression.

- Rule-out authentic child abuse by the targeted parent.
- Identify the rule-out of child psychological abuse and understand the underlying personality pathology.
- Teach communication and problem-solving skills, interrupt the power dynamics created by the child symptoms.
- Establish a clear plan of escalating steps based on the Response-to-Intervention.

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Judicial Education Curriculum

Kayden's Law: California SB-331

47

SB-331 Judicial Curriculum Proposal and Alternative

Child Abuse

SB-331 Proposal

Alternative Proposal

(A) Child sexual abuse

(A) Child Physical Abuse DSM-5 V995.54

(B) Physical abuse.

(B) Child Sexual Abuse DSM-5 V995.53

(C) Emotional abuse.

(C) Child Neglect DSM-5 V995.52

(D) Child Psychological Abuse DSM-5V995.51

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SB-331 Judicial Curriculum Proposal and Alternative

Psychological Control

SB-331 Proposal

Alternative Proposal

(D) Coercive Control

(E) Psychological Control

From Cui et al: "Specifically, psychological control has historically been defined as psychologically and emotionally manipulative techniques or parental behaviors that are not responsive to children's psychological and emotional needs. Psychologically controlling parents create a coercive, unpredictable, or negative emotional climate in the family, which serves as one of the ways the family context influences children's emotion regulation. (Cui et al, 2014)

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49

SB-331 Judicial Curriculum Proposal and Alternative

Potential Bias

Control for bias by standardizing the diagnostic assessment protocol.

SB-331 Proposal

Alternative Proposal

(E) Implicit and explicit bias, including biases relating to parents with disabilities.

(F) Implicit and explicit bias, including bias associated with counter-transference and personal factors, culture, gender, religion, sexual orientation and identify, and parents with disabilities.

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SB-331 Judicial Curriculum Proposal and Alternative

Trauma

50

52

SB-331 Proposal

Alternative Proposal

(F) Trauma.

(G) The difference between trauma and complex trauma, including the trans-generational transmission of trauma.

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51

SB-331 Judicial Curriculum Proposal and Alternative

Intimate Partner Violence (IPV)

SB-331 Proposal

Alternative Proposal

(G) Long- and short-term impacts of domestic violence and child abuse on children.

(H) Identifying IPV and the associations of IPV to child abuse concerns following divorce, including identifying false allegations of IPV designed to manipulate the court's decisions.

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SB-331 Judicial Curriculum Proposal and Alternative

IPV Cycle of Violence

SB-331 Proposal

Alternative Proposal

(H) Victim and perpetrator behavioral patterns and relationship dynamics within the cycle of violence. (I) Victim and perpetrator behavioral patterns and relationship dynamics within the cycle of violence, and spousal psychological abuse

using the child as a weapon.

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53

SB-331 Judicial Curriculum Proposal and Alternative

Narcissistic-Borderline-Dark Personality Pathology

SB-331 Proposal Alternative Proposal

none Symptom patterns of narcissistic,

borderline, and dark personality pathology, including child and spousal abuse risks, the potential development of persecutory delusions, and the creation of false pathology in the child to manipulate the court's decisions for secondary gain.

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SB-331 Judicial Curriculum Proposal and Alternative

Family Systems Constructs

SB-331 Proposal Alternative Proposal

none The features of family systems and

family conflict, including triangulation, cross-generational coalitions, emotional cutoffs, inverted hierarchies, and

enmeshment.

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55

SB-331 Judicial Curriculum Proposal and Alternative

Attachment System & Attachment Pathology

SB-331 Proposal Alternative Proposal

none Description of the attachment

system in children and symptom features of attachment pathology, including child development research regarding the breachand-repair sequence and the resolution of attachment

pathology.

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Relevant Research Regarding Dark Personalities

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

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 in Public Health*. 2020. doi: 10.3390/ijerph17082843. PMID: 32326146; PMCID:

Greenham, M.L & Childress, C.A. (2022). Dark Personalities and Induced Delusional Disorder, Part II: The Research Gap Underlying a Crisis in the Family and Domestic Violence Courts. ResearchGate. DOI:10.13140/RG.2.2.16477.90084/2

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57

58

56

Pilot Program for the Family Courts:

California Recommendation

Principle Investigator: Stanford Forensic Psychiatry

Satellite So Cal Site: UCLA – Pepperdine – Alliant

Diagnostic Assessment Protocol Development

• Lead site: Stanford – UCLA

Treatment Protocol Development

- Pepperdine Alliant universities
- Teams from: DBT (Linehan), EFT (Johnson & Tronick), IFS (Schwartz)

Legal Protocol Development

• Stanford – UCLA – Pepperdine Law Schools

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59

Pilot Program: Balkans

- Institute of Criminological and Sociological Research
 - o Diagnostic assessment protocol
 - o Treatment protocol
 - o Legal arguments to support a treatment-oriented approach

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