

C. A. CHILDRRESS, Psy.D.

LICENSED CLINICAL PSYCHOLOGIST, PSY 18857

219 N. INDIAN HILL BLVD., STE. 201 • CLAREMONT, CA 91711 • (909) 821-5398

Date: 11/12/19

From: Craig Childress, Psy.D.

Re: Government of Puerto Rico, House of Representatives
Proposal to Amend: Articles 7 and 9 of Law 223-2011,
“Law Protecting the Rights of Minors in the Process of Adjudication of Custody”

I am a licensed clinical psychologist with a professional background in high-intensity family conflict surrounding divorce and child custody. I was asked to review the proposed amendment and offer a professional opinion from my background in clinical psychology, child and family therapy and, in particular, this type of high-intensity family conflict in the family courts.

I cannot support the legislation as written. The construct of “parental alienation” is not a sufficiently grounded professional construct to allow its use in a professional capacity. The construct of “parental alienation” is a general-public term that is not grounded in the scientifically established knowledge of professional psychology, and I do not recommend its use in guiding our response to this devastating family pathology.

The pathology which the amendment seeks to address most definitely exists. It is a brutal form of IPV spousal abuse (Intimate Partner Violence; “domestic violence”) using the child as the weapon. However, the construct of “parental alienation” is not sufficiently grounded in the established scientific knowledge of professional psychology to warrant its use in developing the solution.

I wish to emphasize, that the pathology of concern most definitely exists. It is simply that the construct of “parental alienation” is a deeply flawed and inadequate professional-level construct and should not be used to guide decision-making surrounding the pathology. Instead, mental health professionals, the family courts, and governing legislatures should rely on the scientifically established knowledge of professional psychology. When this is done, the pathology can be described in multiple substantially more grounded ways depending on which information sets from professional psychology are applied.

IPV Spousal Abuse

At its core, the family pathology of concern is the savage and brutal IPV spousal abuse of the ex-spouse using the child as the weapon. The allied parent is using their parental influence with the child and the child’s loyalty to them to destroy the child’s love and bonding to the other parent, in revenge and retaliation for the failed marriage and divorce. The ex-spouse is essentially “killing” the other parent’s child in revenge for the failed marriage and subsequent divorce. Prior to the divorce, the targeted parent had a bonded and loving relationship with their child. Following the divorce, that parent has no child. The child’s bond to the targeted and now rejected parent has been destroyed by the allied parent creating loyalty conflicts and forcing the child to choose a side in the divorce.

The pathology commonly described as “parental alienation” is a brutal form of IPV spousal abuse using the child as the weapon. Professional psychology, the family courts, and governing legislatures must respond to the IPV spousal abuse core of this pathology to protect the ex-spouse and the child from the hostile, brutally savage, and destructive acts of the allied parent.

Child Psychological Abuse

In weaponizing the child into the spousal conflict, the allied parent creates such significant pathology in the child that it rises to the level of a DSM-5 diagnosis of V995.51 Child Psychological Abuse. Among many devastating symptoms created in the child by the pathogenic parenting¹ of the allied parent is an encapsulated persecutory delusion toward the other parent, the targeted parent. Through the distorted parenting practices of the allied parent, the child becomes delusionally convinced that they are being “victimized” by the normal-range parenting of the other parent, and the child begins to reject this parent based on a false and delusional belief in supposed “victimization.”

Creating a persecutory delusion in a child in order to use that child as a weapon of revenge and retaliation against the ex-spouse targeted parent is Psychological Child Abuse. This is not a child custody issue; it is a child protection issue. Professional psychology, the family courts, and legislatures need to more strongly address the child abuse and child protection issues surrounding this family pathology.

One significant step that legislatures can take toward protecting children involved in high-intensity family conflict is to formally review the existing child abuse reporting laws to ensure that they properly define and adequately address the issue of Child Psychological Abuse. In 2013 the American Psychiatric Association added a DSM-5 diagnosis of Child Psychological Abuse into a reorganized section for Child Maltreatment. The American Psychiatric Association identifies four categories of child abuse:

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

All of these child abuse diagnoses are equally devastating to the child’s development, each in a different way. In many ways, the consequences of child psychological abuse are more severe than those from physical child abuse. Physical abuse damages the child’s body, psychological abuse enters into the child’s psychological structures and destroys the child from the inside-out. The consequences of psychological child abuse will be the lifelong damage to the child’s inner being, their psychological structures.

Child abuse reporting laws were all written prior to 2013 and they do not adequately address the addition of V995.51 Child Psychological Abuse to the DSM-5 by the

¹ Pathogenic parenting: patho=pathology; genic=genesis, creation. Pathogenic parenting is the creation of significant psychopathology in the child through aberrant and distorted parenting practices.

American Psychiatric Association. I would urge all governing legislatures to formally review their child abuse reporting laws to see if they adequately define and respond to the pathology of Child Psychological Abuse.

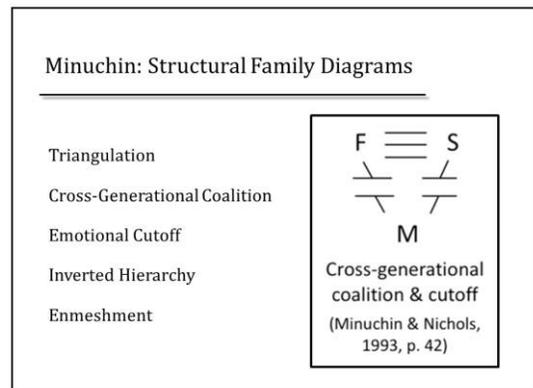
Family Systems Description

Family systems therapy is one of the four primary schools of psychotherapy and is the appropriate school of psychotherapy to apply to resolving family conflict. When the information sets from family systems therapy are applied to this high-intensity family conflict, the family pathology is described as:

Family Systems Description: The child is being *triangulated* into the spousal conflict through the formation of a *cross-generational coalition* with the allied parent against the targeted parent, resulting in an *emotional cutoff* in the child's relationship to the targeted parent (Minuchin, Bowen, Haley, Madanes).

The preeminent family systems therapist Salvador Minuchin provides a Structural family diagram for exactly the pathology of concern.² This diagram depicts a father's *cross-generational coalition* with the son against the mother. The triangle pattern to the conflict is evident in the diagram, as is the child's (and father's) *emotional cutoff* from the mother.

The diagram from Minuchin also depicts the over-empowerment of the child achieved by the alliance with the father (the allied parent) into an elevated position in the family hierarchy above the mother (the targeted parent). In family systems therapy, this over-empowerment of the child is called an "inverted family hierarchy" in which the child judges the adequacy of the parent, as both a parent and as a person. The three lines joining the allied parent father to the child represent an "enmeshed" over-involved and over-intrusive psychological relationship, in which the child's self-autonomy is violated and overridden by the parent.



Attachment Description

When the information sets from attachment, complex trauma, and personality disorder pathology are applied, the description for this high-intensity family conflict pathology becomes:

Attachment Description: The trans-generational transmission of attachment trauma from the childhood of an allied narcissistic-borderline parent to the current family relationships, mediated by the personality disorder pathology of the parent that is itself a product of this childhood attachment trauma.

² Minuchin, S. & Nichols, M.P. (1993). Family healing: Strategies for hope and understanding. New York: Touchstone.

The solution from professional psychology will be through the application of professional knowledge from multiple domains; attachment, family systems therapy, personality disorders, and complex trauma. It is vital that the treating mental health professionals possess the required knowledge and background (as required by Standard 2.01a of the ethics code of the American Psychological Association) and that they apply that knowledge (as required by Standard 2.04 of the APA ethics code).

Families & Solutions

Divorce ends the marriage, not the family. As long as there is a child there will always be a family. The family is simply transitioning from its prior intact family structure that was united by the marriage, into a new, separated family structure that is now united by the child's shared bonds of love with both parents. The child unites two families into the very fabric of the child's being, two family cultures, two family heritages.

There is no more valuable and special a relationship than the child's with the parent, and each relationship is unique within its type. There are four unique types of parent-child bond; mother-son, mother-daughter, father-son, father-daughter. Each of these relationships is unique in its influence on the child, and each is essential to the child's healthy development. They are not interchangeable, and none of them are expendable; a mother is not expendable in the life of a child, a father is not expendable in the child's life.

Children thrive when they receive abundant love from their mother, and children thrive when they receive their father's abundant love. On a scale of 1 to 100, we always want children to be receiving 100-mom love and 100-dad love. If it's less than that, then we work to increase it. We never want children to be receiving 0-mom love or 0-dad love, yet far too often that is what happens through our family courts in how we address high-intensity family conflict surrounding divorce.

It is time for a thoughtful reconsideration of how our society, our court system, professional psychology, and our governing legislatures can support families who are struggling in making a successful transition into a healthy separated family structure following divorce. That thoughtful reconsideration should be grounded in our strongest scientifically supported professional knowledge. The construct of "parental alienation" does not meet that standard.

The pathology of concern most definitely exists, and we must address it at the highest of priorities. This is not a child custody issue; it is a child protection issue. It is a family issue. It is always in the child's best interests to help the family successfully transition to a healthy separated family structure following divorce. It is up to professional psychology, in active collaboration with the family courts and state legislatures, to bring that solution to children who are desperately in need of that solution.



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