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Informal Notification of Ethical Concerns

Date:

Hello Dr.

I am writing you this letter to notify you informally of my concerns regarding possible ethical violations by you, pursuant to my required obligations under Standard 1.04 of the APA ethics code when I believe there may have been an ethical violation by another psychologist.

> **1.04 Informal Resolution of Ethical Violations**
> When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved.

I recently attended a four-day training course, *Advanced Issues in Family Law: Parent Child Contact Problems*, with you and other instructors. Based on my attendance and the content presented by you and the other instructors, I believe there may have been an ethical violation to Standard 2.04 Bases for Scientific and Professional Judgments.

> **2.04 Bases for Scientific and Professional Judgments**
> Psychologists' work is based upon established scientific and professional knowledge of the discipline.

The relevant domains of established scientific and professional knowledge required by Standard 2.04 for application as the bases for professional judgments with the pathology in the family courts includes the following:

- DSM-5 diagnostic system – American Psychiatric Association
- Attachment – Bowlby, Tronick, & others
- Complex trauma – van der Kolk & others
- Family systems – Minuchin & others
- Personality Pathology – Millon, Linehan, & others
- Psychological control – Barber & others

None of this established knowledge was evident in application during any of the eight Modules presented in the training course. Instead, you and the other instructors relied on made-up pathology labels for a proposed pathology unique to the family courts that lack scientific support and clear definitions (“parental alienation” – “resist-refuse dynamic” – “Parent-Child Contact Problems”). There is no pathology unique to the family courts that does not exist within the general population. The family court context is simply triggering the pathology existent in the general population into display.

Attachment Pathology

A child rejecting a parent is an attachment pathology (Bowlby, 1969; 1973; 1980; Tronick & Gold, 2020), a problem in the love-and-bonding system of the brain. It is noted that no established knowledge from attachment was relied on by you or taught to the trainees as the bases for professional judgments.

Delusions & Personality Disorder Pathology

The pathology of concern in the family courts is the psychological collapse of a narcissistic-borderline-dark personality parent into persecutory delusions (DSM-5 297.1 Delusional Disorder; persecutory type) triggered by the rejection inherent to divorce that creates a narcissistic injury and abandonment fears in the pathological narcissistic-borderline-dark personality parent. It is noted that no reliance on the established knowledge from the DSM-5 diagnostic system of the American Psychiatric Association (APA, 2013) was relied on or taught as the bases for your professional judgments, and that no application of the established knowledge from personality disorders (narcissistic-borderline-dark) was evident in application as the bases for your professional judgments (Beck et al., 2004, Linehan, 1993, Millon, 2011; Paulhus & Williams, 2002).

Factitious Pathology Imposed on the Child

The narcissistic-borderline-dark personality parent uses the child as a regulatory object to stabilize the parent's psychological collapse surrounding the narcissistic injury and abandonment fears triggered by the divorce, by creating false (factitious) attachment pathology in the child for secondary gain to the pathological parent (DSM-5 300.19 Factitious Disorder Imposed on Another). The potential secondary gain to the narcissistic-borderline-dark personality parent for creating false pathology in the child include:

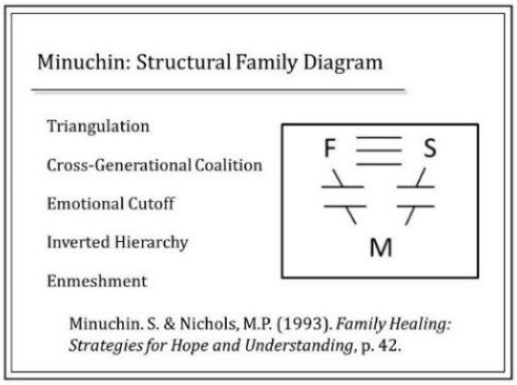
- **Court Manipulation:** manipulating the court's decisions regarding child custody in favor of the allied parent by creating false pathology in the child to deceive the court regarding the normal-range parenting of the targeted parent.
- **Spousal Abuse:** spousal emotional and psychological abuse of the targeted parent using the child, and the child's induced pathology, as the spousal abuse weapon.
- **Regulatory Object:** the narcissistic-borderline-dark personality parent is using the child as a "regulatory object" to meet the allied parent's own emotional and psychological needs.

It is again noted that no reliance on the established knowledge from the DSM-5 diagnostic system of the American Psychiatric Association regarding factitious disorders was relied on or taught as the bases for professional judgments.

Family Systems Pathology

The family systems pathology of concern in the family courts is the triangulation (Bowen, Minuchin) of the child into the spousal conflict through a cross-generational coalition (Haley, 1977; Minuchin, 1974; Madanes, 2018) of the allied parent with the child,

resulting in an emotional cutoff (Bowen, 1978; Titelman, 2003) in the child's attachment bond to the targeted parent, as depicted in this Structural family diagram from Minuchin and Nichols (1993).



While the term "family systems" was used frequently in the course instruction, along with the construct of "enmeshment", it is noted that no mention was made of *cross-generational coalitions* (and their cause), inverted hierarchies (and their cause), emotional cutoffs (and their cause), and the role of enmeshment as a psychological boundary dissolution (and its cause), and no citations were made to any of the established family systems literature (Bowen, Haley, Minuchin, Madanes, Satir, and others).

Euphemisms Hide Child Abuse

Using made-up pathology labels of "parental alienation", "resist-refuse dynamic", and "Parent-Child Contact Problems" represent euphemisms for child abuse (DSM-5 V995.51 Child Psychological Abuse; shared/induced persecutory delusion; FDIA) that hide the child abuse from view, that hide the child abuse from the Court's understanding, and that prevent effective treatment for the child abuse.

It is not "inappropriate affection dynamic" – it's child sexual abuse.

It is not "Overly Stern Discipline" – it's child physical abuse.

It's not "parental alienation", "resist-refuse dynamic", or "Parent-Child Contact Problems" – it's child psychological abuse.

All mental health professionals have duty to protect obligations. Whenever a mental health professional encounters any of three dangerous pathologies, suicide, homicide, neglect, duty to protect obligations are active and a proper risk assessment for the danger involved needs to be conducted.

Standard 2.01 Boundaries of Competence

Based on the absence of applied knowledge of attachment, personality disorders, factitious disorders, personality pathology, and family systems as the bases of your professional judgments (a seeming violation to Standard 2.04) and troubling content in your training regarding treatment, I believe you (and the other instructors) may be in violation of Standard 2.01 Boundaries of Competence of ethics code of the American Psychological Association in multiple domains of necessary knowledge, including: 1) the diagnostic assessment and treatment of delusional thought disorders, 2) the diagnostic assessment and treatment of attachment pathology in childhood, 3) the diagnostic assessment and treatment of factious disorders imposed on the child, 4) the diagnostic assessment and treatment of personality disorder pathology, and 5) the diagnostic assessment and treatment of family systems pathology.

2.01 Boundaries of Competence
(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

Additionally, if you need to be educated about what the pathology is in the family courts, then you are not competent in the pathology by your demonstrated need to be educated about it, in violation of Standard 2.03 Maintaining Competence of the APA ethics code.

2.03 Maintaining Competence
Psychologists undertake ongoing efforts to develop and maintain their competence.

Standard 9.01 Bases for Assessment

In addition, if you do not know the required knowledge necessary for competence (a violation to Standard 2.01) and do not apply the established knowledge of the discipline as the bases for your professional judgments (a violation to Standard 2.04), then I am concerned that your opinions contained in your recommendations, reports, and diagnostic or evaluative statements, including your forensic testimony, are NOT based on information and techniques sufficient to substantiate your findings, in violation of Standard 9.01 Bases for Assessment.

9.01 Bases for Assessments
(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

Duty to Protect

Based on the content of the training, I have additional concerns that you (and the other instructors) are routinely failing in your duty to protect obligations on two counts:

- **Child Psychological Abuse:** failure to protect the child from psychological abuse by a narcissistic-borderline-personality parent who is inducing a shared persecutory delusion and false (factitious) attachment pathology in the child for secondary gain to the pathological parent (DSM-5 V995.51).
- **Spousal Psychological Abuse of the Targeted Parent:** failure to protect the targeted parent from psychological spousal abuse by the allied parent using the child (and the child's induced pathology) as the spousal abuse weapon (DSM-5 V995.51).

As you are aware, all mental health professionals have duty to protect obligations whenever they encounter three types of dangerous pathology, suicide, homicide, and abuse (child, spousal, and elder abuse). Whenever a dangerous pathology is encountered (suicide, homicide, abuse), duty to protect obligations are active and the mental health professional has three obligations:

1. **Risk Assessment:** The mental health professional must conduct a proper risk assessment for the danger involved or ensure that a proper risk assessment gets conducted (such as by referring a suicidal patient to the ER for evaluation or making a report to Child Protective Services for the risk assessment of possible child abuse).
2. **Protective Action:** The mental health professional must take an affirmative protective action to ensure everyone's safety (such as referral for additional evaluation and treatment, increased frequency of sessions, or activating surrounding family and social support with proper permissions).
3. **Documentation:** The mental health professional should then document in the patient's medical record the findings from a risk assessment if one was conducted, and the affirmative protective actions taken.

Despite frequent mentions in the course instruction of "safety" being a paramount consideration in court-involved pathology surrounding child custody conflict, no mention or discussion was provided regarding possible psychological child abuse by an allied narcissistic-borderline-dark personality parent, or of the possible spousal psychological abuse of the targeted parent by the allied parent using the child (and the child's induced pathology) as the spousal abuse weapon.

In the absence of discussion regarding the potential narcissistic-borderline-dark personality pathology of the allied ("favored") parent, the potential child psychological abuse by the allied parent, and the potential spousal psychological abuse of the targeted parent by the allied parent using the child as the spousal abuse weapon, I am concerned that you (and the other instructors) have biased perceptions in favor of the allied and abusive ("favored") parent, to the substantial harm of the child and the targeted parent.

Failure to conduct a proper risk assessment when a risk assessment is warranted by the symptoms and context may represent a negligent failure in duty to protect obligations.

> **Cornell Law School Definition of Negligence:** "Negligence is a failure to behave with the level of care that someone of ordinary prudence would have exercised under the same circumstances. The behavior usually consists of actions, but can also consist of omissions when there is some duty to act."[1]

Misdiagnosis: Participation in Child Abuse and Spousal Abuse

One of the prominent professional dangers of misdiagnosing a shared persecutory delusion is that if the mental health professional misdiagnoses the pathology of a shared persecutory delusion and believes the shared delusion as if it was true, then the mental health professional becomes part of the shared delusion, they become part of the pathology.

When that pathology represents the psychological abuse of the child by an allied pathological parent, then the mental health professional becomes a participant in the parent's psychological abuse of the child by validating to the child that the child's false

[1] Cornell Law School: Negligence https://www.law.cornell.edu/wex/negligence

(delusional) beliefs are true when they are, in fact, symptoms of an induced persecutory delusion. In addition, when the pathology is also the spousal psychological abuse of the targeted parent by the allied parent using the child as the weapon, then the mental health professional becomes a participant in the spousal psychological abuse of the targeted parent because of their misdiagnosis of the pathology in the family.

The recommendations from you (and the other instructions) for an "Apology Therapy" of your own devising (i.e., having the targeted parent apologize to the child for their supposedly malevolent treatment of the child) that is not based in a professional-level diagnosis raise prominent professional concerns that you (and the other instructors) have misdiagnosed a shared (induced) persecutory delusion (because of violations to ethical Standards 2.01 & 2.04) and have become participants in the psychological abuse of the child, and in the psychological spousal abuse of the targeted parent by the allied parent using the child (and the child's induced pathology) as the spousal abuse weapons.

As noted earlier, all psychologists have duty to protect obligations for everyone they work with. It is deeply troubling to consider the possibility that you (and the other instructors) are active participants in the psychological abuse of your child-clients and in the psychological spousal abuse of your parent-clients because of a negligent misdiagnosis of the pathology resulting from a failure to know the necessary knowledge (a violation to Standard 2.01 Boundaries of Competence), a failure to apply the established scientific and professional knowledge of the discipline as the bases for your professional judgments (a violation of Standard 2.04 Bases for Scientific and Professional Judgments), and because you rely on made-up pathology labels (of your own devising) instead.

There are reasons for ethical Standards. There are reasons for Standards 2.01 and 2.04. When mental health professionals practice beyond boundaries of competence and fail to apply the established knowledge of the discipline as the bases for their professional judgments the risks for misdiagnosis increase substantially. When child abuse and spousal abuse are considered diagnoses, misdiagnosis can result in substantial harm to the client.

Forensic Custody Evaluations

It is noted that you and the other instructors for the course have long histories of conducting forensic custody evaluations, i.e., an experimental quasi-judicial role in the family courts of advising on custody decisions of the Court based on your assessment protocol and judgments. It is noted that the assessment procedure developed for forensic custody evaluations lacks inter-rater reliability data, meaning that two different psychologists can reach entirely different interpretations and recommendations based on exactly the same data. From the psychometric principles of assessment, an assessment procedure (such as a forensic custody evaluation) that lacks reliability (inter-rater reliability for forensic custody evaluations) cannot be a valid assessment for anything (psychometrics of assessment; an assessment procedure must be reliable to be valid).

An independent review of forensic custody evaluations by the New York Blue-Ribbon Commission on Forensic Custody Evaluations found that they "lack scientific or legal value", are "dangerous" and "harmful to children", and that the "defective reports"

generated by forensic custody evaluations can have "potentially disastrous consequences for parents and children" in the family courts.

> **From NY Blue Ribbon Commission:** "Ultimately, the Commission members agree that some New York judges order forensic evaluations too frequently and often place undue reliance upon them. Judges order forensic evaluations to provide relevant information regarding the "best interest of the child(ren)," and some go far beyond an assessment of whether either party has a mental health condition that has affected their parental behavior. In their analysis, evaluators may rely on principles and methodologies of dubious validity. In some custody cases, because of lack of evidence or the inability of parties to pay for expensive challenges of an evaluation, defective reports can thus escape meaningful scrutiny and are often accepted by the court, with potentially disastrous consequences for the parents and children… As it currently exists, the process is fraught with bias, inequity, and a statewide lack of standards, and allows for discrimination and violations of due process."
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> **From NY Blue Ribbon Commission:** "By an 11-9 margin, a majority of Commission members favor elimination of forensic custody evaluations entirely, arguing that these reports are biased and harmful to children and lack scientific or legal value. At worst, evaluations can be dangerous, particularly in situations of domestic violence or child abuse – there have been several cases of children in New York who were murdered by a parent who received custody following an evaluation. These members reached the conclusion that the practice is beyond reform and that no amount of training for courts, forensic evaluators and/or other court personnel will successfully fix the bias, inequity and conflict of interest issues that exist within the system." (NY Blue-Ribbon Commission, 2021)

Experimenting on children and parents in the family courts (a vulnerable population because of their impaired autonomy in decision-making) with a quasi-judicial role developed by forensic custody evaluators raises prominent professional concerns that need to be properly addressed. It is noted that neither the parents nor the courts were provided with a disclosure that a quasi-judicial role for doctors represented an experimental role, and that forensic custody evaluations for the purpose of advising the courts on custody was an experimental assessment procedure. It is also noted at the forensic psychologists in the family courts have withheld from parents and the courts an alternative to their experimental forensic custody evaluations of community practice as usual, i.e., a clinical diagnostic assessment of the pathology.

It is also noted that the 4-day treatment program, Overcoming Barriers, developed by many of the course instructors and referenced I the instruction, represents an experimental treatment for attachment pathology in the family courts that completely failed and is now defunct. Professional concerns exist regarding conducting experimental treatments on children and parents by court order (i.e., a vulnerable population without proper research oversight for experimental treatments. The subsequent failure of the experimental 4-day treatment program of Overcoming Barriers does not reassure these professional concerns regarding experimenting on parents and children in the family

courts without proper research oversight (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research: *The Belmont Report*, 1979)

Module Analysis

To provide clarity to my concerns, I have provided a slide-by-slide Module Analysis for each of the eight Modules in the training. This slide-by-slide Module Analysis generated a Catalogue of Concerns. My Module Analyses are attached separately as Appendix 1 to this letter of concern. The generated Catalogue of Concerns is attached separately as Appendix 2 to this letter of concern.

With this letter of concern, I believe my obligations under Standard 1.04 of the APA ethics code have been discharged when I believe there may have been an ethical violation by another psychologist (Standards 2.01, 2.03, 2.04, 9.01).

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New York Blue-Ribbon Commission on Forensic Custody Evaluations: Discussion of the NY Blue-Ribbon Commission Report on Forensic Custody Evaluations is provided by two of the Commissioners on YouTube: https://empirejustice.org/training_post/a-discussion-of-the-governors-blue-ribbon-commission-report-on-forensic-cuhstody-evaluations/

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Appendix 1: Module Analyses

appended separately

Appendix 2: Catalogue of Concerns

appended separately