Response to the California Board of Psychology

Declaration of Mitigating Factors for Board Consideration

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Date: August 6, 2025
Re: Complaint submitted by Dr. William Bernet and Dr. Demosthenes Lorandos

I am in receipt of the settlement offer from the Board of Psychology regarding Case No. 6002022000419. This document describes the mitigating circumstances for the Board's consideration in relation to the complaint filed by Drs. William Bernet and Demosthenes Lorandos. It is respectfully offered as a declaration of mitigating factors intended to assist the Board in its review of the professional context, history, and circumstances involved. Based on the considerations outlined herein, a counter-proposal for settlement is also submitted for the Board's consideration.

I maintain that my professional criticisms of Drs. Bernet and Lorandos are accurate and grounded in established scientific and ethical concerns. I further contend that my actions represent a required compliance with Standard 1.05 of the APA Ethics Code, including the obligation to take "further action appropriate to the situation," and reflect my duty to protect a vulnerable population of parents and children in the family courts from substantial harm arising from the actions and professional influence of Drs. Bernet and Lorandos.

Professional Background & Domains of Professional Competence

My professional involvement in the field of psychology spans more than four decades, beginning with my undergraduate studies in psychology at UCLA and my beginning clinical work as a telephone crisis counselor with the Los Angeles Suicide Prevention Hotline. Over the course of my career, I have held a broad range of clinical, research, teaching, and administrative roles, reflecting both the breadth and depth of my engagement in the field (Appendix 1 Dr. Childress Vita). These have included service as a staff psychologist on major research programs funded by the National Institute of Mental Health (NIMH); clinical work as a pediatric psychologist on medical staff of Children's Hospital of Orange County; and leadership as Clinical Director for a interdisciplinary assessment and treatment center for children ages zero to five in foster care, operated in collaboration with three Southern California universities and with Child Protective Services (CPS) as our primary referral source.

For the past fifteen years, my professional focus has centered on clinical and forensic issues arising in the family court context, particularly involving high-conflict custody disputes and parent-child attachment pathology. My current role primarily involves providing second-opinion reviews of mental health evaluations and reports, expert consultation to attorneys, and testimony in family law proceedings. This consulting practice extends both nationally and internationally, with attorney clients in the United States,

Canada, England, Australia, South Africa, Ireland, Sweden, and the Netherlands. I have also been invited to present internationally, including at Erasmus Medical Center in Rotterdam, Netherlands, and the University of Novi Sad in Serbia. Following my presentation in Rotterdam, I was invited to meet with representatives of the Dutch Ministry of Justice and served as a guest lecturer at Maastricht University's internationally recognized forensic psychology program.

Based on my education, training, and experience, I hold professional competence in the following domains of professional psychology:

Domain of Competence: Attachment Pathology

I have extensive and well-documented competence in the domain of attachment pathology, its diagnosis and treatment. I have expertise in the field of Early Childhood Mental Health, considered a restricted sub-specialty domain of professional practice. Early Childhood Mental Health is the branch of psychology concerned with parent-child attachment bonding and disruptions to the attachment system. My formal training in attachment-related pathology began under the supervision of Dr. Marie Poulsen, a nationally recognized expert in early childhood psychology, during my predoctoral internship at Children's Hospital Los Angeles.

I am trained in two specialized early childhood diagnostic systems—the DC:0-3, which is stronger in diagnosing attachment-related pathology, and the DMIC, which is stronger in diagnosing autism spectrum disorders. In the area of treatment for attachment pathology, I am trained in two evidence-based attachment-focused interventions: *Watch, Wait, and Wonder* for infants, and *Circle of Security* for preschool-age children. Additionally, I hold a postdoctoral certification in Parent-Infant Mental Health from Fielding Graduate University, a credential that further affirms my competence in this highly specialized field.

My direct clinical experience in the diagnosis and treatment of attachment pathology is demonstrated through my role as Clinical Director of a multidisciplinary assessment and treatment center serving children ages zero to five in foster care. The center operated through a three-university collaboration, with occupational therapy faculty and trainees from Loma Linda University, speech and language faculty and trainees from the University of Redlands, and psychology faculty, trainees, and licensed clinicians from California State University, San Bernardino. Our primary referral source was Child Protective Services, and program funding was provided by the County Department of Behavioral Health.

Domain of Competence: Diagnostic Assessment of Delusional Thought Disorders

I have well-established competence in the diagnostic assessment of delusional and psychotic-spectrum thought disorders, grounded in over a decade of direct clinical research involvement and diagnostic reliability training under the supervision of nationally

recognized experts in schizophrenia and psychosis. During my tenure on a major NIMH-research project in schizophrenia with Dr. Nuechterlein at UCLA, I received annual diagnostic reliability training for twelve consecutive years on the Brief Psychiatric Rating Scale (BPRS), one of the most widely used and empirically validated instruments for assessing psychotic symptomatology, including hallucinations, delusions, disorganized thought, and affective disturbance.

Dr. Keith Nuechterlein is a leading national expert in schizophrenia research and a core investigator in the UCLA Aftercare Program, one of the longest-running and most respected research programs in psychotic disorders in the country. Diagnostic reliability training was conducted to an inter-rater reliability standard of $r \geq .90$, to the gold-standard ratings of Drs. Joseph Ventura and David Lukoff, the Co-Directors of the Brentwood/UCLA VA Diagnostic Unit.

This intensive and sustained training in structured diagnostic procedures, combined with my experience in evaluating psychotic-spectrum presentations in both research and applied settings, establishes my professional competence in the identification, differential diagnosis, and conceptual understanding of delusional disorders. This expertise is particularly relevant to my later work in the family courts, where the potential presence of shared or induced delusional pathology (e.g., folie à deux) may underlie high-conflict custody dynamics and distorted parent-child narratives.

Domain of Competence: Factitious Disorder Imposed on Another (FDIA)

My professional competence in the assessment and diagnosis of Factitious Disorder Imposed on Another (FDIA) arises from my background as a pediatric psychologist in hospital-based medical settings, where the ability to identify complex and covert psychiatric presentations—including caregiver-fabricated illness—is essential to ensuring child safety and supporting accurate medical decision-making.

My training in pediatric psychology includes one year of pre-doctoral clinical training in pediatric consultation-liaison services at Children's Hospital Los Angeles (CHLA), followed by two additional years of formal post-doctoral fellowship training in pediatric psychology at CHLA. I subsequently served as a pediatric psychologist on medical staff at Children's Hospital of Orange County (Choc). In these roles, I was involved in psychological consultation of medically complex cases, including those in which the possibility of caregiver falsification or induction of symptoms—i.e., FDIA—was part of the differential diagnosis. Pediatric psychologists are routinely consulted in medical settings when there is suspicion of psychosomatic, factitious, or behavioral overlays to medical presentations, and are often tasked with contributing to multidisciplinary team assessments in suspected FDIA cases. The ICD-11 defines *Factitious Disorder Imposed on Another* as follows:

> "Factitious disorder imposed on another is characterised by feigning, falsifying, or inducing medical, psychological, or behavioural signs and symptoms or injury in another person, most commonly a child dependent, associated with identified deception." (ICD-11: Factitious Disorder Imposed on Another)
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> "The individual seeks treatment for the other person or otherwise presents him or her as ill, injured, or impaired based on the feigned, falsified, or induced signs, symptoms, or injuries." (ICD-11: Factitious Disorder Imposed on Another)

My experience in pediatric hospital settings provided direct clinical familiarity with the diagnostic presentation of Factitious Disorder Imposed on Another (FDIA), including the identification of false or fabricated disorders imposed on children through pathogenic caregiving behaviors. In the context of my subsequent work in the family courts, this same psychological process presents in a different domain: the fabrication of a false or factitious attachment pathology by a narcissistic-borderline-dark personality parent for secondary gain to the parent. The secondary gains for the pathological parent in inducing false pathology in the child include: (1) manipulating court decisions regarding child custody through the presentation of the child's induced attachment rejection of the other parent, (2) engaging in spousal psychological abuse of the targeted parent using the child, and the child's induced attachment pathology, as the spousal abuse weapon, and (3) using the child as a 'regulatory object' to meet the emotional and psychological needs of the allied parent.

The pathogenic parent then seeks court and professional intervention to reinforce a false attachment pathology induced in the child. The narcissistic-borderline-dark personality parent induces a false attachment pathology in the child, then presents the child to the court and to mental health professionals as emotionally injured by the other parent and as lacking an affectionate bond with the targeted parent. This parent subsequently seeks court and professional intervention for the false attachment pathology induced in the child.

My clinical and diagnostic background in pediatric hospital settings equips me with the necessary expertise to identify the subtle, often concealed dynamics of FDIA, both in medical and psychological domains. This expertise is critical to my subsequent work in the family courts, where covert psychological abuse through FDIA processes may go undetected without an appropriate level of diagnostic competence and trauma-informed assessment.

Domain of Competence: Child Abuse and Complex Trauma

My professional competence in the assessment and treatment of child abuse and complex trauma is grounded in my role as Clinical Director for a multidisciplinary assessment and treatment center serving children ages zero to five in the foster care system. This center operated through a three-university collaboration and received its

primary referrals from Child Protective Services (CPS). The children referred to our center typically presented with histories of severe abuse and multi-trauma exposure.

Through my role as Clinical Director, I personally led multidisciplinary treatment teams that included licensed mental health professionals and trainees, CPS social workers, occupational therapists, and speech and language therapists. Our work centered on the comprehensive assessment and treatment of abuse-related trauma in young children, often conducted in coordination with CPS case plans, juvenile dependency courts, and foster caregivers. In addition to my clinical leadership, I provided direct training and supervision to mental health interns and post-doctoral fellows in the diagnosis and treatment of child abuse and complex trauma.

I have direct clinical experience in the treatment of all four primary forms of child abuse: physical abuse, sexual abuse, neglect, and psychological abuse. This includes both individual treatment of the child and systemic family work involving caregivers, foster placements, and biological parents, often in the context of CPS involvement in case planning and court disposition decisions. My clinical work in this setting required the integration of trauma-informed care, attachment theory, and developmental psychopathology to support accurate diagnosis, guide effective treatment planning, and ensure the protection of vulnerable children.

This background represents a robust and well-documented foundation of competence in complex trauma and the psychological impact of child maltreatment, particularly within high-risk and court-involved populations. These qualifications directly inform my later work in the family courts, where unresolved trauma, induced attachment pathology, and emotional manipulation can mirror and replicate forms of psychological abuse within post-divorce family systems.

Domain of Competence: Family Systems

During my doctoral training at Pepperdine University, I specialized in the Family Systems track and have consistently worked from a family systems orientation in my clinical work with children and parents. I have extensive training and applied competence in all major family systems theoretical models, including:

1. Bowenian Family Systems Theory (Murray Bowen),
2. Structural Family Therapy (Salvador Minuchin),
3. Strategic Family Therapy (Jay Haley, Cloe Madanes),
4. Humanistic/Experiential Family Therapy (Virginia Satir),
5. Contextual Therapy (Ivan Boszormenyi-Nagy), and
6. Family of Origin Therapy (James Framo).

In the context of high-conflict divorce and custody disputes, a family systems perspective is essential. The diagnostic interpretation of child symptomatology must be embedded within the broader relational system, taking into account the impact of inter-parental conflict, role confusion, psychological control, and potential cross-generational alliances. In my current consultation practice, I rely heavily on systemic formulations to identify and address the triangulation of the child into the spousal conflict, with the goal of restoring appropriate generational boundaries and relational stability.

Domain of Competence: Community Psychology

I hold a Master's degree in Clinical/Community Psychology from California State University, Northridge. Community Psychology is a distinct branch of psychology that emphasizes the understanding of individuals within their broader social, systemic, and ecological contexts. It integrates principles of social justice, prevention, systems-level intervention, and empowerment of underserved populations. The field is particularly focused on promoting psychological well-being by addressing the structural and systemic contributors to mental health disparities and societal harm.

My foundational training in Community Psychology has direct relevance to my work in the family courts. High-conflict custody litigation often involves vulnerable families navigating complex institutional systems—including legal, mental health, and child protective services—under conditions of significant power imbalance and psychological risk. My training in Community Psychology enables me to recognize systemic patterns of harm, institutional non-responsiveness, and the ethical implications of professional actions (or inactions) within these systems. This systems-level orientation informs my consultation work and supports my adherence to APA Ethical Standards and the Belmont Report principles in identifying and addressing emerging patterns of professional and institutional concern.

Domain of Competence: Belmont Report & IRB Review

In addition to my clinical and forensic qualifications, I have a longstanding background in the ethical oversight of psychological interventions. I am the primary author of Childress & Asamen (1998), *"The Emerging Relationship of Psychology and the Internet: Proposed Guidelines for Conducting Internet Intervention Research"*, published in the peer-reviewed journal *Ethics and Behavior*. This article was among the earliest published works to directly address the ethical implications of conducting psychological interventions and research online. It provided a comprehensive ethical framework for the protection of human subjects in virtual settings, incorporating principles from the APA Ethics Code, the Belmont Report, and evolving technological capacities at the time.

Following that publication, I authored a second article, *"Ethical Issues in Internet Interventions,"* which broadened the conceptual framework for understanding ethical risks in online psychological services and helped catalyze national-level discussion. In recognition of this work, I was invited by the Office for Protection from Research Risks (OPRR)—now the Office for Human Research Protections (OHRP)—and the American Association for the Advancement of Science (AAAS) to serve as a consultant in developing formal ethical guidelines for Institutional Review Boards (IRBs) evaluating Internet-based

research proposals. My role in that consultation process placed me at the forefront of ethical policy development for the protection of human subjects, particularly in research conducted through nontraditional or emergent modalities.

As part of this consultation, I contributed directly to the guidelines adopted by IRBs across U.S. academic institutions for evaluating psychological and behavioral studies involving online platforms and remote delivery systems. Additional information about the OPRR/AAAS conference, including its mission and my role as a participant, is available on the AAAS website at https://www.aaas.org/resources/ethical-and-legal-aspects-human-subjects-research-cyberspace, and the formal policy paper developed through this initiative can be accessed directly at https://www.aaas.org/sites/default/files/report2.pdf.

This ethical foundation is directly relevant to the current concerns surrounding court-involved psychological evaluations. Although such forensic evaluations are not classified as "research," they involve experimental roles and interventions on human subjects—i.e., children and parents in the family courts—who are vulnerable, exposed to high-stakes decisions, and subject to coercive contexts. My ethical expertise in experimental design, human subjects protections, and systemic oversight equips me to recognize and articulate the risks that arise when such interventions proceed without structured safeguards, valid methodologies, or adherence to foundational ethical principles such as those articulated in the Belmont Report: *respect for persons, beneficence, and justice*.

Further reflecting international recognition of my expertise in this area, I was invited by the World Health Organization (WHO) to present on *"Ethical Issues in Online Psychotherapeutic Interventions"* at the 2nd International Symposium on Psychiatry and Internet: Information – Support – Therapy, held in Munich, Germany, in 2002. This presentation explored the implications of delivering psychological services through online platforms, with an emphasis on ethical boundaries, informed consent, data privacy, and therapeutic responsibility in novel modalities.

Together, these experiences establish a distinct and professionally validated domain of competence in psychological ethics, the principles of the Belmont Report, experimental interventions involving human subjects, systemic risk analysis, and the protection of vulnerable populations—all of which are central to the ethical challenges currently facing the family court system.

Context of My Court Involvement & Duty to Protect

Subsequent to my role as the Clinical Director of a multidisciplinary assessment and treatment center for children in foster care, I entered private practice as part of my intended gradual transition toward retirement. However, in the course of my private practice clinical work, I encountered the attachment pathology occurring in the context of high-conflict family court custody conflict—pathology that often involves non-diagnosed and untreated child abuse and spousal abuse dynamics.

The attachment pathology found in the family courts centers around a differential diagnosis of child abuse. Either the targeted-rejected parent is engaging in abusive behavior toward the child, thereby creating a legitimate attachment pathology in response

to authentic abuse; or, alternatively, the allied parent is engaging in psychological abuse of the child by inducing a shared (induced) persecutory delusion directed toward the other parent (DSM-5 297.1 Delusional Disorder; DSM-5 V995.51 Child Psychological Abuse), resulting in a false (factitious) attachment pathology imposed on the child for secondary gain to the allied parent (DSM-5 300.19 FDIA; DSM-5 V995.51 Child Psychological Abuse).

As a clinical psychologist with specialized training in both attachment pathology and child abuse, I recognized that—regardless of which parent was the source—this type of presentation implicates child abuse. Further, when a parent uses the child's induced symptomatology to inflict emotional and psychological harm on the other parent through the child's rejection and institutional processes (such as court custody proceedings), the dynamics of spousal psychological abuse are also activated. The convergence of these dual-risk trajectories—possible child abuse and possible spousal abuse—engaged my professional obligations under the APA Ethics Code and the Belmont Report as a psychologist with a duty to protect vulnerable populations.

Application of a Community Psychology Lens to the Family Courts

Drawing on my background in Community Psychology, I approached the clinical concerns in the family courts through a systems-level analysis that examined power structures, systemic risk, and the protection of vulnerable populations. The family courts are dominated by an assessment procedure called a forensic custody evaluation (alternatively, a parenting plan assessment). My first step was to examine the forensic custody evaluation process itself, specifically the experimental quasi-judicial role created by forensic evaluators and the experimental forensic custody evaluation procedures they were employing to assess the parent-child relationship.

From this perspective, it quickly became clear that the forensic custody evaluation process constituted an experimental assessment procedure being applied to a vulnerable population—children and parents navigating family dissolution and high-conflict custody disputes under the coercive authority of the courts. Forensic evaluators had constructed for themselves an experimental, quasi-judicial role that operates outside the bounds of diagnosis or treatment. This role grants them the authority to render binding psychological opinions that profoundly shape legal outcomes and the lives of children and parents—without the formal safeguards, oversight, or ethical accountability required in healthcare or academic settings.

Critically, these experiments on human subjects—namely, the forensic psychological evaluations—escape Institutional Review Board (IRB) review. They are not situated within academic research institutions that would trigger review under the Common Rule, nor are they part of the regulated healthcare system that would require informed consent, diagnostic integrity, or outcome accountability. Instead, they are carried out under the auspices of the legal system, which lacks any mechanism to review or regulate experiments conducted on human subjects, even when the subjects are children and psychologically vulnerable families.

Moreover, these experimental forensic evaluations are not conducted for purposes of treatment or scientific inquiry. Rather, they are conducted for the private financial

benefit of the forensic evaluators themselves, who often charge tens of thousands of dollars per case. No IRB review was conducted. No risk-benefit analysis was performed. No protections for the vulnerable population were instituted. This experimental role and experimental assessment procedure involves a stark and ethically troubling asymmetry: the parents and children bear all of the psychological risk, including the risk of developmental trauma, attachment rupture, institutional betrayal, and irrevocably destroyed lives, while the evaluators receive all of the benefit—substantial financial compensation, reputational prestige, and expanded influence in court proceedings.

In short, the current system permits unregulated psychological experimentation on a legally and emotionally vulnerable population under the guise of "evaluation," without the ethical safeguards required by the Belmont Report or APA standards to protect against harm. From a Community Psychology perspective, this represents a systemic failure of professional ethics, regulatory accountability, and public trust. Independent analyses of forensic psychology in the family courts—conducted by AI systems from OpenAI ChatGPT and Google Gemini—reinforce these concerns (Appendix 2: AI Analysis of Forensic Psychology).

Parental Alienation Experts

Within this context of an unregulated and unreviewed experiment being conducted on a vulnerable population, a group of ethically questionable professionals emerged around a concept first proposed in the 1980s by a single psychiatrist**,** Richard Gardner**.** Dr. Gardner claimed to have discovered a novel psychological syndrome unique to custody disputes, which he termed Parental Alienation Syndrome (PAS). Gardner proposed that this new "syndrome" was defined by a unique constellation of symptoms Gardner developed personally from his anecdotal observations as an evaluator, rather than through systematic research, validated scientific methods, or diagnostic rigor.

The introduction of this speculative and unvalidated construct immediately generated substantial controversy and conflict among court-involved professionals. Many mental health and legal experts raised substantial concerns that PAS was unvalidated, could be misused to dismiss legitimate claims of child abuse, marginalize protective parents, and pathologize normal child responses to parental conflict. Despite this, some professionals—self-proclaimed "parental alienation experts"—began promoting Gardner's ideas as authoritative, forming a cottage industry around the concept of "alienation" without grounding in peer-reviewed science or established domains of psychological knowledge.

In 2008, the American Psychological Association (APA) issued a formal statement regarding PAS, emphasizing the lack of scientific support for PAS and the risk of its misuse in forensic contexts. The APA statement indicated that "an APA 1996 Presidential Task Force on Violence and the Family noted the lack of data to support so-called "parental alienation syndrome," and raised concern about the term's use (APA Press Release, January 2008 APA Statement on Parental Alienation Syndrome).

This warning by the APA underscored the ethical danger of introducing speculative constructs like Parental Alienation Syndrome (PAS) into legal proceedings involving

vulnerable children. Despite this, self-proclaimed "parental alienation" experts continue to assert the existence of a novel pathology unique to family courts—one not recognized in the DSM-5 and unsupported by appropriate empirical research. The promotion and use of such constructs in high-stakes forensic settings raise serious concerns under APA Ethical Standard 2.04 (Use of Established Scientific Knowledge) and Standard 9.01 (Bases for Assessments).

Institutional Capture and Pseudoscience in Family Court Psychology

When I entered the family court system, it quickly became evident that my critical view regarding the experimental assessment practices of forensic custody evaluations—and the quasi-judicial role these evaluators had constructed for themselves—would face entrenched institutional resistance. Despite the absence of scientific validation or ethical oversight, the forensic custody evaluation process had become deeply embedded within the system, upheld by the collective authority of the evaluators themselves. These evaluators leveraged their positions of power within the Association of Family and Conciliation Courts (AFCC) to dominate discourse and shape policy regarding service delivery to parents and children in the family courts. Through their control of the editorial board of the AFCC journal *Family Court Review*, they published self-supporting opinion articles—under the authority of "peer-review"—to legitimize their practices and promote novel experimental interventions without external scientific or ethical review.

This authority was not incidental. It was consolidated and amplified through professional organizations such as the *Association of Family and Conciliation Courts (AFCC)* and through strategic placements within key committees of the *American Psychological Association*. These organizational footholds allowed forensic evaluators to institutionalize their experimental role and unvalidated assessment procedures, embedding them in practice norms and court decision-making without external accountability.

As a result, the vulnerable population of children and parents subjected to these procedures had been effectively cut off from standard professional safeguards. There was no oversight by state licensing boards, many of which had themselves been influenced—if not dominated surrounding complaints from parents in the family courts—by professionals with direct involvement in forensic custody work. What emerged was a closed professional ecosystem, wherein custody evaluators operate with extraordinary authority, minimal oversight, and profound impact on the lives of families, all without the protections typically afforded to human subjects in healthcare or academic contexts.

Within this institutional context**,** the self-proclaimed "parental alienation" experts were degrading the quality of mental health services available to parents, children, and the courts by promoting an unvalidated form of pathology—Parental Alienation Syndrome—originally proposed by a single psychiatrist Dr. Gardner, in the 1980s. This invented construct locked surrounding professionals in the family court system into endless controversy and conflict over whether such a fabricated pathology label even existed.

The self-proclaimed parental alienation "experts" leveraged positions of institutional influence through their roles on the editorial board of the *American Journal of Family Therapy*—using this journal to "peer-review" and publish their own opinion articles

on “parental alienation,” often citing one another in circular patterns to create the appearance of a scientific consensus. This self-referential model of publication and citation allowed them to construct the illusion of expertise while bypassing established standards of empirical validation and peer accountability.

The core figures promoting this pseudoscientific construct included:

- Psychiatrist Dr. William Bernet, a former collaborator and follower of Dr. Gardner,
- Psychologist Dr. Demosthenes Lorandos,
- Social worker Linda Gottlieb,
- Researcher Dr. Amy Baker, and
- Therapist Karen Woodall, MA, based in England.

Standard 1.05 & Duty to Protect

My professional competence in attachment pathology, delusional thought disorders, and the other domains outlined earlier enabled me to immediately recognize that the conduct of mental health professionals operating within the family court system—including forensic custody evaluators, court-appointed “reunification therapists,” and self-proclaimed experts in “parental alienation”—reflected widespread violations of APA Standard 2.01 Boundaries of Competence.

This foundational ethical failure triggered a cascade of further violations. Because these professionals lacked the requisite knowledge, they failed to apply the established scientific and professional knowledge of the discipline, leading to violations of Standard 2.04 Bases for Scientific and Professional Judgments. In turn, their reports, recommendations, and diagnostic or evaluative statements were unsupported by sufficient information, in violation of Standard 9.01 Bases for Assessments. Taken together, these failures resulted in avoidable harm to children and families—constituting a violation of Standard 3.04 Avoiding Harm.

These professionals routinely presented themselves as qualified to assess and intervene in cases involving complex attachment pathology, delusional or psychotic-spectrum processes (e.g., shared/induced persecutory delusions), child psychological abuse (V995.51), Factitious Disorder Imposed on Another (300.19), and family systems trauma—yet without demonstrable education, training, or clinical experience in any of these domains.

This recognition activated my ethical obligations under APA Standard 1.04: Informal Resolution of Ethical Violations, and subsequently APA Standard 1.05: Reporting Ethical Violations. Because the violations were systemic, institutionalized, and embedded across a network of professionals and professional bodies—including the Association of Family and Conciliation Courts (AFCC), and elements of the American Psychological Association (APA) itself—no reasonable or practicable informal resolution pathway existed. The violations were not isolated but structural, representing a systemic deviation from professional standards and ethical containment.

However, there were no viable avenues available to inform national committees on professional ethics such as the APA Ethics Committee, nor to engage appropriate institutional authorities such as the Association of Family and Conciliation Courts (AFCC), whose leadership was itself deeply entangled in the unethical practices in question. Additionally, the oversight role of state licensing boards was being effectively disabled—both by structural barriers (such as the need for dual parental release or court permission to access forensic reports) and by quasi-judicial immunity protections that shielded evaluators from meaningful accountability.

When a formal and independent review of these practices was finally conducted in 2021 by the New York State Blue Ribbon Commission on Forensic Custody Evaluations, their findings confirmed the seriousness of the concerns. The Commission concluded that the practice of forensic custody evaluations is:

- *"dangerous,"*
- *"harmful to children,"*
- *"lacks scientific or legal value,"*
- *produces "defective reports"* that can result in
- *"potentially disastrous consequences for parents and children."*

Based on these findings, the Commission recommended that forensic custody evaluations be eliminated entirely from the family court system.

> **From NY Blue Ribbon Commission:** "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… 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)[1]

[1] A 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-

This independent review corroborated my prior professional concerns and confirmed that the structural and ethical failures within the family court system were not only real, but both urgent and systemic. However, when I entered the family court system in 2010—transitioning from my prior role as Clinical Director of a children's assessment and treatment center—my ability to influence these structurally disabled systems was minimal to non-existent. Yet despite the absence of institutional pathways for reform, APA Standard 1.05 obligated me to take "further action appropriate to the situation," and my duty to protect was fully active, even though no clear professional avenue existed through which that duty could be discharged.

The scope of the ethical breaches—and the entrenchment of those responsible in key positions of professional authority—created an **institutional capture** scenario. The AFCC had become a mechanism for legitimizing unethical practices under the guise of peer-reviewed literature, while certain APA committees had been compromised through the participation of individuals engaged in the very practices requiring oversight. This institutional entrapment disabled normal accountability systems.

Furthermore, the pathway to licensing board oversight and remediation had been functionally obstructed. Many forensic custody evaluators operated under quasi-judicial immunity, placing their work beyond the reach of standard regulatory review. Even in cases where such immunity did not apply, board complaints were often impeded by procedural and confidentiality barriers—most notably, the requirement to obtain signed releases from both litigating parents and, in some instances, the court itself in order to submit the evaluation for regulatory review. These obstacles created a de facto shield against professional accountability, effectively insulating unethical practice from oversight. Notably, the California Board of Psychology's complaint form explicitly flags custody-related matters in Question 3, suggesting that these complaints are subject to a separate review track. Sub-question A identifies potential confidentiality and release-of-information barriers, while Sub-question B seemingly refers to quasi-judicial immunity—both indicating institutional recognition of the unique constraints shielding custody evaluators from accountability.

In this environment of unreviewed and unregulated experimentation on human subjects—both children and litigating parents—my obligations under APA Standard 1.05 and the ethical principles of the Belmont Report became inescapable. As a licensed psychologist with demonstrated competence in the relevant diagnostic domains and professional ethics, I was professionally required to take further action to protect the public, uphold the integrity of the profession, and prevent harm to vulnerable families. Yet at the time, no viable pathways existed for discharging these obligations. The institutional structures necessary for ethical remediation—licensing oversight, professional accountability, and national-level review—had been effectively disabled.

Steps Taken Toward Discharge of Ethical Obligations and Duty to Protect

In 2011, as part of my professional and ethical obligation under APA Standard 1.05 to take "further action appropriate to the situation," I joined the Parental Alienation Study Group (PASG), a newly formed professional forum founded by Dr. William Bernet to

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promote the construct of "parental alienation" among mental health practitioners. Although I fundamentally opposed the conceptual validity of "parental alienation" as a diagnosis, my intent in joining PASG was to engage in collegial dialogue and attempt to redirect the group toward empirically grounded and ethically sound frameworks—particularly those based in attachment pathology, trauma-informed practice, and established diagnostic categories.

In my initial correspondence with Dr. Bernet (Appendix 3: 2011 PASG Email), I made clear that the clinical diagnosis in family courts that is most consistent with the behavior being described was not a new syndrome, but rather a known form of shared delusional pathology—specifically Shared Psychotic Disorder (DSM-IV-TR 297.3, *folie à deux*)—originating from a personality-disordered parent and expressed through the child's induced belief system. In multiple encounters over the years since 2011, I have encouraged Dr. Bernet to abandon the pursuit of a non-validated construct and instead engage with the diagnostic clarity already available in the DSM and supported by the broader scientific literature.

For over a decade, Dr. Bernet has consistently declined to engage in substantive professional dialogue regarding the serious ethical and diagnostic concerns surrounding the construct of "parental alienation." Instead, he has maintained a rigid position that "parental alienation" should be recognized as a distinct and valid pathology, thereby positioning himself as a leading authority in a disorder that lacks recognition in the DSM and is not supported by established diagnostic criteria.

Notably, if standard diagnostic procedures were applied—using either the DSM-IV-TR at the time or the DSM-5 since 2013—the clinical presentation observed in high-conflict custody cases would be more accurately diagnosed as a shared persecutory delusion (DSM-5 297.1), Factitious Disorder Imposed on Another (DSM-5 300.19), or both. Each of these disorders qualifies as child psychological abuse (V995.51), a diagnosis that carries clear ethical, legal, and clinical implications.

Serious professional concerns arise from what appears to be a conflict of interest in Dr. Bernet's public advocacy for a non-validated, self-defined pathology from which he benefits financially and professionally as a retained expert witness in family court proceedings. Equally concerning is his persistent omission from his public advocacy of accurate DSM-based alternatives—diagnoses that would eliminate the need for his invented construct and, in turn, his self-appointed expert status. This pattern raises significant ethical questions under APA Standards 2.01, 2.04, 3.04, and 5.01.

It is also noteworthy that in email correspondence surrounding the publication of the DSM-5, Dr. Bernet acknowledged that the American Psychiatric Association had fully rejected the inclusion of "parental alienation" as a valid diagnostic construct (Appendix 4: Bernet DSM-5 Preview). Despite his ongoing hope that the term might be referenced in some capacity, the final publication of the DSM-5 excluded any mention of "parental alienation"—even within the newly introduced V-code categories addressing parent-child relational problems and parental influence on a child's psychological functioning (Appendix 5: Bernet Post DSM-5). These categories would have been logical locations for inclusion had the APA considered the construct to possess either clinical or conceptual

validity. This deliberate omission reinforces the APA's clear and unequivocal decision to exclude "parental alienation" from its diagnostic framework.

Notably, in the same post-DSM-5 correspondence, Dr. Bernet acknowledged that delusional thought disorders and Factitious Disorder Imposed on Another (FDIA) remained valid diagnostic considerations within the DSM-5. In other words, he is aware of the appropriate diagnostic categories that apply to the pathology seen in family court settings. Nevertheless, he has consistently refused to apply the relevant DSM-5 diagnoses—opting instead to promote himself and a select group of adherents as experts in a purportedly novel pathology that he claims is unique to the family courts and thus requires a new diagnostic label and expertise he alone can define.

Despite my repeated efforts over the years since 2011 to engage Dr. Bernet and his cohort of self-proclaimed "parental alienation" experts in professional-level dialogue—and my ongoing encouragement for them to apply established scientific and professional knowledge as the foundation for their clinical judgments (2.04)—Dr. Bernet has consistently refused to engage in professional level discourse. He has also declined to apply the diagnostic criteria of the DSM-5 as the basis for his professional formulations and statements made to the public.

It is particularly noteworthy that, as a psychiatrist, Dr. Bernet would appear to have a professional obligation to use the diagnostic framework developed by the American Psychiatric Association (APA), the very organization responsible for the DSM-5. His apparent rejection of the diagnostic guidance provided by the APA in its 2013 publication of the DSM-5 raises significant ethical and professional concerns. Dr. Bernet appears to maintain the position that his personal views are more accurate than the considered decisions of the APA itself—asserting that he remains correct and the APA is wrong in its conclusions. This rigid and intractable stance is deeply concerning with respect to his professional judgment.

Dr. Bernet's continued public promotion and advocacy for the rejected and unvalidated construct of "parental alienation" causes harm on multiple levels—to parents, to children, and to the courts themselves.

Harm to Parents

Parents who rely on a made-up pathology that lacks formal diagnostic criteria, is not recognized by the DSM-5, and has no established scientific validity are required to prove or disprove this fabricated construct in the courts, and parents are diverted away from pursuing legitimate mental health evaluations grounded in established diagnostic frameworks—such as attachment trauma, personality disorders, or shared delusional disorder—that could identify the actual source of family dysfunction using the established scientific and professional knowledge of the discipline. This creates an ethical and procedural distortion of the legal process, in which parents are effectively compelled to engage with pseudoscience rather than valid psychological assessment.

Harm to Children

Children become the collateral damage in this process. By introducing a false diagnostic construct into high-conflict custody litigation, the focus of intervention is shifted

away from evidence-based treatment for legitimate child psychological needs—such as trauma, emotional dysregulation, enmeshment dynamics, and, most importantly, child psychological abuse. Instead of receiving appropriate care grounded in the DSM-5 and supported by empirical research, children may be subjected to coercive reunification programs or improperly labeled as "alienated" or not "alienated" based on subjective judgments, potentially resulting in forced separations from normal-range and protective parents. This constitutes a significant risk of emotional and developmental harm.

The use of euphemistic, non-diagnostic labels such as "parental alienation" in high-conflict custody litigation also causes serious harm to children by concealing the true nature of child psychological abuse from the Court's understanding, and prevents effective intervention for the child abuse. These euphemistic constructs function as diagnostic cover—they obscure, minimize, and distort the underlying clinical reality of coercive psychological control, emotional manipulation, and pathogenic enmeshment that the child may be experiencing from one parent. Rather than identifying the situation as child psychological abuse, as defined under DSM-5 diagnostic system (DSM-5 297.1; 300.19; V995.51), the label "parental alienation" redirects attention to an invented syndrome that lacks established diagnostic criteria and was explicitly rejected by the American Psychiatric Association for sound reasons.

Courts rely on clear and professionally articulated assessments of clinical risk. When evaluators describe a situation of psychological abuse as 'parental alienation,' they may inadvertently (or intentionally) obscure the presence of emotional harm. This significantly reduces the likelihood that judges will recognize the need for protective action. Consequently, the court is misled into viewing the situation as a parental conflict, rather than as an abusive dynamic between a parent and child. Furthermore, the targeted parent in the litigation is deprived of the necessary DSM-5 diagnoses to effectively advocate for a child protection response from the court.

Children caught in these dynamics show attachment suppression, trauma symptoms, cognitive distortions, and role reversal—all of which are well-documented outcomes of psychological abuse and coercive control. When euphemisms are used in place of DSM-5 diagnoses (e.g., shared delusional disorder, Factitious Disorder Imposed on Another [FDIA], and V-codes for child psychological abuse), the child is denied appropriate psychological intervention, leaving the abuse unaddressed and untreated.

The use of non-diagnostic euphemisms such as "parental alienation" to describe situations that meet the DSM-5 criteria for child psychological abuse results in systemic diagnostic failure. This failure actively harms children by hiding the abuse, preventing appropriate intervention, and misdirecting judicial and clinical responses. It is imperative that mental health professionals apply the established scientific and diagnostic standards of the profession to ensure accurate identification of abuse, and that the courts are given clear, valid, and evidence-based descriptions of the child's psychological condition and relational context.

Harm to the Courts

For the judiciary, the introduction of an unrecognized pathology like "parental alienation" distorts the evidentiary process. Judges are placed in the position of arbitrating

scientific controversies that do not actually exist within the professional community. By enticing litigants and legal professionals into framing their arguments around a term that has been explicitly rejected by the American Psychiatric Association and lacks any standing within the DSM-5, the advocacy of Drs. Bernet and Lorandos for a made-up pathology they assert they are discovering undermines judicial clarity and reliability. It forces courts to navigate inconsistent expert testimony, unsupported psychological concepts, and ambiguous evidentiary standards—thereby increasing the likelihood of judicial error and systemic injustice.

In total, the ongoing promotion of "parental alienation" as a clinical entity—despite its explicit exclusion from the DSM-5 and lack of scientific legitimacy—entraps families in prolonged litigation, undermines ethical mental health practice, and exposes children to unnecessary harm. The proper course of action, consistent with APA and DSM-5 standards, is to conduct thorough evaluations using validated diagnostic frameworks that can meaningfully guide both treatment and judicial decision-making.

Continued Efforts Toward Collaboration with Dr. Bernet

From 2016 onward, I undertook repeated, documented efforts to engage Dr. Bernet and his cohort of self-identified PAS experts in professional-level dialogue. My intention was to shift the discourse toward scientifically grounded frameworks and solutions, yet these invitations were consistently declined.

- In my December 10, 2016 blog post titled *"PAS is a Bad Model for a Pathology,"* I made public an explicit offer to debate any Gardnerian PAS advocate—ostensibly including Bernet—and underscored the need to move toward established diagnostic criteria (e.g., DSM-5 V995.51 Child Psychological Abuse) rather than contending over a fabricated syndrome (Appendix 6: Bad Model Blog).
- On December 11, 2016, in *"The Rubicon,"* I again invited Dr. Bernet to a professional discussion, stating that the diagnostic shift was inevitable and urging collaboration grounded in existing scientific knowledge (Appendix 7: Rubicon Blog)
- In September 2017, in the blog *"Dr. Bernet, join me,"* I extended a personal invitation for collaboration: two joint articles—one reflecting on the historical origins of PAS and the other outlining a path forward grounded in the established constructs of professional psychology. I emphasized that true resolution required engagement with broader attachment theory, trauma research, and established diagnostic constructs (Appendix 8: Join Me Blog).
- In April 2022, my post *"Gardner PAS 'experts' Are No Longer Relevant"* reiterated my position, affirming that Bernet and his colleagues no longer align with mainstream professional psychology. I described them as functioning outside accepted standards of competence and ethical practice, and reaffirmed my duty to warn and protect vulnerable families from their continued influence (Appendix 9: Relevance Blog)

The "Solutions" Series & APA-Guided Ethical Reform

At the same time, I publicly posted a series of blog entries outlining a solution to the widespread diagnostic and ethical failures in family court proceedings. This proposed solution is grounded in a return to established scientific and professional knowledge (APA Standard 2.04) and serves as a structured, good-faith effort to restore ethical clinical practice within the forensic family law system.

This four-part blog series[2] offers a clear, APA-compliant pathway for resolving high-conflict child custody pathology. It does so by:

- Rejecting unvalidated constructs such as "parental alienation,"
- Emphasizing the diagnostic sufficiency of existing DSM-5 categories (e.g., child psychological abuse, shared delusional disorder),
- Grounding assessment and treatment in validated professional frameworks (APA 2.04),

1. ***The Solution: The Requirements*** **– August 4, 2017**

   This post establishes the foundational professional and ethical criteria that any valid solution must meet:

   - Compliance with DSM diagnostic standards (APA Standard 9.01),
   - Application of established scientific knowledge (APA 2.04),
   - Capacity to protect the child and restore family bonding,
   - Utility as a court-admissible clinical model rooted in valid science and reasoning.

2. ***The Solution: The Return to Professional Practice*** **– August 5, 2017**

   This entry calls for the abandonment of pseudoscientific syndromes (e.g., "parental alienation") and a return to ethical clinical practice:

   - Anchoring assessment of attachment pathology in attachment theory,
   - Utilizing established diagnostic indicators and standard clinical formulation,
   - Recognizing pathogenic parenting as the origin of the child's symptoms,

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[2] Requirements: https://drcraigchildressblog.com/2017/08/04/the-solution-the-requirements/

Return to Professional Practice: https://drcraigchildressblog.com/2017/08/05/the-solution-the-return-to-professional-practice/

Meeting Requirements: https://drcraigchildressblog.com/2017/08/05/the-solution-ab-pa-meets-the-requirements/

Dominos: https://drcraigchildressblog.com/2017/08/06/the-solution-the-dominoes/

- Avoiding role confusion by upholding the clinician's professional responsibilities rather than performing forensic surrogacy for the court.

3. ***The Solution: AB-PA Meets the Requirements*** **– August 5, 2017**

   This blog introduces an attachment-based model for the family court pathology as a proposed clinical solution:

   - Fully aligned with DSM-5 diagnostic categories: child psychological abuse, shared delusions, and personality disorder features,
   - Grounded in the validated models of attachment (Bowlby), family systems (Minuchin), and personality disorder pathology (Beck),
   - Offers a replicable and transparent diagnostic pathway using structured methods,
   - Usable by any competent licensed mental health professional,
   - Removes dependency on unqualified forensic evaluators or speculative constructs.

4. ***The Solution: The Dominoes*** **– August 6, 2017**

   This post presents the stepwise sequence ("dominoes") from accurate diagnosis to effective intervention:

   - Child diagnosis → Identification of the pathogenic parent → Removal from abusive influence → Stabilization of the child's attachment system,
   - Emphasizes that errors at any step prolong harm and delay recovery,
   - Highlights how clinical clarity supports judicial clarity,
   - Reinforces that properly applied clinical reasoning resolves confusion and accelerates appropriate legal decisions.

These posts reflect a documented, good faith public effort to:

- Comply with APA Standard 1.05, by acting in response to clear ethical violations in the field,
- Promote APA Standard 2.04, by centering solutions in established professional knowledge,
- Inform and reform a structurally defective family court system,
- Protect children from the consequences of misdiagnosis, psychological abuse, and institutional neglect,
- Engage the broader professional community in scientific and ethical dialogue, offering a qualified and actionable alternative.

They also serve as a record of my sustained and open invitation to other professionals (including Drs. Bernet and Lorandos) to engage in ethical, evidence-based

dialogue and reform. These writings stand as public documentation of my commitment to aligning psychological practice with the highest professional standards — and to protecting vulnerable children caught in court-involved family conflict.

Dr. Bernet's Entrenchment in Parental Alienation

In 2015, I published *Foundations*, a book that describes the family court pathology from within three independent but integrated levels of analysis:

1. Family systems dynamics,
2. Narcissistic and borderline personality disorder pathology, and
3. Attachment pathology.

These three domains are synthesized into a unified clinical model. Specifically, I describe how early attachment trauma in the childhood of the allied parent contributes to the development of narcissistic or borderline personality traits. These traits, in turn, generate the family systems pathology — particularly a cross-generational coalition with the child that includes the addition of "splitting" that polarize family relationships. This splitting dynamic of the personality disordered parent leads to a rigid and polarizing psychological structure in which the ex-spouse is not only rejected as a partner but also psychologically erased as a parent, reflecting the disordered parent's inability to tolerate ambiguity in relationships.

In 2015, I was still a member of Dr. Bernet's Parental Alienation Study Group (PASG). Following the publication of my book on the family court pathology, *Foundations*, Dr. Bernet and PASG colleague Dr. Kathleen Reay—who operated an experimental intensive reunification "camp" for children and parents involved in family court litigation—published a review titled *Old Wine in Old Skins* (Appendix 10: Old Wine & Elephants). Their central claim was that *Foundations* was merely "parental alienation" using different terminology. For them, everything becomes "parental alienation".

In response, I published *Of Wine and Elephants*, explaining that new terminology reflects the application of different sets of knowledge, i.e., the established scientific and professional knowledge, in contrast to the unvalidated and fabricated construct of "parental alienation." The difference is not merely semantic but epistemological: while *Foundations* grounds the pathology in recognized clinical domains—attachment trauma, personality disorder dynamics, and family systems theory—the "parental alienation" framework promoted by Drs. Bernet and Lorandos and their colleagues remains outside the boundaries of validated psychological science. Despite repeated outreach, Dr. Bernet and his cohort continue to reject established diagnostic constructs in favor of maintaining their self-proclaimed expertise in a non-existent disorder, to their own financial and professional career-status benefit.

Public Education & Empowerment

From 2011 to 2018, I actively fulfilled my ethical responsibilities under APA Standard 1.05 and my professional duty to protect by providing accurate, professional-level education to parents navigating the family court system. Upon recognizing the scope of ethical and diagnostic failures in this setting, I responded immediately by launching a

public education initiative grounded in the application of established scientific and professional knowledge.

In 2011, I published a comprehensive 28-part video seminar series on YouTube (The Pasadena Series: YouTube Channel). These seminars were designed to explain the family court pathology in accessible terms while remaining fully aligned with validated psychological theory and professional ethics.

In 2014, I delivered two invited lectures as part of the Master's Series presented by California Southern University, addressing both the conceptual model and clinical treatment of the pathology using only established psychological knowledge:

- An Attachment-Based Model of Parental Alienation
- Treatment of an Attachment-Based Model of Parental Alienation

In addition to these video-based resources, I wrote and published multiple professional essays on my professional website (drcachildress-archives.com) and maintained an active blog (drcraigchildressblog.com) where I continued to educate the public and professional community on the core features and risks of the pathology.

These sustained public education efforts were designed not only to inform parents and protect children, but also to create a professional foundation strong enough to directly challenge the ethically compromised practices of court-involved forensic custody evaluators. My intent throughout this period was to shift the family court system back toward adherence with established diagnostic and ethical standards, and to support more accurate, protective, and timely intervention for children.

Standard 1.05 Notifying Institutional Authorities: AFCC

In 2017, I undertook a formal effort to notify the forensic psychologists in the family courts regarding ethical and diagnostic concerns in forensic custody evaluations. I delivered a presentation at the national convention of the Association of Family and Conciliation Courts (AFCC), using that platform to address my ethical obligations under APA Standard 1.05. The PowerPoint slides from this presentation are publicly available for review.[3]

In the presentation, I described the family court pathology using only established scientific and professional knowledge from the domains of personality disorders, family systems theory, and attachment trauma. A dedicated section titled "Professional Competence" directly addressed APA Standard 2.01 concerns, highlighting significant gaps in forensic evaluator competence in four key diagnostic domains:

1. Attachment pathology,
2. Family systems theory,

[3] 2017 AFCC PowerPoint: https://drcachildress-archives.com/wp-content/uploads/2019/11/AFCC-Powerpoint-Chldress-Pruter-2017.pdf

3. Personality disorder dynamics,
4. Complex developmental trauma.

A subset of slides from this "Professional Competence" section has been extracted and included as Appendix 11 (AFCC Competence Slides) to this report to illustrate the specific ethical and diagnostic deficiencies presented to the AFCC audience.

Standard 1.05 Petition to the APA – National-Level Ethics Notification

As part of my ongoing efforts to discharge my obligations under APA Standard 1.05—specifically, notifying an appropriate national ethics body regarding substantial and ongoing ethical violations in the family courts—I authored a formal Petition to the APA through Change.org.[4] This public petition, which addressed serious concerns about unethical practices by psychologists in family court proceedings, was signed by over 19,000 parents. A copy of the Petition is included in this report as an Appendix 12 (Petition to the APA).

To ensure and highlight formal delivery to the American Psychological Association and to empower the voice of the isolated and silenced parents, I invited two parental advocates—Rod McCall and Wendy Perry—to accompany me to Washington, DC to hand-deliver the Petition to the APA's national headquarters, with the expressed instructions and agreement that it would be forwarded to the APA Ethics Committee for review.

- **Rod McCall** is a targeted parent whose young son died in a murder-suicide committed by the mother after the court finally granted him custody due to longstanding concerns about the mother's psychological instability. He has chronicled his experience in the family courts and the loss of his son in his book *For Love of Eryk*.[5]
- **Wendy Perry** was the founder and leader of a major support group for targeted parents seeking protection and justice in high-conflict custody situations.

Following the in-person delivery of the petition, I published the Petition to the APA as a public document via Amazon[6] and created a dedicated website surrounding the Petition to the APA, including a time-tracking counter displaying the number of days elapsed since the petition was submitted to the APA Ethics Committee and its response.[7] As of the time of this report, it has been over 2,600 days without any response from the APA Ethics Committee to a petition signed by 19,000 concerned parents—each calling for

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[4]2018 Petition to the APA: https://www.change.org/p/the-american-psychological-association-ending-parental-alienation-pathology-for-all-children-everywhere

[5] For Love of Eryk: https://www.amazon.com/Love-Eryk-Surviving-Parental-Alienation/dp/0984603581

[6] Petition to the APA: https://www.amazon.com/Petition-American-Psychological-Association/dp/0996114599

[7] Petition to the APA Website: https://apaethicalviolations.com/

ethical accountability and reform in the conduct of psychologists practicing in the family courts.

Venice Meeting with Dr. Bernet

In 2018, both Dr. Bernet and I were presenting at a conference in Venice, Italy. Ms. Dorcy Pruter, a court-involved family coach also attended this convention. During the event, I hosted a dinner at a local restaurant with Dr. Bernet and his wife, joined by my wife, Ms. Pruter, and a European parent advocate. Ms. Pruter can confirm the content of the discussion that evening. At the dinner, I proposed that Dr. Bernet and I co-author a joint article:

- He would write the first half, presenting the historical development of the "parental alienation" construct.
- I would write the second half, outlining a future-focused framework for understanding and diagnosing family court pathology using the DSM-5 and established psychological constructs.

Dr. Bernet declined this collaborative proposal.

I then suggested a second potential collaboration: co-authoring an article to propose a direct DSM diagnosis for the court-involved attachment pathology for the next revision of the DSM, diagnostically defining the court-involved attachment pathology as a trauma-related diagnosis. This formulation would address the transgenerational transmission of attachment trauma mediated by the personality pathology of the allied parent, and would be fully consistent with the symptoms of the previous DSM-IV-TR diagnosis of Shared Psychotic Disorder. Dr. Bernet again declined this offer of collaboration.

Lastly, I asked Dr. Bernet to consider redirecting the PASG (Parental Alienation Study Group) to advocate for reform in the practices of forensic custody evaluations. He refused, stating that PASG was not an advocacy group, but was solely dedicated to the "study" of his proposed construct of "parental alienation."

It is important to note that within the United States, the influence of the "parental alienation" construct has significantly declined in recent years. Even many forensic custody evaluators have transitioned to using new, equally unvalidated labels, such as "resist-refuse dynamics" or "Parent-Child Contact Problems"—which remain unsupported by any established diagnostic framework. However, despite this decline domestically, the international promotion of "parental alienation" as a clinical construct continues, and the PASG remains a primary vehicle for propagating this unvalidated and ethically problematic framework abroad.

Recent Activity

In 2019, I was invited to speak at Erasmus Medical Center in Rotterdam, Netherlands. Following my presentation, I was invited to meet with representatives from the Dutch Ministry of Justice, and I also gave a guest lecture at the world-renowned forensic psychology program at Maastricht University.

That same year, I co-presented single-case ABAB outcome data at the American Psychological Association national convention with Ms. Dorcy Pruter, CEO of the Conscious Co-Parenting Institute. Ms. Pruter is a professional family coach with over 15 years of experience working with court-involved families. The paper and presentation were peer-reviewed by the president of Division 24 Society for Theoretical and Philosophical Psychology and focused on a brief psychoeducational workshop developed by Ms. Pruter, which has been successful in restoring normal-range attachment bonding between children and parents in high-conflict custody cases.

My court-involved private consulting practice has evolved into an exclusive focus on providing second-opinion reviews of forensic custody evaluations and other mental health reports for attorneys involved in high-conflict custody cases. In this role, I am authorized by the Court to review the work of forensic evaluators—reports that typically fall outside the scope of licensing board oversight due to confidentiality restrictions and the judicial immunity granted to custody evaluators.

Through this court-authorized second-opinion role, I have reviewed numerous forensic custody evaluations both nationally and internationally. Based on this extensive experience, I am in full and unequivocal agreement with the findings of the New York Blue-Ribbon Commission on Forensic Custody Evaluations, which concluded that these evaluations are:

- "Dangerous" and "harmful to children,"
- Lacking in scientific and legal value,
- Responsible for producing "defective reports" with
- "Potentially disastrous consequences for parents and children" in the family courts.

I fully support the Commission's recommendation that forensic custody evaluations should be eliminated entirely from the family courts in order to protect the psychological safety and well-being of children and parents involved in high-conflict custody litigation.

Resumption of Professional Engagement and Continued 1.05 Efforts

Progress in fulfilling my Standard 1.05 obligations and duty to protect vulnerable parents and children in the family courts was temporarily delayed due to the onset of COVID-19 and its aftermath, as well as my personal relocation to Seattle, Washington. I resumed formal professional engagement with the systems in 2025 with a presentation to APA Division 41 (American Psychology & Law Society), where I introduced a Contingent Visitation Schedule as a potential intervention for families where Factitious Disorder Imposed on Another (FDIA) is diagnosed.

At the same convention, I served as second author on two poster presentations with the primary author, Ms. Melanie Greenham, a graduate student in Public Policy at the University of New Mexico. The two posters presented:

1. A analysis of dark personality traits (i.e., narcissism, psychopathy, Machiavellianism) and their role in family court dynamics.

2. Empirical data from 46 court-involved families demonstrating predictable symptom patterns consistent with the theoretical model of attachment trauma and personality pathology underlying the child's rejection of a parent.

In 2025, in fulfillment of my obligations under APA Standard 1.05 and my broader duty to protect, I reinitiated formal efforts to reform the forensic custody evaluation system by joining the Association of Family and Conciliation Courts (AFCC). As part of my preparation to engage and challenge an entrenched system of influence, I applied in 2024 for membership in Dr. Bernet's Parental Alienation Study Group (PASG) with the intention of enlisting their support for reforming the forensic custody evaluation system. In response to my application, Dr. Bernet replied by email (see Appendix 13: PASG Questions), stating that the PASG Board of Directors required my answers to three specific questions. I submitted detailed responses to each of the three questions (Appendix 14: PASG Answers). My application for membership was ultimately denied.

For the record, I note that Dr. Bernet does not seemingly possess professional competence in the domains of attachment pathology, child abuse and complex trauma, or family systems pathology, based on his documented education, training, and experience. This raises concern under Standard 2.01 (Boundaries of Competence) of the APA Ethics Code, with cascading implications for Standard 9.01 (Bases for Assessments) and Standard 3.04 (Avoiding Harm). However, as a psychiatrist, Dr. Bernet is not subject to the ethical standards of the American Psychological Association.

I further note that Dr. Lorandos does not appear to possess required competence in attachment pathology, the diagnostic assessment of delusional thought disorders, the diagnosis of Factitious Disorder Imposed on Another (FDIA), or the assessment and treatment of child abuse and complex trauma. These professional gaps likewise raise concern under APA Standard 2.01, with cascading concern for Standards 9.01 and 3.04.

In addition, both Drs. Bernet and Lorandos appear to rely on unvalidated and fabricated constructs—such as "parental alienation"—rather than established scientific knowledge from the DSM-5, attachment theory, complex trauma, personality pathology, and family systems models. This raises further concern under APA Standard 2.04 (Bases for Scientific and Professional Judgments), which requires that professional judgments be based in established scientific knowledge.

By contrast, my previously cited qualifications—including formal education, supervised training, and direct clinical experience—provide a documented foundation for my ability to assess professional competence in these high-risk clinical and forensic domains.

AFCC & Forensic Custody Evaluations

In 2024, pursuant to my continuing obligations under APA Standard 1.05 and my professional duty to protect, I reengaged efforts to reform the forensic custody evaluation system by joining the Association of Family and Conciliation Courts (AFCC). At this stage in my career, I possess sufficient authority and expertise to directly engage the entrenched structures of influence within the AFCC and to advocate for the reforms necessary to protect children and families.

In January 2025, I completed an eight-module, four-day online training offered by the AFCC and taught by six prominent forensic custody evaluators. Based on the content of this course, I believe the instruction may have involved ethical violations of APA Standards 2.04 (Bases for Scientific and Professional Judgments), 2.01 (Boundaries of Competence), and 9.01 (Bases for Assessments).

Consistent with my ethical obligations under APA Standard 1.04 (Informal Resolution of Ethical Violations), I contacted each of the six instructors directly to raise my concerns (see Appendix 14: Instructor 1.04 Letter). The instructors jointly issued a one-page response that did not substantively address the ethical concerns raised under Standards 2.04, 2.01, and 9.01 (Appendix 15: Instructor 1.04 Response). Given the superficial nature of their reply, my professional obligations under APA Standard 1.05 (Reporting Ethical Violations) were activated.

Pursuant to Standard 1.05, I submitted a formal notice to the APA Ethics Committee—a national ethics committee (Appendix 16: Notice to APA Ethics Committee)—as well as to the AFCC Board of Directors (Appendix 17: Notice to AFCC BoD), which constitutes an appropriate institutional authority for compliance with Standard 1.05. The APA Ethics Committee replied that they do not accept complaints unless and until the matter has first been adjudicated by a state licensing board (see Appendix 18: Ethics Committee Response). In accordance with this guidance and in fulfillment of my Standard 1.05 duties, I subsequently filed formal complaints with the relevant state licensing boards for each of the six instructors, citing seeming violations of APA Standards 2.04, 2.01, and 9.01.

Two of the psychologists involved—Drs. Leslie Drozd and Matthew Sullivan—are licensed by the California BoP. For context regarding the "situation" which guides my "further actions appropriate to the situation" in response to Standard 1.05 and duty to protect, I have attached the CA BoP complaints pertaining to these individuals, as they reflect the activation of my ethical responsibilities under Standard 1.05 and my duty to protect a vulnerable population—the children and parents involved in high-conflict family court litigation.

Character Reference Letters

I am including character reference letters from Dr. Alyse Price-Tobler (Australia), Ms. Lisa Fiala (a therapist in Connecticut), and Ms. Dorcy Pruter, who was a direct eyewitness to several meetings I held with Dr. Bernet. Additional letters of support from members of the public who have benefited from my professional work may also be submitted in support of this declaration of mitigating circumstances.

Counter-Proposal Settlement

In light of the mitigating circumstances outlined herein, and pursuant to my ethical obligations under APA Standard 1.05 (Reporting Ethical Violations) and my duty to protect vulnerable populations, I respectfully submit the following counter-proposal for resolution and settlement of the current matter. Through this submission—comprising both the mitigating circumstances declaration and this counter-proposal—I am formally discharging my professional duty-to-protect obligations to an appropriate regulatory agency, the

California Board of Psychology, on behalf of the vulnerable parents and children impacted by current practices in the California family courts.

In light of the mitigating circumstances described herein, and pursuant to my ethical obligations under APA Standard 1.05 (Reporting Ethical Violations) and the duty to protect vulnerable populations, I respectfully submit the following counter-proposal for resolution and settlement of the current matter:

1. Dismissal of Charges

That the California Board of Psychology dismiss the pending charges against me in recognition of:

- My good faith professional actions undertaken pursuant to APA Standards and 1.05 and duty to protect obligations.
- The accuracy of my criticisms of Drs. Bernet and Lorandos and absence of malicious intent or client harm,
- The urgent need for professional discourse and reform regarding systemic risks within the family court system.

2. Moratorium on Forensic Custody Evaluations

That the California Board of Psychology initiate a moratorium on the practice of forensic custody evaluations in California, pending the following actions:

- A formal Institutional Review Board (IRB) review, including a comprehensive risk-benefit analysis of the practice;
- The development of enforceable protections for the vulnerable population of children and parents subjected to these court-involved psychological interventions;

This proposed moratorium is consistent with the recommendations of the New York Blue-Ribbon Commission on Forensic Custody Evaluations and reflects documented concern regarding the harmful impact of unvalidated and experimental psychological practices in legal contexts involving vulnerable families.

3. Professional Remediation for Forensic Psychologists in Ethical Standards

Structured remediation for court-involved psychologists regarding APA Standards 2.01, 2.04, 9.01, 3.04, and duty to protect obligations for children and both parents in the family courts.

4. Professional Remediation for Forensic Psychologists

That the California Board of Psychology require structured remediation and continuing education for psychologists currently practicing in the family courts in the following areas, aligned with APA Standard 2.01 (Boundaries of Competence):

- **Attachment pathology**, including child rejection of a parent and transgenerational transmission of trauma;

- **Delusional thought disorders**, including shared/induced delusional pathology;
- **Factitious Disorder Imposed on Another (FDIA)**, particularly in high-conflict custody contexts;
- **Complex trauma and child abuse**, including covert relational abuse, psychological control, and duty to protect obligations.
- **Personality pathology**, including narcissistic, borderline, and Dark Triad/Tetrad/Vulnerable Dark Triad patterns;
- **Family systems theory**, including role-confusion dynamics and systemic triangulation.

This remediation should be grounded in current DSM-5/ICD diagnostic frameworks, peer-reviewed research, and consistent with APA Ethical Standards 2.04, 9.01, and 3.04.

5. Review of the CA BoP's Oversight Practices

That an independent review be initiated into the practices and oversight structures of the California Board of Psychology concerning:

- Its role in permitting and legitimizing forensic custody evaluation practices that lack established scientific basis,
- Systemic barriers to oversight for ethical practice with parents and children in the family courts.
- The extent to which its disciplinary practices may contribute to the institutionalization of unsafe or unvalidated psychological interventions upon children and families in the court system.

Such a review is essential to restoring public trust, protecting vulnerable populations, and aligning professional regulation with both the APA Code of Ethics, the principles of the Belmont Report concerning, beneficence, respect for persons, and justice., and the core mission of the CA Board of Psychology to protect the consumers of mental health services in California from the destructive impact of unethical and incompetent professional practices by licensed psychologists in California.

Respectfully submitted,
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