

Dr. Childress Second Opinion Consultation

This handout describes various options for incorporating the second-opinion consultation of Dr. Childress on an assessment, diagnosis, and treatment plan for court-involved family conflict. I am able to provide second opinion consultation to the involved mental health professionals if they or the court believe this would be helpful in the resolution of the family conflict through my HIPAA compliant online telehealth office at doxy.me/drchildress.

The differential diagnostic concern in court-involved family conflict surrounding child custody is that either the targeted-rejected parent is creating the child's rejection by abusive maltreatment of the child, or that the allied parent may have a thought disorder, an encapsulated (limited scope) persecutory delusion about the other parent. The persecutory delusion of the parent is then imposed on the child through aberrant and distorted parenting, resulting in a shared persecutory delusion with the allied parent as the primary case, also called the "inducer" (American Psychiatric Association, 2000). A shared persecutory delusion of the allied parent with the child would represent an ICD-10 diagnosis of F24 Shared Psychotic Disorder.

From Walters & Friedlander: "In some RRD families [resist and refuse dynamic], a parent's underlying encapsulated delusion about the other parent is at the root of the intractability (cf. Johnston & Campbell, 1988, p. 53ff; **Childress**, 2013¹). An encapsulated delusion is a fixed, circumscribed belief that persists over time and is not altered by evidence of the inaccuracy of the belief."

Walters, M. G., & Friedlander, S. (2016). When a child rejects a parent: Working with the intractable resist/refuse dynamic. *Family Court Review*, 54(3), 424–445.
<https://doi.org/10.1111/fcre.12238>

The definition of a persecutory delusion is provided by the American Psychiatric Association:

From the APA: "Persecutory Type: delusions that the person (or someone to whom the person is close) is being malevolently treated in some way." (American Psychiatric Association, 2000)

Google malevolent: having or showing a wish to do evil to others.

The American Psychiatric Association describes the features of a shared delusional disorder:

¹ Childress, C. A. (2013). Reconceptualizing parental alienation: Parental personality disorder and the trans-generational transmission of attachment trauma. Retrieved from <https://drcachildress.org/wp-content/uploads/2019/11/Reconceptualizing-Parental-Alienation-Parental-Personality-Disorder-an-the-Trans-generational-Transmission-of-Attachment-Trauma-Childress-2013.pdf>

From the APA: “Usually the primary case in Shared Psychotic Disorder is dominant in the relationship and gradually imposes the delusional system on the more passive and initially healthy second person... Although most commonly seen in relationships of only two people, Shared Psychotic Disorder can occur in larger number of individuals, especially in family situations in which the parent is the primary case and the children, sometimes to varying degrees, adopt the parent’s delusional beliefs.” (American Psychiatric Association, 2000, p. 333)

The assessment for delusional thought disorder pathology is a Mental Status Exam of thought and perception. The National Center for Biotechnology Information,² describes the Mental Status Exam of thought and perception from *Clinical Methods* Chapter 207: Mental Status Exam:³

Thought and Perception

The inability to process information correctly is part of the definition of psychotic thinking. How the patient perceives and responds to stimuli is therefore a critical psychiatric assessment. Does the patient harbor realistic concerns, or are these concerns elevated to the level of irrational fear? Is the patient responding in exaggerated fashion to actual events, or is there no discernible basis in reality for the patient's beliefs or behavior?

Of all portions of the mental status examination, the evaluation of a potential thought disorder is one of the most difficult and requires considerable experience. The primary-care physician will frequently desire formal psychiatric consultation in patients exhibiting such disorders.

Specialized Expertise

I have the “considerable experience” in the Mental Status Exam of thought and perception referenced by *Clinical Methods* from 12 years of annual training in assessing and diagnosing delusional thought disorder pathology through a major UCLA research project on schizophrenia, I am appending my domains of specialized expertise relevant to court-involved family conflict, including child abuse and attachment pathology.

Consultation Involvement

My role and consultation would be guided by the desires and needs of the involved mental health professionals and the court. Professional-to-professional consultation is encouraged throughout healthcare to improve diagnostic accuracy.

From Improving Diagnosis in Healthcare: “Diagnostic errors can lead to negative health outcomes, psychological distress, and financial costs. If a diagnostic error occurs, inappropriate or unnecessary treatment may be given to a patient, or

² The National Center for Biotechnology Information (NCBI) is part of the United States National Library of Medicine (NLM), a branch of the National Institutes of Health (NIH). It is approved and funded by the government of the United States.

³ <https://www.ncbi.nlm.nih.gov/books/NBK320/>

appropriate—and potentially lifesaving—treatment may be withheld or delayed.” (Improving Diagnosis in Healthcare, 2015) ⁴

From Improving Diagnosis in Healthcare: “Clinicians may refer to or consult with other clinicians (formally or informally) to seek additional expertise about a patient’s health problem. The consult may help to confirm or reject the working diagnosis or may provide information on potential treatment options.” (Improving Diagnosis in Healthcare, 2015)

From Improving Diagnosis in Healthcare: “If a patient’s health problem is outside a clinician’s area of expertise, he or she can refer the patient to a clinician who holds more suitable expertise.” (Improving Diagnosis in Healthcare, 2015)

From Improving Diagnosis in Healthcare: “Clinicians can also recommend that the patient seek a second opinion from another clinician to verify their impressions of an uncertain diagnosis or if they believe that this would be helpful to the patient.” (Improving Diagnosis in Healthcare, 2015)

When possible child abuse is a considered diagnosis, as it is when there is prominent attachment pathology directed toward a parent (i.e., a child rejecting a parent), the diagnosis returned must be accurate 100% of the time. The consequences of misdiagnosing child abuse are too devastating and severe for the child.

Consultation Format

My role and involvement can take several forms depending on the needs of the mental health professionals and the court, ranging from direct and active second opinion involvement through online telehealth consultation, to minimally involved participation.

Direct Online Telehealth Consultation

Depending on the needs of the situation, my most involved role is consultation involvement on the assessment team itself through telehealth consultation and observer-participation during the assessment sessions conducted by a local-area mental health professional.

My online telehealth consultation to the ongoing assessment would typically be through observer-participation in approximately six 90-minute assessment sessions led by the local-area mental health professional. Two additional 60-minute consultation meetings with the assessing mental health professional, one before and one after, would be needed to organize and plan the assessment protocol prior to the assessment process, and to

⁴ *Improving Diagnosis in Healthcare* (2015). National Academies of Sciences, Engineering, and Medicine; Institute of Medicine; Board on Health Care Services; Committee on Diagnostic Error in Health Care; Erin P. Balogh, Bryan T. Miller, and John R. Ball, Editors

<https://www.nap.edu/catalog/21794/improving-diagnosis-in-health-care?fbclid=IwAR2ht8JZQGHLElqIBjwqPqx6qtmgc9JYpI8mSRUJaLZFdZljAubk2MkOAI>

discuss diagnosis and treatment planning after completion. I would then anticipate approximately 6 hours in report writing.

Six 90-minute sessions = 9 hours,

Two professional-to-professional consultations = 2 hours

Report writing = 6 hours

Total time = 17 hours @ \$250/hr (approximately \$4,000 estimate)

Consultation & Review

Alternatively, I can provide a single 90-minute consultation with the local-area assessing psychologist at the start of the assessment process, and then review and provide an opinion on the report produced from the assessment afterwards. My report-writing time will likely be more extensive since I was not part of the interviews, and I estimate between 10-20 hours in report writing for an analysis of a completed report (dependent on the nature and scope of the report reviewed).

One 90-minute session = 1 1/2 hours

Report writing = 10 hours

Total time = 11 hours at @250/hr (approximately \$2,800 estimate)

Before & After Consultation

Alternatively, I can provide two consultation hours, one before and one after the assessment, with no review of the produced report and no subsequent report from me regarding the outcome product of the assessment, if this is the desired role by the involvement mental health professionals and the court.

Mental health professionals can independently seek these consultation sessions with me as long as no identifying information about the patient is disclosed. If no identifying information about the person is disclosed in the consultation, then confidentiality is maintained (APA ethics code Standard 4.06)⁵ and no release is needed. This is a typical approach to professional-to-professional consultation in healthcare, but since I do not know the participants, I would be unable to offer an opinion or support to the diagnosis in the specific matter.

Two 90-minute sessions = 3 hours

Total time = 3 hours at \$250/hr (approximately \$750)

⁵ Standard 4.06 Consultations

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (APA ethics code).

MSE Consultation

Alternatively, I can provide in-session consultation on a Mental Status Exam of thought and perception with the allied parent and child. Consultation on the conduct of a Mental Status Exam of thought and perception would likely involve two 90-minute assessment sessions led by the involved mental health professional, and two 90-minute consultations with this professional, one before and one after the assessment. An additional report would be estimated to be 4 to 10 hours.

Two 90-minute MSE sessions = 3 hours

Two 90-minute consultation sessions = 3 hours

Report writing = 4-10 hours

Total time = 10 hours (approximately \$2,500 – \$3,500)

Books & Booklet Consultation

Alternatively, the need for my professional consultation may be limited to reading my books and booklets regarding the pathology in court-involved family conflict and its assessment, diagnosis, and treatment. My books and booklets in this area include:

[*Foundations*](#)

[*Assessment of Attachment-Related Pathology Surrounding Divorce*](#)

[*Contingent Visitation Schedule*](#)

[*Single-Case Assessment & Remedy*](#)

[*The Narcissistic Parent*](#)

[*Professional Consultation*](#)

The cost estimate for the books and booklets is around \$100.

Availability

I am available for professional-to-professional consultation based on the needs and desires of the involved mental health professionals and the court in your matter. My client in any assessment is the child, and when there is court involvement I engage a second client responsibility to the court. A time and cost estimate depends on what I am being asked to do. The more I'm asked to do, the more time I will spend.

Professional-to-professional second opinion consultation is immensely common throughout all of healthcare, and the healthcare professionals in your area should be familiar with the process of obtaining a second-opinion consult. The extent and nature of the services provided in my role as a consultant are dependent on the needs and existing knowledge of the involved professionals.

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

Appendix 1: Dr. Childress Domains of Specialized Professional Background

I am appending my vitae in support of three domains of specialized expertise in professional psychology:

1. Thought disorders and delusional pathology
2. Child abuse assessment, diagnosis, and treatment
3. The attachment system and attachment pathology

Thought Disorders & Delusions

In support of my specialized expertise in the assessment and diagnosis of thought disorders and delusions are 12 years of experience at a major UCLA clinical research project on schizophrenia where I received annual training in the assessment and diagnosis of delusions and thought disorders using the *Brief Psychiatric Rating Scale* (BPRS) to diagnostic reliability of $r=.90$ to the co-directors of the Diagnostic Unit at the UCLA-Brentwood VA, Dr. Lukoff and Dr. Ventura. The entry on my vitae for this work experience while I was at Dr. Nuechterlein's project at UCLA is:

9/85 - 9/98 Research Associate

UCLA Neuropsychiatric Institute

Principle Investigator: Keith Nuechterlein, Ph.D.

Area: Longitudinal study of initial-onset schizophrenia. Received annual training to research and clinical reliability in the rating of psychotic symptoms using the Brief Psychiatric Rating Scale (BPRS). Managed all aspects of data collection and data processing.

Note that I was trained annually in the rating of delusional and psychotic symptoms using the *Brief Psychiatric Rating Scale* (BPRS). Wikipedia describes the BPRS:

From Wikipedia: "The Brief Psychiatric Rating Scale (BPRS) is a rating scale which a clinician or researcher may use to measure psychiatric symptoms such as depression, anxiety, hallucinations and unusual behaviour. The scale is one of the oldest, most widely used scales to measure psychotic symptoms and was first published in 1962."

From Wikipedia: "An expanded version of the test was created in 1993 by D. Lukoff, Keith H. Nuechterlein, and Joseph Ventura."^[6]

The Expanded version cited by Wikipedia links to a professional reference available online from Drs. Nuechterlein, Ventura, and Lukoff,⁶ note the date of the revision - 1993. Note where I was from 1985-to-1998, i.e., at Dr. Neuchterlein's UCLA research project being annually trained in the assessment and diagnosis of delusional and thought

⁶ Ventura, Joseph & Lukoff, D. & Nuechterlein, Keith & Liberman, R.P. & Green, Megan & Shaner, Andrew. (1993). Brief Psychiatric Rating Scale Expanded version 4.0: Scales anchor points and administration manual. *Int J Meth Psychiatr Res.* 13. 221-244.

disorder pathology to an $r=.90$ diagnostic reliability with the co-directors of the Diagnostic Unit at the UCLA-Brentwood VA and authors of the Expanded BPRS, Dr. Ventura and Dr. Lukoff. I have considerable professional training, background, and experience in assessing and diagnosing thought disorders and delusional pathology,

Child Abuse Pathology

Regarding my background in child abuse pathology, I served as the Clinical Director for a three-university assessment and treatment center for children ages zero-to-five in the foster care system. Our primary referral source was Child Protective Services (CPS). I have personally worked with all four DSM-5 child abuse diagnoses and have led and supervised the multi-disciplinary assessment and treatment of child abuse as the Clinical Director for a three-university treatment center. The entry for this experience on my vitae is:

10/06 - 6/08: Clinical Director

START Pediatric Neurodevelopmental Assessment and Treatment Center
California State University, San Bernardino
Institute of Child Development and Family Relations

Clinical director for an early childhood assessment and treatment center providing comprehensive developmental assessment and psychotherapy services to children ages 0-5 years old in foster care. Directed the clinical operations, clinical staff, and the provision of comprehensive psychological assessment and treatment services across clinic-based, home-based, and school-based services. A three-university collaboration with speech and language services through the University of Redlands, occupational therapy through Loma Linda University, and psychology through Calif. State University, San Bernardino.

Attachment System & Attachment Pathology

I have specialty background in Early Childhood Mental Health, ages zero-to-five. This is a specialty domain of practice because it requires extensive knowledge of brain development in infancy through the first five years of life. Early Childhood Mental Health specialization requires understanding the neuro-development of each brain system individually (cognitive, language, sensory-motor, emotional, memory, relationship) as well as how they integrate with each other at each developmental period of maturation in the first year of infancy and beyond into all the subsequent maturational changes.

The period of early childhood is directly the developmental period of the child's early attachment formation to the parent. With this specialty background, I know two additional diagnostic systems for early childhood besides the DSM-5 and ICD-10, the DC:0-3 which is more attachment sensitive and the DMIC which is stronger with autistic spectrum disorders. I also know two early childhood attachment therapies, Watch, Wait, and Wonder for infants and Circle of Security for preschool-age children, and I am Certified in Infant Mental Health.

The attachment system is the brain system that governs all aspects of love and bonding throughout the lifespan, including grief and loss. The attachment system develops

its patterns for love-and-bonding during childhood and then we use these internalized patterns for love-and-bonding (attachment) to guide our expectations and our approach to all future love and bonding experiences in adulthood. The clinical domain of attachment and attachment pathology is Early Childhood Mental Health specialization, and my clinical experience is with children ages zero-to-five in foster care, which is directly attachment pathology. A child rejecting a parent is a problem in attachment, a problem in the love-and-bonding system of the brain,

I have specialized professional background, training, and expertise in multiple relevant domains of knowledge, 1) thought disorders and delusions, 2) child abuse pathology, and 3) the attachment system and attachment pathology. I also am trained in family systems therapy (Bowlby, Minuchin, Haley, Madanes, Satir), and I have worked with court-involved family conflict for the past decade, with professional presentations to the American Psychological Association, the Association of Family and Conciliation Courts, an invited presentation at the Erasmus Medical Center in the Netherlands, and an invited presentation to the Law Society of Saskatchewan. I have a broad array of directly relevant domains of professional background and experience.

A handwritten signature in black ink, appearing to read 'Craig Childress' with a stylized flourish at the end.

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

Craig Childress, Psy.D.
CA License #: PSY 18857

Office: 271 Winslow Way E, 10631
Bainbridge Island, WA 98110
email: drcachildress.bainbridge@gmail.com

Education:

Pepperdine University; 11/00
Psy.D. degree in Clinical Psychology, APA accredited

California State University, Northridge; 6/85
M.A. degree in Clinical/Community Psychology

University of California, Los Angeles; 3/78
B.A. in Psychology, cum laude

Recent Presentations:

- **American Psychological Association.** Empathy, the Family, and the Core of Social Justice. Childress, C.A. & Pruter, D. Paper Presentation at the APA National Convention, Division 24, 8/8/19; Chicago, Il.
- **Erasmus University Medical Center.** Attachment-Based Parental Alienation: Trauma Informed Assessment of Complex Family Conflict. Rotterdam, Netherlands; 2/25/19.
- **Dutch Ministry of Justice.** Invited meeting; 2/27/19.
- **Law Society of Saskatchewan.** Solutions for the Family Court and Professional Psychology; Saskatoon 11/20/18; Regina 11/21/18.
- **Certification Seminars for the Houston Pilot Program for the Family Courts.** Attachment-Based Parental Alienation (AB-PA). 5/22-24/18; Houston, Texas.
- **California Association for Licensed Professional Clinical Counselors (CALPCC).** Parental Alienation Testing, Orders, and Treatment in BPD/NPD Custody Proceedings. April 20, 2018; San Francisco, CA.
- **Legislature Briefing.** Pennsylvania State Legislature; House Children and Youth Committee. Solutions to High-Conflict Divorce in the Family Court. November 15, 2017; Harrisburg, PA (<https://www.youtube.com/watch?v=AIa1KbfsWIM>)
- **Legislature Briefing.** Massachusetts State Legislature. Grandparent and Family Alienation; Hosted by Representative Walsh. 5/31/17; Boston MA.
- **Association of Family and Conciliation Courts (AFCC).** An Attachment-Based Model of Parental Alienation: Diagnosis and Treatment. Childress & Pruter, Presentation at the AFCC National Convention, 6/1/17; Boston, MA.

Professional Affiliations

- American Psychological Association
- Credentialed with the National Register of Health Service Psychologists

Employment History:

6/08 – Current: Private Practice

271 Winslow Way E, 10631
Bainbridge Island, WA 98110

Psychotherapy with adults, couples, children, and families. Specializing in attachment pathology, ADHD, anger and impulse control problems in childhood, childhood trauma, family psychotherapy, marital therapy, and parent-child conflict. Consultation and expert testimony with court-involved family conflict.

10/06 - 6/08: Clinical Director

START Pediatric Neurodevelopmental Assessment and Treatment Center
California State University, San Bernardino
Institute of Child Development and Family Relations

Clinical director for an early childhood assessment and treatment center providing comprehensive developmental assessment and psychotherapy services to children ages 0-5 years old in foster care. Directed the clinical operations, clinical staff, and the provision of comprehensive psychological assessment and treatment services across clinic-based, home-based, and school-based services. A three-university collaboration with speech and language services through the University of Redlands, occupational therapy through Loma Linda University, and psychology through Calif. State University, San Bernardino.

5/03 – 10/06: Clinical Director

Fineman Consulting Group
Fire F.R.I.E.N.D.S. Juvenile Firesetting Intervention Program
Executive Director: Kenneth Fineman, Ph.D.

Through grants from FEMA and the Department of Justice to develop a national model for juvenile firesetting intervention, collaborated with Dr. Fineman in developing a comprehensive clinical psychology assessment protocol for the mental health evaluation of juvenile firesetting behavior.

1/12 – 12/17: Faculty

University of Phoenix; Pasadena Campus; Ontario Campus

Courses taught: Child Development; Assessment and Treatment Planning; Advanced Diagnosis; Models of Psychotherapy; Counseling Psychometrics; Research Methods; Cultural Psychology

1/09 – 9/10: Faculty

Argosy University; San Bernardino Campus

Courses taught: Diagnosis and Psychopathology; Child and Adolescent Psychotherapy; Child Development

4/02 – 10/06: Pediatric Psychologist

Children's Hospital Orange County – UCI Child Development Center
Early Identification and Treatment of ADHD in Preschoolers
Director: James Swanson, Ph.D.

Served as the primary clinical psychologist on a joint CHOC-UCI project for early identification of ADHD in preschool-age children.

4/02 - 9/02: Research Associate

Children's Hospital Los Angeles
Principle Investigator: Ernest Katz, Ph.D.

Multi-site Children's Hospital study of remediation of attention deficits of children with cancer.

9/00 – 4/02 Postdoctoral Fellow

Children's Hospital Los Angeles

Two-year post-doctoral fellowship. Specialty focus: ADHD; spina bifida; early childhood mental health

9/99 - 9/00 Predoctoral Psychology Intern – APA Accredited

Children's Hospital Los Angeles

Rotations: spina bifida, early childhood preschool consultation

9/98 - 9/99 Research Associate

UCLA Neuropsychiatric Institute
Principle Investigator: Elisabeth Dykens, Ph.D.

Area: Cognitive functioning in Williams Syndrome. Test administration and coding of behavioral observation data

9/85 - 9/98 Research Associate

UCLA Neuropsychiatric Institute
Principle Investigator: Keith Nuechterlein, Ph.D.

Area: Longitudinal study of initial-onset schizophrenia. Received annual training to research and clinical reliability in the rating of psychotic symptoms using the Brief Psychiatric Rating Scale (BPRS). Managed all aspects of data collection and data processing.

9/80 – 9/85 Psychiatric Aide

Southern California psychiatric hospitals.

3/74 – 6/78 Crisis Counselor

Los Angeles Suicide Prevention Center

Crisis telephone counselor and supervisor for Los Angeles Suicide Prevention Hotline.

Divorce Training

Certificate Program: Certification in Divorce Mediation. Conflict Resolution Training, Inc. 2/24/16 – 2/27/16. Susan Deveney, Instructor

Early Childhood Training:

Certificate Program: Parent-Infant Mental Health: Fielding Graduate University, 1/14/08; 1/15/08.

Early Childhood Diagnostic System: *DC:0-3R Diagnostic Criteria*: Orange County Early Childhood Mental Health Collaborative.

Early Childhood Diagnostic System: *DMIC: Diagnostic Manual for Infancy and Early Childhood*. Interdisciplinary Council on Developmental and Learning Disorders: assessment, diagnosis, and intervention for developmental and emotional disorders, autistic spectrum disorders, multisystem developmental disorders, regulatory disorders involving attention, learning and behavioral problems, cognitive, language, motor, and sensory disturbances.

Early Childhood Treatment Intervention: *Watch, Wait, and Wonder*: Nancy Cohen, Ph.D. Hincks-Dellcrest Centre & the University of Toronto.

Early Childhood Treatment Intervention: *Circle of Security*: Glen Cooper, MFT, Center for Clinical Intervention, Marycliff Institute, Spokane, Washington.

Recent Seminars Taken

Bessell van der Kolk: Complex Trauma

The Body Keeps Score – two-day PESI seminar, Pasadena, CA; 1/9/20 – 1/10/20

The Bowen Center: Emotional Cutoff

The Bowen Center for Study of the Family: 56th Annual Symposium on Family Theory and Family Psychotherapy. Dr Plimer “*Family Rifts and How to Mend Them: Findings from the Cornell Estrangement and Reconciliation Project*” – three-day symposium, Johns Hopkins University, MD; 11-7/19 – 11-9-19.

Book Publications:

Childress, C.A. (2018). *The Petition to the American Psychological Association*. Claremont, CA: The Childress Institute.

Childress, C.A. (2017). *Assessment of Attachment-Related Pathology Surrounding Divorce*. Claremont, CA: Oaksong Press.

Childress, C.A. (2017). *Strategic Family Systems Intervention for AB-PA: Contingent Visitation Schedule*. Claremont, CA: Oaksong Press.

Childress, C.A. (2017). *The Key to Solving High-Conflict Divorce in the Family Courts: Proposal for a Pilot Program in the Family Law Courts*. Claremont, CA: Oaksong Press.

Childress, C.A. (2016). *The Narcissistic Parent: A Guidebook for Legal Professionals Working with Families in High-Conflict Divorce*. Claremont, CA: Oaksong Press.

Childress, C.A. (2015). *An Attachment-Based Model of Parental Alienation: Foundations*. Claremont, CA: Oaksong Press.

Childress, C.A. (2015). *An Attachment-Based Model of Parental Alienation: Single Case ABAB Assessment and Remedy*. Claremont, CA: Oaksong Press.

Childress, C.A. (2015). *An Attachment-Based Model of Parental Alienation: Professional Consultation*. Claremont, CA: Oaksong Press.

Childress, C.A. (2015). *Essays in Attachment-Based Parental Alienation: The Internet Writings of Dr. Childress*. Claremont, CA: Oaksong Press.

Journal Publications

Tamm, T., Swanson, J. Lerner, M.A., **Childress, C.** Patterson, B, Lakes, K., Nguyen, A.S., Kudo, M., Altamirano, W., Miller, J., Santoyo, R., Camarero-Morse, V., Watkins, J., Simpson, S., Waffarn, F., Cunningham, C. (2005). Intervention for preschoolers at risk for Attention-Deficit/Hyperactivity Disorder (ADHD): Service before diagnosis. *Clinical Neuroscience Research*, 5 (5-6) 247-253.

Childress C.A. (2000) *Ethical issues in providing online psychotherapeutic interventions*. *Journal of Medical Internet Research*, 2(1):e5.

Childress, C.A. (1999). *Interactive e-mail journals: A model for providing psychotherapeutic interventions using the Internet*, *Cyberpsychology and Behavior*, 2(3), 213-221

Childress, C.A., & Asamen, J.K. (1998). *The emerging relationship of psychology and the Internet: Proposed guidelines for conducting Internet intervention research*. *Ethics and Behavior*, 8, 19-35.

“Parental Alienation” Seminars and Presentations Given:

- Erasmus University Medical Center. Attachment-Based Parental Alienation: Trauma Informed Assessment of Complex Family Conflict. Rotterdam, Netherlands; 2/25/19.
- Law Society of Saskatchewan. Solutions for the Family Court and Professional Psychology; Saskatoon 11/20/18; Regina 11/21/18.
- Certification Seminars for the Houston Pilot Program for the Family Courts. Attachment-Based Parental Alienation (AB-PA) May 22-24, 2018; Houston, Texas.
- California Association for Licensed Professional Clinical Counselors (CALPCC). Parental Alienation Testing, Orders, and Treatment in BPD/NPD Custody Proceedings. April 20, 2018; San Francisco, CA.
- Certification in Attachment-Based Parental Alienation (AB-PA). Provided Basic and Advanced Certification Seminars in AB-PA. November 18-20. Westin Hotel Pasadena, CA.
- Legislature Briefing. Pennsylvania State Legislature; House Children and Youth Committee. Solutions to High-Conflict Divorce in the Family Court. November 15, 2017; Harrisburg, PA (<https://www.youtube.com/watch?v=A1a1KbfsWIM>)
- Legislature Briefing. Massachusetts State Legislature. Grandparent and Family Alienation. Hosted by Representative Walsh. 5/31/17. Boston MA.

- Association of Family and Conciliation Courts Annual Convention. An Attachment-Based Model of Parental Alienation: Diagnosis and Treatment. June 1, 2017. Boston, MA.
- Keynote Address. Parental Alienation Symposium 2017: Solutions for Professionals and Families. 4/29/17; Dallas, Texas.
- Master Lecture Series; California Southern University. *Treatment of Attachment-Based Parental Alienation*. November 21, 2014; Irvine, CA. (available online at <https://www.youtube.com/watch?v=ezBJ3954mKw>)
- Master Lecture Series; California Southern University. *Theoretical Foundations of Attachment-Based Model of "Parental Alienation."* July 18, 2014; Irvine, CA. (available online at <https://www.youtube.com/watch?v=brNuwQNN3q4>)
- Family Law Reform Conference. Invited Panelist: *Parental Alienation and Domestic Violence*. Hosted by DivorceCorp. November 15-16, 2014; Alexandria, VA.

Professional Association Presentations: Parenting

- Herrejon, E., Feeney-Kettler, K., Kettler, R., **Childress**, C., Kamptner, L., Lakes, K. (2007). *Multi-tiered Early Childhood Model of Service Delivery*. American Psychological Association Convention presentation.
- Marche Haynes, M., Lakes, K., **Childress**, C., Kamptner, L., Lilles, E. (2006). *Do SES, Race/Ethnicity, and Acculturation Predict Parenting Intervention Completion?* Western Psychological Association Convention Presentation.
- Grimes, L., Lakes, K., **Childress**, C., Kamptner, K., Simmons, S. (2006) *Impact of SES and Culture on Parenting Intervention Outcomes*. Western Psychological Association Convention Presentation.
- Kramer, L., Lakes, K., **Childress**, C., Kamptner, L., Grimes, L. (2006) *Parent Behaviors and Corresponding Child Prosocial Behaviors and Conduct Problems*. Western Psychological Association Convention Presentation.
- Lilles, E., Lakes, K., **Childress**, C., Kamptner, L., and Kramer, L. (2006). *Does SES or Ethnicity Predict Parent Use of Physical Punishment?* Western Psychological Association Convention Presentation.

Early Childhood Mental Health Seminars and Trainings Given:

- Early Childhood Intervention with "Behavior Problems" in the Preschool Classroom. San Bernardino Head Start Preschool Teacher Training Series (10/27/06; 11/3/06; 11/17/06).
- Early Childhood Intervention with "Behavior Problems" in the Preschool Classroom. San Bernardino West End SELPA Preschool Teacher Training Series (10/17/06; 11/7/06; 12/5/06).
- Early Childhood Intervention with "Behavior Problems" in the Preschool Classroom. San Bernardino West End SELPA Preschool Teacher Training Series (10/31/06; 11/14/06; 12/12/06).
- Early Childhood Intervention with "Behavior Problems" in the Preschool Classroom (5/5/06). Victorville Head Start. Victorville, CA

- Early Childhood Intervention with “Behavior Problems” in the Preschool Classroom. (11/12/04). National Association for the Education of Young Children Conference, Anaheim, CA
- Functional Behavioral Analysis and Positive Child Guidance with Preschoolers. (5/1/04). Westminster School District. Westminster, CA.
- Functional Behavioral Analysis with Preschool-Age Children - Seminar Series. (3/5/04; 4/2/04). Placentia Yorba Linda School District; School Readiness Coordinators. Yorba Linda, CA
- Functional Behavioral Analysis with Preschool-Age Children - Seminar Series. (2/6/04; 2/13/04; 2/20/04). Irvine Unified School District. Irvine, CA.
- Functional Behavioral Analysis and Positive Behavior Management with Children. (12/3/03). Orangewood Preschool, Irvine, CA
- Early Childhood Working with “Problem Behavior” in the Preschool Classroom (10/31/03). Orange County Head Start; Teachers & Teacher Aides. Bren Events Center, University of California; Irvine, CA.
- Functional Behavioral Analysis and Positive Child Guidance with Preschool-Age Children. (10/17/03). Irvine Unified School District. Irvine, CA.
- Functional Behavioral Analysis with Preschool-Age Children - Seminar Series. (9/26/03; 10/17/03). Orange County Head Start Center Directors and Multi-disciplinary Teams. Orange, CA.

Internet Psychology Seminars and Presentations Given

- **World Health Organization**, 2nd International Symposium on Psychiatry and Internet: Information – Support – Therapy. Invited presentation on *Ethical Issues in Online Psychotherapeutic Interventions*. 4/2002, Munich, Germany.
- **American Association for the Advancement of Science** and the Office of Protection from Research Risks, Conference on the Ethical and Legal Aspects of Human Subjects Research in Cyberspace. Invited paper presentation on *Privacy and Confidentiality Issues in Internet Research*. 6/1999, June. Washington, D.C.
- **American Psychological Association** Convention, Symposium on Using the Internet for Change: Online Psychotherapy and Education. J. Grohol (Chair): *The Potential Risks and Benefits of Online Therapeutic Interventions*. 8/1998; San Francisco, California.