

C. A. CHILDRESS, Psy.D.

LICENSED CLINICAL PSYCHOLOGIST, PSY 18857

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

12/11/19

To: Client Parent

Re: Consultation

This letter is to confirm the content of our consultation. We discussed my possible role in your family matter and discussed whether my involvement as a clinical treatment provider or as a forensic expert witness would be more helpful. To confirm our discussion, you have yet to make that decision and you are not currently an active client of mine. No role has yet been determined, and I am not currently involved in any capacity.

Clinical Role

My clinical role would be to personally conduct a clinical psychology assessment of the family in order to develop a treatment plan. Based our discussion, your children are currently evidencing symptoms of attachment bonding problems with you, so the referral question for the treatment-oriented assessment would be,

Referral Question: Which parent is the source of pathogenic parenting creating the child's attachment pathology, and what are the treatment implications?

I could conduct a trauma-informed clinical psychology assessment of this referral question in about six sessions. The first two sessions would involve meeting with each parent individually to collect history and symptom information from each parent's perspective. The next two sessions would be with the children and targeted parent to directly observe and assess the symptom features. The final two sessions would be with each parent again individually to further assess each parent's emotional-cognitive structures and beliefs. These six sessions should be sufficient to allow me to answer the referral question.

As we also discussed, opposing party is welcome to obtain a second-opinion clinical psychology assessment to that referral question, and I would be happy to collaborate afterwards on developing a joint professional decision on the referral question.

Of prominent note in our discussion was the potential that either side of the differential diagnosis potentially led to a DSM-5 diagnosis of child abuse, from one parent or the other. While insufficient information is available to me at this point to render any opinion on the matter of child abuse, our discussion raised prominent concerns that both alternatives in a differential diagnosis could reasonably lead to a DSM-5 diagnosis of child abuse by one parent or the other.

That a DSM-5 diagnosis of child abuse is a prominent consideration in the assessment, the priority to obtain a treatment-oriented clinical psychology assessment is extraordinarily high. Potential child abuse needs to be identified and addressed in a very timely manner. Child protection considerations elevate the priority of assessment.

Forensic Expert Role

We also discussed an alternative role as a possible expert witness in this matter, specifically reviewing material from the other involved mental health professionals for standards of practice concerns and treatment-relevant information, to assist in the development of a treatment plan for your family.

If you and your attorney decide on this role, I would need to review reports from all of the involved mental health providers. I would be specifically looking for the application of information indicated on the *Checklist for Applied Knowledge*, and I could provide a report on standards of practice if requested. A standards of practice review would typically also require review of the professional vitae for the involved mental health professionals along with their reports.

I would also be reviewing mental health reports for clinically relevant information that could assist in developing a treatment plan, and I could provide information on areas of analysis and potential solution that would warrant additional consideration by the involved mental health professionals. If requested, I could serve as a direct consultant to the involved mental health professional

Conclusions

I suggested that you discuss these alternatives with your attorney and decide on a course of action relative to my possible role. As we discussed, my role in a clinical capacity of assessment may require the court's involvement to order my assessment sessions with you, the other parent, and the children as outlined above.

As I indicated, you are not currently a client of mine and I will await a decision as to whether my involvement is warranted, and if so in what capacity.



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