C. A. CHILDRESS, Psy.D.
LICENSED CLINICAL PSYCHOLOGIST
WA 61538481 • OR 3942 • CA 18857
271 Winslow Way E. 10631 • Bainbridge Island, WA • 98110 (206) 565-5313

Date: 4/10/25

To: AFCC Board of Directors
Michael Saini, President AFCC

Re: Notice Pursuant to Standard 1.05

I am a court-involved clinical psychologist licensed in Washington state, Oregon, and California, and I am a member of the AFCC (WA, OR, & CA chapters). I am providing notice to the AFCC Board of Directors pursuant to my obligations under Standard 1.05 of the APA ethics code requiring me to notify the "appropriate institutional authority" when I believe there may have been an ethical violation by another psychologist, in this case, a group of psychologists, that is causing substantial harm to their clients.

> **1.05 Reporting Ethical Violations**
> If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities.

The ethical concern is for a group of psychologists who appear to be in violation of Standard 2.04 Bases for Scientific and Professional Judgments and Standard 2.01 Boundaries of Competence of the APA ethics code. This notice of possible ethical violations is directed toward the instructors of a 4-day (8 Module) online training course provided through the Association of Family and Conciliation Courts (AFCC) entitled *Advanced Issues in Family Law: Parent-Child Contact Problems*. Based on my attendance at this course, I believe there may have been an ethical violation of Standard 2.04 Bases for Scientific and Professional Judgments and Standard 2.01 Boundaries of Competence of the APA ethics code by the following psychologists:

Robin Deutsch, Ph.D.

Leslie Drozd, Ph.D.

John A. Moran, Ph.D.

Marsha Kline Pruett, Ph.D.

Matthew Sullivan, Ph.D.

Peggy Ward, Ph.D

These psychologists are the instructors for a 4-day training course offered through the AFCC. In response to my obligations under Standard 1.04 Informal Resolution of the

Ethical Violations of the APA ethics code when I believe there may have been an ethical violation by another psychologist, I contacted the instructors individually to make them aware of the ethical concerns (Appendix 1: Template for Standard 1.04 Notification Letter). The instructors provided a one-page response (Appendix 2: Response of Instructors). Based on their response and the scope of the concerns involved, the ethical concerns were not properly resolved through informal notification.

Pursuant to my mandatory obligations under Standard 1.05 of the APA ethics code (the APA ethics code is not optional for psychologists, it is mandatory), I have notified the APA Ethics Committee of the ethical concerns as representing a national committee on professional ethics. I am attaching separately the notice made to the APA Ethics Committee to this notice to the AFCC Board of Directors (Appendix 3: APA Ethic Committee Notice; attached separately).

APA Ethics Committee Notification

The notification made to the APA Ethics Committee (Appendix 3) describes the nature and scope of the professional concerns, and these concerns will not be repeated in this notice to the AFCC Board of Directors but will be included by citation to the APA Ethics Committee notification. As described in the APA Ethics Committee notification, the ethical concerns raised are supported by the following additional appendices that were provided to the APA Ethics Committee and are also included with this notice to the AFCC Board of Directors as the foundations for the professional concerns:

- Individual Module Analyses (Appendix 4-12 of this notice; attached separately).
- Catalogue of Concerns (Appendix 13 of this notice).

The first two appendices to the APA Ethics Committee notification and to this notice to the AFCC Board of Directors are, 1) the template for the Standard 1.04 Informal Notification Letter sent to each instructor, and 2) the collective response of the instructors. These appendices were followed by eight additional appendices reflecting slide-by-slide analysis of the curriculum content for each Module. These eight slide-by-slide curriculum analyses for each Module are attached separately to this notice made to the AFCC Board of Directors as Appendices 4-12

The slide-by-slide curriculum analysis of each Module generated a set of broad professional concerns that I compiled into a *Catalogue of Concerns* for the entire course, which was included as an appendix to the APA Ethics Committee notification, and which I am including as Appendix 13 to this notification to the AFCC Board of Directors.

The Catalogue of Concerns

As described in my notification to the APA Ethics Committee, my current practice is providing second opinion review of mental health reports and court related documents from the applied knowledge of clinical psychology to the information reviewed. In this role, I am often asked to review the mental health information reported in forensic custody evalutions, and I have found that conducting a line-by-line review of forensic custody

evaluations and generating a Catalogue of Concerns for each evaluation offers the most efficient review of professional information. When I encounter an issue of concern in my line-by-line (slide-by-slide) review of information, I number and describe the full concern. Then each additional time I encounter the same concern in my review, I referrence the Catalogue of Concern number rather than re-describing the concern at the next location.

Notice to the AFCC Board of Directors

I will allow the notification to the APA Ethics Committee and the attached appendices to provide the content of the ethical concerns prompting my response under Standards 1.04 and 1.05 when I believe there may have been an ethical violation by another psychologist, and I will focus this notification to the AFCC on the following professional practice issues:

- Impact of Course Content
- Forensic Custody Evaluations
- Conflict of Interest & Cover-Up
- Potential Remedy Considerations

Impact of Course Content

Based on my review of the course curriculum and lectures provided for the AFCC sponsored training course, Advanced Issues in Family Law: Parent-Child Contact Problems, the course content does not meet even rudimentary levels of professional information.

- **DSM-5 Diagnoses** there was no discussion of the DSM-5 pathologies of concern, i.e., a shared (induced) persecutory delusion (DSM-5 297.1) and false (factitious) attachment pathology imposed on the child for secondary gain to the parent (DSM-5 300.19). This suggests either that the instructors are ignorant about the DSM-5 pathology in the family courts (Google ignorance: lack of knowledge or information), or if they know what the DSM-5 pathology is then they are withholding this information from the students and trainees to the harm of the client parents and children in the family courts.

  Note that if a doctor needs to be educated about the nature of the pathology, its diagnosis and treatment, then that doctor is not competent with that pathology by a demonstrated need to be educated about it. It is unclear from the response of the instructors (Appendix 2) whether they 1) don't know what the DSM-5 pathology is in the family courts, 2) know what the DSM-5 pathology is and are simply withholding this information from students and trainees (to the harm of their parent and child clients), or 3) believe they don't need to apply the DSM-5 as the bases for professional judgments as is prominently suggested by their response to the concerns (Appendix 2).

  Further clarifying inquiry is seemingly indicated as to whether the instructors know what the DSM-5 pathology is and are simply withholding this information

from the students and trainees, or whether they need to be educated about the nature of the DSM-5 pathology in the family courts, i.e., 297.1 Delusional Disorder, (shared/induced) persecutory type; 300.19 Factitious Disorder Imposed on Another (factitious attachment pathology) by a narcissistic-borderline-dark personality parent for secondary gain to the parent.

- **Attachment:** there was no discussion of the attachment system and attachment pathology when the pathology of a child rejecting a parent is an attachment pathology, i.e., a problem in the love and bonding system (the attachment system).

- **Personality Pathology:** there was no discussion of possible narcissistic-borderline-dark personality pathology in a parent that is collapsing into persecutory beliefs in response to divorce and which is then distorting family relationships.

- **Child Abuse & Complex Trauma:** there was no discussion of child psychological abuse and complex trauma when the only cause of severe attachment pathology (i.e., a child rejecting a parent; a directional change in a primary motivational system) is child abuse by one parent or the other.

- **Family Systems:** there was no discussion of the relevant family systems constructs of triangulation (its cause and treatment), cross-generational coalition (its cause and treatment), and emotional cutoffs (their cause and treatment) when the pathology of concern is a family conflict.

Of prominent professional concern is that students and trainees of the AFCC sponsored course believe they have been provided with "advanced" professional information when have been provided with substantially low-quality professional information that will lead them to misdiagnose the pathology, leading to foreseeable harm to their clients from misdiagnosis. Note: relying on the DSM-5 diagnostic system of the American Psychiatric Association (i.e., the established scientific and professional knowledge of the discipline) as the bases for professional judgments represents a *reasonable step* for a doctor to take to avoid harming their clients/patients by misdiagnosis of the problem.

3.04 Avoiding Harm
(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

Of professional note is that in their response (Appendix 2), the instructors did not address the foreseeable dangers to the client parents and children of the trainees from misdiagnosing the DSM-5 pathology in the family. Based on their one-page response (Appendix 2), it appears the instructors lack insight into the scope of the concerns and believe it is not their obligation to apply the DSM-5 to their diagnostic formulations, professional judgments, and treatment.

Of note for the information relied on by the instructors for the course curriculum and instruction is their substantial reliance on citations to themselves, and a disturbing absence of citation to any relevant professional sources (i.e., the DSM-5, attachment research, family systems, complex trauma, and personality disorders). The Module analysis (Appendices 4-12 of this notice), revealed the following pattern of citation for the instructors:

- Instructor self-citation – 29 references to writings by the instructors
- DSM-5 – 0
- Bowlby – 0
- Tronick – 0
- Minuchin – 0
- Bowen – 0
- van der Kolk – 0
- Millon – 0
- Linehan - 0

By all appearances, the course content was selected to represent the personal opinions of the instructors rather than reliance on the established scientific and professional knowledge of the discipline as the bases for their professional judgments and instruction. Of prominent concern is the impact of the psychological and psychiatric *misinformation* conveyed in a supposedly "advanced" course in parent-child attachment pathology ("parent-child contact problems") conducted through, and with the imprimatur of credibility provided by, AFCC sponsorship. The trainees believe they received "advanced" knowledge when they actually received no instruction in multiple relevant domains of established scientific and professional knowledge (i.e., DSM-5 pathology, attachment research, child abuse and complex trauma, personality disorder pathology, family systems pathology).

I note for the Board's consideration that in the one-page response of the instructors they cited to the AFCC sponsorship of the course as supporting the instructors' asserted compliance with Standards 2.01 and 2.04 (rather than citing to the course curriculum for compliance with Standard 2.04 and to their vitae for compliance with Standard 2.01). The instructors are seemingly offering the credibility afforded by AFCC sponsorship of the course as endorsing their compliance with Standards 2.04 Bases for Scientific and Professional Judgments and 2.01 Boundaries of Competence. I suggest the Board of Directors of the AFCC consider whether such reliance on AFCC sponsorship of the course represents the AFCC's endorsement of the instructors competence in 1) attachment pathology, 2) delusional thought disorders, 3) factitious disorders imposed on another, 4) child abuse and complex trauma, 5) personality disorder pathology, and 6) family systems

pathology. If the instructors' reliance on AFCC sponsorship of their course as providing endorsement of their competence in multiple domains of necessary knowledge is appropriate, then the AFCC Board of Directors should provide a more detailed description for why the instructors are competent in 1) attachment pathology, 2) delusional thought disorders, 3) factitious disorders imposed on another, 4) child abuse and complex trauma, 5) personality disorder pathology, and 6) family systems pathology, based on their training, education, and experience (vitae).

Of professional concern based on the one-page response of the instructors to the detailed ethical concerns raised is that they do not seem to be authentically engaging with the issues, but are instead seemingly stone-walling in their response to the concerns, apparently because they have no legitimate substantive defense to offer (i.e., the allegations of unethical and incompetent practice, violations to Standards 2.04 & 2.01, are accurate). In my role as a second-opinion consultant in the family courts it is possible that I will be reviewing in the future a forensic custody report written by one of the trainees of the AFCC Advanced Issues in Family Law: Parent-Child Contact Problem course. I am concerned that the forensic custody evaluation report of this AFCC trainee from the "advanced" course on the pathology will generate the same Catalogue of Concerns (Appendix 13) that was generated for the instructors and course curriculum of the AFCC "advanced" course.

Based on the absence of basic professional level information (DSM-5, attachment, complex trauma, personality disorder pathology, family systems pathology) provided in the AFCC "advanced" course in the parent-child attachment pathology in the family courts, I recommend remediation of the student trainees with the following professional level information, i.e., providing the student trainees of the course with the established scientific and professional knowledge of the discipline to balance the absence of this information from the course curriculum and instruction:

- **DSM-5 Diagnosis:** instruction on the relevant DSM-5 diagnoses potentially present in the family courts (297.1 Delusional Disorder, persecutory type; 300.19 Factitious Disorder Imposed on the Child; V995.51 Child Psychological Abuse; V997.82 Spouse or Partner Abuse, Psychological of the targeted parent by the allied parent using the child as the spousal abuse weapon).

- **Attachment:** instruction on the attachment system and attachment pathology in children, and regarding the identification (diagnosis) of authentic and factitious attachment displays.

- **Personality Disorder Pathology:** instruction on narcissistic, borderline, and dark personality pathology, and the impact of parental personality pathology on family relationships following divorce.

- **Child Abuse & Complex Trauma:** instruction on 1) the psychological abuse of children by a pathological narcissistic-borderline-dark personality parent, 2) on possible spousal psychological abuse of the targeted parent by the allied parent using the child as the spousal abuse weapon, and 3) instruction regarding duty to protect obligations for all of their client children and parents.

- **Family Systems Pathology:** instruction on triangulation, cross-generational coalitions, inverted family hierarchies, enmeshment, and emotional cutoffs, regarding their cause and treatment.

Of professional concern is the scope of harm potentially done by the student trainees of the AFCC course on Advanced Issues in Family Law: Parent-Child Contact Problems to their client parents and client children resulting from low quality professional information and instruction provided by the course that carries the imprimatur of the AFCC's credibility and endorsement from its sponsorship of the course as providing "advanced" information regarding the attachment pathology in the family courts.

Forensic Custody Evaluations

Forensic psychology in the family courts represents an experiment in a "quasi-judicial" role for doctors which has been conducted on human subjects (children and parents in the family courts) without proper oversight (Belmont Report, 1979).[1] The psychologists working in the family courts in the 1980s decided to develop an experimental new quasi-judicial role for doctors (for themselves) of assisting the courts with custody decisions rather than the traditional clinical role for doctors of diagnosing and treating pathology. They then developed an experimental assessment procedure, called forensic custody evaluations, for their experimental new quasi-judicial role for doctors.

It is noted that these forensic psychologists did not inform the courts or the parent-litigants that a quasi-judicial role for doctors and their forensic custody evaluations developed for this role were experimental, nor did they inform the courts or parent litigants of the potential dangers involved in their experimental quasi-judicial approach (i.e., the dangers of potential misdiagnosis). Also of prominent concern is that these forensic psychologists withheld from the courts and parent-litigants the standard community practice as usual of clinical diagnostic assessments, and instead the parents and the courts were ONLY offered their experimental forensic custody evaluation approach.

Not informing the courts and parent-litigants of the experimental nature of both their quasi-judicial role and the practice of forensic custody evaluations, along with the potential risks involved with participation in the experimental approach, seemingly violates the "informed" part of informed consent in conducting experiments on human subjects (the parents and children in the family courts), and not offering an alternative of standard community care as usual (i.e., clinical diagnostic assessments) to the experimental approach is seemingly in violation of the principles set forth in the Belmont Report (1979). Withholding relevant diagnostic information from the court's awareness and from both parent-litigants will also prevent one litigant-parent (the one who benefits from the diagnostic information being released to the court) from properly pressing their arguments to the court for a child protection response because they lack the diagnostic information

[1] National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (1979). *The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research*. U.S. Department of Health and Human Services

necessary to support their argument because this information has been withheld from them.

When an outside and independent review of forensic custody evaluations was conducted by the New York Blue-Ribbon Commission on Forensic Custody Evaluations (2021),[2] they found the practice of forensic custody evaluations to be dangerous and harmful to children, to lack scientific or legal value, and that it produces defective reports leading to potentially disastrous consequences for parents and children.

> **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 on Forensic Custody Evaluations, 2021)

As a clinical psychologist providing second opinion review of the information contained in forensic custody evaluations, I am in 100% agreement with the findings of the NY Blue-Ribbon Commission on Forensic Custody Evaluations. Forensic custody evaluations (parenting plan assessments) are dangerous, lack scientific or legal value, they are harmful to children, and they result in potentially disastrous consequences for the client parents and children. Two of the Commissioners for the NY Blue-Ribbon Commission provide a discussion on YouTube[3] of the Commission's findings. I recommend that the AFCC Board of Directors watch the YouTube discussion of the Commission findings provided by two of the Commissioners, and that consideration be given to providing a formal response from the

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[2] The Report of the New York Blue-Ribbon Commission on Forensic Custody Evaluations:

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjqoIfZ8ZmBAxUnAjQIHf-TDlUQFnoECBoQAQ&url=https%3A%2F%2Fopdv.ny.gov%2Fblue-ribbon-commission-forensic-custody-evaluations&usg=AOvVaw1Y_JEEyH4zlHjdm9i-xw9t&opi=89978449

[3] A Discussion of the NY Blue-Ribbon Commission Report on Forensic Custody Evaluations is provided by two of the Commissioners available on YouTube:

https://empirejustice.org/training_post/a-discussion-of-the-governors-blue-ribbon-commission-report-on-forensic-cuhstody-evaluations/us

AFCC to the findings and recommendations of the New York Blue-Ribbon Commission on Forensic Custody Evaluations.

Conflict of Interest & Cover-Up

The experiment conducted on human subjects (on the children and parents in the family courts) of a quasi-judicial role for doctors, and the experimental forensic custody evaluation procedure developed for this new quasi-judicial role, have been complete failures. Forensic custody evaluations are a failed experiment in service delivery to a vulnerable population. As a result of their failed experiment on human subjects conducted without proper oversight, the lives of thousands and thousands of children and their parents have been irrevocably destroyed. A change is needed. Professional psychology needs to provide the courts, children, and parents, with a clinical diagnostic assessment of the child's pathology and family conflict to the appropriate differential diagnoses of concern for each parent.

In order to make the necessary corrective changes and return to the established professional practices of healthcare, i.e., diagnosis and treatment, the failed experiment of forensic custody evaluations and a quasi-judicial role for doctors needs to be acknowledged, which will then allow for the necessary corrective changes to be made (i.e., clinical diagnostic assessments of the child's pathology and family conflict). Yet when forensic custody evaluations and a quasi-judicial role for doctors is acknowledged to be a failed experiment on human subjects (on the children and parents in the family courts), then the forensic psychologists currently conducting forensic custody evaluations are also recognized as conducting a "dangerous" experiment in a quasi-judicial role for doctors that "lacks scientific or legal value" and is "harmful to children" (NY Blue-Ribbon Commission, 2021), and they have (negligently)[4] misdiagnosed child psychological abuse by a narcissistic-borderline-dark personality parent this entire time.

When the corrective action is taken of eliminating forensic custody evaluations entirely from the family courts, as recommended by the NY Blue-Ribbon Commission on Forensic Custody Evaluations, with a return of clinical diagnostic assessments that were previously withheld from parents and the courts, the forensic custody evaluators will also leave the family courts along with their experimental quasi-judicial role. Once the pathology in the family courts (i.e., a shared/induced persecutory delusion and false/factitious attachment pathology imposed on the child for secondary gain to the parent) is recognized and diagnosed as child psychological abuse (DSM-5 V995.51), then it becomes an acknowledged fact that the current forensic psychologists have misdiagnosed child abuse (a delusional thought disorder and FDIA) this entire time, and have failed in their duty to protect obligations throughout their careers as forensic custody evaluators.

Furthermore, if remediation efforts are adopted to educate and train the current forensic psychologists in the family courts regarding the diagnostic assessment and treatment of delusional thought disorders, factitious disorders imposed on the child,

[4] Google negligence: failure to take proper care in doing something.

attachment pathology, narcissistic-borderline-dark personality pathology, and family systems pathology, then this is an acknowledgement that they have been practicing beyond the boundaries of their competence this entire time, in violation of Standard 2.01 of the APA ethics code. If the doctor needs to be educated about the nature of the pathology, its diagnosis and treatment, then that doctor is not competent with that pathology by their demonstrated need to be educated about it.

There currently exists a strong motivation within the forensic psychologists to cover-up the failure of their experimental forensic custody evaluations and misdiagnosis of child abuse, and there is a prominent conflict of interest in the forensic psychologists to prevent the return to clinical diagnostic assessments because it means the loss of their career role in the family courts conducting forensic custody evaluations (that are harmful to children and lack scientific or legal value). There is an additional conflict of interest in their now diagnosing the child psychological abuse (DSM-5 V995.51) by a narcissistic-borderline-dark personality parent because this will mean they have previously misdiagnosed the child abuse this entire time.

Possible Remedies

1. **Remediation:** consideration should be given to remediating the educational information provided to the student trainees who participated in the course. They believe they are operating on "advanced" professional knowledge provided in the court that is not even rudimentary professional knowledge. It is likely that if the future evaluations conducted by the student trainees of the AFCC course rely on the information provided to them by the AFCC through this course, the same Catalogue of Concerns will be generated for their individual evaluations as was generated for the course content (Appendix 13).

   As noted earlier, if the doctor needs to be educated about the nature of the pathology, its diagnosis and treatment, then that doctor is not competent with that pathology by demonstrated need to be educated about it. The patient should NEVER need to educate the doctor about the pathology, the doctor should already know and should educate the patient. The parents in the family courts are educating the forensic psychologists in the family courts about the nature of the pathology in the child and family. Patients educating the doctors is unacceptably low professional practice (i.e., violation to Standard 2.01).

Concern 8:	Standard 2.01 Boundaries of Competence

2. **Clinical Diagnostic Assessments**: Litigant parents and the courts should be offered the alternative of a standard clinical diagnostic assessment of the pathology in the child and family. Applying the DSM-5 diagnostic system to the symptoms and pathology as the bases for professional judgments represents a reasonable step to avoid the foreseeable harm of misdiagnosis if the DSM-5 diagnostic system is not applied as the bases for professional judgments.

3.04 Avoiding Harm
(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

Relevant diagnostic information should NOT be withheld from the courts and from the litigant parents. Withholding relevant diagnostic information from the courts and litigant parents will systematically bias the courts' decision in favor of the pathological parent.

3. **Eliminating Forensic Custody Evaluations:** The AFCC should reconsider its support for an experiment on human subjects (parents and children in the family courts) of a quasi-judicial role for doctors and the experimental assessment approach of a forensic custody evaluation developed for this experimental role. An independent review of forensic custody evaluations by the New York Blue-Ribbon Commission found that forensic custody evaluations are dangerous, lack scientific or legal value, are harmful to children, and produce defective reports resulting in potentially disastrous consequences for parents and children.

   At the very least, the courts and parents should be informed that forensic custody evaluations (parenting plan assessments) represent an experimental approach that lacks research support, that may lack scientific and legal value, that can produce defective reports, and that may be dangerous and harmful to children (NY Blue-Ribbon Commission, 2021). Parents and the courts should be also be explained the dangers from potential misdiagnosis of pathology when diagnoses are not made. Parents and the courts can then make an informed decision as to whether they want a clinical diagnostic assessment from the healthcare system (returned within six to eight weeks), or an experimental forensic custody evaluation (returned within six to nine months).

4. **Broad Educational Instruction**: the AFCC Board of Directors should consider developing a broad remediative educational program for the psychologists and legal professionals in the family courts regarding the following domains of professional psychology:

   - **Attachment:** regarding the attachment system and the diagnosis and treatment of attachment pathology in childhood, and in recognizing both authentic and factitious attachment pathology.

   - **Delusional Thought Disorders:** regarding the diagnostic assessment and treatment of delusional thought disorders (shared) induced in the child by the pathogenic parenting of a pathological (narcissistic-borderline-dark) personality parent.

   - **Factious Disorder Imposed on Another:** regarding the diagnostic assessment and treatment of a factitious attachment pathology imposed on

the child for secondary gain to the pathological (narcissistic-borderline-dark) personality parent (FDIA).

- **Child Abuse & Complex Trauma:** regarding the diagnostic assessment of child psychological abuse and complex trauma, including the trans-generational transmission of trauma, and the assessment of parenting using Applied Behavioral Analysis and behavior-chain interviewing.

- **Personality Pathology:** regarding the features of narcissistic-borderline dark personality parents that become activated surrounding divorce, and the impact of parental personality pathology on child and family relationships.

- **Family Systems Pathology:** regarding the diagnostic assessment and treatment of family systems pathology, including triangles (their cause and treatment), cross-generational coalitions (their cause and treatment), inverted hierarchies (their cause and treatment), emotional cutoffs (their cause and treatment), and enmeshment (its cause and treatment).

All court-involved psychologists should know this scope of professional information as a requirement of professional competence (Standard 2.01 Boundaries of Competence), and the legal professionals of attorneys, judges, GALs, mediators, and parenting coordinators, would also benefit from this grounding in professional level information. However, diagnosis and treatment are the responsibility of professional psychology, and it is the responsibility of the doctors to return an accurate diagnosis of the child's pathology for the court's decision-making surrounding the child.

5. **Online Moderated Debates:** [5] I recommend the AFCC Board of Directors consider sponsoring a series of publicly available online moderated Debates & Discussion on the various professional and pathology issues in the family courts. I would suggest the following topic areas:

[5] Note: I am available to defend any of the positions for clinical psychology represented in these topic areas, i.e., 1) describing the role of clinical psychology in the family courts, 2) arguing that forensic custody evaluations are harmful to children, 3) advocating for the elimination of forensic custody evaluations entirely from the family courts, 4) arguing that made-up pathology labels ("parental alienation" - "resist-refuse dynamic" - "Parent-Child Contact Problems") represent euphemisms for child abuse that hide the child abuse from view and intervention, 5) arguing that forensic custody evaluations and a quasi-judicial role for doctors represents a failed experiment conducted on human subjects (parents and children in the family courts; a vulnerable population) without proper oversight, and 6) describing the solutions available to parents and the courts from clinical psychology. All that is needed are the forensic psychologists who are willing to defend what they do in a series of online moderated Debates & Discussions hosted by the AFCC and made available to the public (parents), mental health professionals, and legal professionals in the family courts.

- Debate: The Role of Forensic & Clinical Psychology in the Family Courts
- Debate: Are Forensic Custody Evaluations Harmful to Children?
- Debate: Should Forensic Custody Evaluations be Eliminated from the Family Courts?
- Debate: Are Parental Alienation, Resist-Refuse Dynamic, & Parent-Child Contact Problems Euphemisms for Child Abuse that Hide Child Abuse from View and Intervention?
- Debate: Are Forensic Custody Evaluations a Failed Experiment Conducted on Human Subjects in the Family Courts?
- Debate: Solutions for Family Court Pathology from Clinical and Forensic Psychology.

6. **Self-Analysis:** If this is the first time the AFCC Board of Directors is learning that the New York Blue-Ribbon Commission on Forensic Custody Evaluations in 2021 (four years ago) found the practice of forensic custody evaluations to be "dangerous", to "lack scientific or legal value", to be "harmful to children" with "potentially disastrous consequences for the parents and children", why is that? There is seemingly an interruption in the information being received by the AFCC Board of Directors. I recommend the AFCC Board of Directors conduct a self-examination as to why they did not have this information sooner, with a focus on current potential conflict of interest issues with the forensic psychologists in the family courts (and in the AFCC).

   A formal response from the AFCC to the NY Blue-Ribbon Commission on Forensic Custody Evaluations appears warranted and an explanation for how a "dangerous" professional practice that is "harmful to children" receives the endorsement of the AFCC appears warranted. Greater clarity in disclosures by the AFCC (i.e., information for "informed" consent) regarding the potential dangers of a quasi-judicial role for doctors, and from forensic custody evaluations regarding potential misdiagnosis, also appears warranted (Belmont Report, 1979).

Discharge of Obligations

With this notice to the AFCC Board of Directors, I consider my required obligations under Standard 1.05 of the APA ethics code of notifying an "appropriate institutional authority" when I believe there may have been an ethical violation by another psychologist (a group of psychologists sponsored by the AFCC) to be discharged.

> **1.05 Reporting Ethical Violations**
> If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such

action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities.

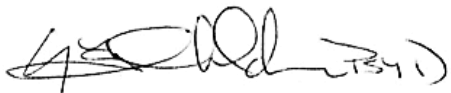
In closing, I note that the instructors in their response believe I exercised a choice in framing the concerns as ethical violations to Standards 2.04 and 2.01 (and 9.01, 3.04, 2.03) apparently reflecting a belief that compliance with the APA ethics code is optional when I believe there may have been an ethical violation by another psychologist (in this case a group of psychologists).

> **From the Instructors:** "We are disappointed that you have chosen to address what amounts to differences in the selection of social science theories and methodologies by framing our differences as ethical issues."

My obligations are not by choice, they are mandatory and required when I believe there *may have been* an ethical violation by another psychologist. I believe there *may have been* ethical violations to Standard 2.04 Bases for Scientific and Professional Judgments and Standard 2.01 Boundaries of Competence by another psychologist – the instructors – for reasons described in detail. I do not have a choice in my response as set forth by Standards 1.04 and 1.05 of the APA ethics code – my response is required. Ethical practice and compliance with the APA ethics code is not optional and a matter of my choice – compliance with all Standards of the APA ethics code is required for all psychologists. Standards 1.04 & 1.05 are the self-corrective Standards within the ethics code for when ethical violations escape notice within the general population. I would recommend the instructors self-reflect on what bad things might happen if Standards 2.04 and 2.01 were violated.

I believe the support for my concerns as set forth in detail is substantial. It is deeply concerning if the instructors believe that compliance with the ethical Standards set forth by the APA is optional, and their response suggests possible remediation of their understanding of their ethical obligations may be warranted. As a remedy for the apparent disagreement, I offer to formally debate the issue with any of the instructors in an online moderated debate hosted by the AFCC,

> **Debate:** Are Forensic Custody Evaluators Routinely in Violation of Standards 2.01, 2.04, and 9.01 of the APA Ethics Code?
>
> Yes: Dr. Childress
>
> No: any of the instructors



Craig Childress, Psy.D.
Clinical Psychologist
WA 61538481
OR 3942 – CA 18857

Appendix 1: Template for Standard 1.04 Notification Letter

C. A. CHILDRESS, Psy.D.
LICENSED CLINICAL PSYCHOLOGIST
WA 61538481 • OR 3942 • CA 18857
271 Winslow Way E. 10631 • Bainbridge Island, WA • 98110 (206) 565-5313

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 from any of these domains of professional psychology 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 a pathology already 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 taking the course, as the bases for professional judgments regarding the assessment, diagnosis, and treatment of attachment pathology (i.e., a child rejecting a parent).

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 triggers 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 personality pathology) 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 includes:

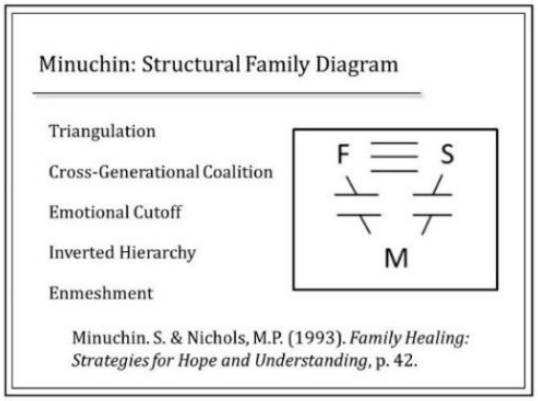
- **Court Manipulation:** manipulating the court's decisions regarding child custody in favor of the allied parent by creating false pathology in the child to deceive the court regarding the normal-range parenting of the targeted parent.
- **Spousal Abuse:** spousal emotional and psychological abuse of the targeted parent (in revenge and retaliation for the failed marriage and divorce) 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 (for narcissistic supply and to allay abandonment fears).

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 child's *triangulation* (Bowen, Minuchin) into the spousal conflict through a *cross-generational coalition* (Haley, 1977; Madanes, 2018; Minuchin, 1974) 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

The 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; i.e., a shared/induced persecutory delusion & FDIA) that hide the child abuse from view, hide the child abuse from the Court's understanding, and which prevent effective intervention for the child abuse.

It is not an "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, or abuse (child, spousal, and elder abuse), duty to protect obligations are activated and a proper risk assessment for the danger involved needs to be conducted. No discussion of

duty to protect obligations surrounding family court pathology was provided in the instruction, suggesting you may be unaware of your professional duty to protect obligations surrounding family court pathology.

Standard 2.01 Boundaries of Competence

Based on the absence of applied knowledge from attachment, delusional thought disorders, personality disorder pathology, factitious disorders, and family systems pathology as the bases of your professional judgments and instruction (a seeming violation to Standard 2.04) and additional troubling content in your training curriculum regarding treatment, I believe that you (and the other instructors) may also be in violation of Standard 2.01 Boundaries of Competence of the ethics code for the American Psychological Association regarding 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, I would note that if you need to be educated by me about what the pathology in the family courts is at a professional level of description, 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-dark 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 Child Psychological Abuse).

- **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 Spouse or Partner Abuse, Psychological).

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 must do three things:

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 parent (who you pleasantly label the "favored" parent), and the potential psychological child 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 (from counter-transference issues surrounding attachment pathology) that

favor of the allied and abusive ("favored") parent, to the substantial harm of both 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."[6]

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 actually 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 allied parent's psychological abuse of the child by validating to the child that the child's false (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 spousal abuse 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 instructors) 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 weapon.

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.

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

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 course instructors have long histories of conducting forensic custody evaluations, i.e., an experimental quasi-judicial role in the family courts 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."

> **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 represents an experimental new role not anchored in standards of healthcare practice, and that the assessment procedure developed for this quasi-judicial role of forensic custody evaluations for the purpose of advising the courts on custody is an experimental assessment procedure. It is also noted that 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 intensive 4-day treatment program, *Overcoming Barriers*, developed by many of the course instructors and referenced in the course instruction, represented an experimental treatment for attachment pathology in the family courts that completely failed and is now defunct. There are no intensive 4-day treatments for any form of pathology (ADHD, ODD, trauma, attachment, eating disorders, substance abuse, autism). Professional concerns exist regarding conducting experimental treatments of your own devising 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 (Appendices 1-8; attached separately). This slide-by-slide Module Analysis generated a Catalogue of Concerns for all eight Modules (Appendix 9; attached separately).

With this letter I am making you aware of my concerns that you may have violated Standards 2.04 and 2.01 of the APA ethics code (and possibly 2.03, and 9.01), and with this letter I am discharging 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.

Craig Childress, Psy.D.
Clinical Psychologist
WA 51638481
OR 3942 – CA 18857

References

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.)

Beck, A.T., Freeman, A., Davis, D.D., & Associates (2004). Cognitive therapy of personality disorders. (2nd edition). New York: Guilford.

Bowen, M. (1978). *Family Therapy in Clinical Practice*. New York: Jason Aronson.

Bowlby, J. (1969). *Attachment and loss, Vol. 1: Attachment*, Vol. 1. NY: Basic Books.

Bowlby, J. (1973). *Attachment and loss, Vol. 2: Separation: Anxiety and anger*. NY: Basic.

Bowlby, J. (1980). *Attachment and loss*, Vol. 3: Loss: Sadness and depression. NY: Basic.

Haley, J. (1977). Toward a theory of pathological systems. In P. Watzlawick & J. Weakland (Eds.), *The interactional view* (pp. 31-48). New York: Norton.

Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford

Madanes, C. (2018). *Changing relationships: Strategies for therapists and coaches*. Phoenix, AZ: Zeig, Tucker, & Theisen, Inc.

Millon. T. (2011). *Disorders of personality: introducing a DSM/ICD spectrum from normal to abnormal*. Hoboken: Wiley.

Minuchin, S. (1974). *Families and Family Therapy*. Cambridge, MA: Harvard University Press.

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

National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (1979). *The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research*. U.S. Department of Health and Human Services

New York Blue-Ribbon Commission on Forensic Custody Evaluations: New York Blue-Ribbon Commission on Forensic Custody Evaluations Report on the

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/

Paulhus, D. L., & Williams, K. M. (2002). The dark triad of personality: Narcissism, Machiavellianism, and psychopathy. *Journal of Research in Personality*, 36, 556–563.

Titelman, P. (2003). *Emotional Cutoff: Bowen Family Systems Theory Perspectives*. New York: Haworth Press

Tronick, E. & Gold, C. (2020). *The Power of Discord: Why the Ups and Downs of Relationships Are the Secret to Building Intimacy, Resilience, and Trust.* New York: Little, Brown Spark.

Appendix 2: Response from Instructors

Re: Dr. Sullivan Standard 1.04

Inbox ×

Dr. Matt Sullivan Sat, Feb 8, 7:23 AM

to me, drrobindeutsch, marsha.pruett@email.smith.edu, leslie@lesliedrozdphd.com, jm@jmphd.com, drpeg

Dear Dr. Childress,

We wanted to acknowledge receipt of your separate emails to each of us to notify us informally of your concerns regarding possible ethical violations by our group as it relates to our recent training on Advanced Issues in Family Law: Parent-Child Contact Problems we conducted from January 12-16, 2025 for the Association of Family and Conciliation Courts. We appreciate that pursuant to your required obligations under Standard 1.04 of the APA ethics code you are informally engaging with us about your concerns. We want you to know we take your concerns seriously and are reviewing what you described in your letter carefully. We appreciate the opportunity to respond to you about them. We will plan to respond to your concerns as a group in the next couple of weeks.

Sincerely,

Drs. Leslie Drozd, Robin Deutsch, John Moran, Marsha Pruett, Matthew Sullivan and Peggie Ward

February 28, 2025

Dear Dr. Childress,

This letter is a response to the individual letters you sent to us on February 3, 2025.

We are disappointed that you have chosen to address what amounts to differences in the selection of social science theories and methodologies by framing our differences as ethical issues. We have carefully reviewed your concerns and have the following responses:

2.04 Bases for Scientific and Professional Judgments

Psychologists' work is grounded in established scientific and professional knowledge within the discipline.

The training was sufficiently grounded in peer-reviewed social science, including research authored by our faculty, as well as generally accepted practice within the field relevant to the topics presented. Furthermore, our program was reviewed and approved by the Association of Family and Conciliation Courts (AFCC) Continuing Education Committee, which determined that the content met the requirements for accreditation as a continuing education provider for the American Psychological Association.

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.

AFCC, the leading international, interdisciplinary organization of family court professionals, invited us to conduct this training in recognition of our individual and combined expertise in this area of practice. In each module of the training the presenter's education, training, and professional experience satisfies the requirements necessary to meet the ethical standards in the training as set forth by the American Psychological Association (APA). Additionally, the significant collaborative preparation bringing in our diverse education, training, and experience further strengthened the expertise behind the program, ensuring its depth, rigor, and adherence to the highest professional standards.

9.01 Bases for Assessment(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.)

The concerns raised are addressed in our previous response. The learning objectives of the training were developed using information and techniques grounded in well-

established social science research. The content was carefully designed to ensure that all presented material had a sufficient empirical basis.

We are familiar with your work and appreciate your contribution to this difficult issue. Our response to your concerns clearly outlines our position.

Sincerely,

Leslie Drozd, Ph.D.
Robin Deutsch, Ph.D., ABPP
John (Jack) Moran, Ph.D.
Marsha Kline Pruett, Ph.D., ABPP
Matthew Sullivan, Ph.D.
Peggie (Margaret) Ward, Ph.D.

Appendix 3: APA Ethics Committee Notice

appended separately

Appendix 4-12: Individual Module Analysis

appended separately

Appendix 13: Catalogue of Concerns

appended separately