

### Agreement for Initial Consultation

Dr. Childress provides limited-scope consultation to the general public the first week of every month through his online office at [doxy.me/drchildress](http://doxy.me/drchildress) in his areas of background knowledge and experience. This includes but is not limited to:

- Early Childhood Mental Health ages 0-to-5
- Attachment pathology, its clinical assessment, diagnosis, and treatment
- Complex trauma and child abuse issues
- Parent-child conflict and child behavioral issues
- ADHD and autism-spectrum issues
- Attachment pathology surrounding divorce and the family courts
- Models of psychotherapy

Dr. Childress limits these general public consultations to one session (perhaps two based on circumstances) to discuss general issues of clinical psychology, pathology and its treatment. Dr. Childress does not provide an assessment, diagnosis, or treatment during these first week of the month general public consultations. The scope of these consultations typically surrounds Dr. Childress offering established information from professional psychology based on the professional background and experience of Dr. Childress that may be useful in the given context described. In seeking this initial consultation with Dr. Childress, you are not a client of Dr. Childress beyond the scope of the initial consultation. Any further services would require a separate agreement.

Dr. Childress does not know what people want to speak with him about until we meet. Oftentimes, people seek consultation on their family conflict, expected standards of professional practice in providing mental health services, and possible directions they can take through their local area resources for resolution of their concerns. Sometimes attorneys seek consultations regarding their matters and the potential role of professional psychology in resolving their client's issues of concern. Sometimes mental health professionals wish to consult on an issue with their client. Sometimes it is other people seeking other things.

Dr. Childress is a clinical psychologist, so to some degree the information discussed will be of a psychological nature, however no assessment, diagnosis, or therapy is provided from this initial general public consultation, and no patient-client relationship is established with Dr. Childress through this initial general-public consultation. Any additional services beyond the initial consultation would need a separate agreement.

### Licensing & Jurisdiction

The Internet is a relatively new medium for communication and professional service delivery. Jurisdictional authority for licensure surrounding online professional activity is

complex, sometimes unclear, and evolving. Dr. Childress is currently only licensed in California.

**California Residents:** Dr. Childress can provide a broader scope of services to residents of California since that is the state of his license. Any services provided to California residents beyond the initial general-public consultation would require a separate scope of service agreement.

**Non-California Residents:** Dr. Childress limits his general public consultations with non-California residents to one meeting (sometimes two based on circumstances). There are no restrictions when the meeting is with an attorney and parent-client or a mental health professional (and parent-client)

**Oregon Residents:** For risk-management reasons related to the Oregon licensing board, Dr. Childress is declining all consultation with Oregon residents, attorneys, and mental health professionals.

### **Current Diagnosis & Treatment Plan**

If there is current (or prior) mental health involvement, providing appropriate consultation would benefit from knowing the current diagnosis and treatment plan. In healthcare, this information is usually provided to patients as part of the Informed Consent process. If you have current or prior mental health involvement, requesting the diagnosis and treatment plan from the mental health provider would be helpful for our consultation.

### **Consultation on Court-Involved Custody Conflict**

If the goal of the consultation is to obtain further information about mental health issues surrounding court-involved custody conflict, additional information is available on the Consulting Website of Dr. Childress ([www.cachildress-consulting](http://www.cachildress-consulting)) that may be helpful. If the possible involvement of Dr. Childress as an expert consultant or testifying expert witness is a consideration, a review of the Attorney Resource page information may be helpful.

The possible diagnostic concerns surrounding symptoms of severe attachment pathology surrounding child custody conflict include following diagnoses:

- 1) **Targeted Parent:** Possible child abuse by the targeted parent.
- 2) **Allied Parent:** A possible shared persecutory delusion created by the allied parent.
- 3) **Allied Parent:** A possible false (factitious) attachment pathology created by the allied parent.
- 4) **Allied Parent:** Possible Child Psychological Abuse (DSM-5 V995.51) by the allied parent
- 5) **Allied Parent:** Possible Spouse or Partner Abuse, Psychological (DSM-5 V995.82) of the targeted spouse-and-parent by the other spouse-and-parent using the child as the weapon.

## Delusional Thought Disorders

Writing in the journal *Family Court Review*, Walters and Friedlander (2016)<sup>1</sup> describe the delusional thought disorder in the family courts:

**From Walters & Friedlander:** “In some RRD families [resist-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, 2013). 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 & Friedlander, 2016, p. 426)

**From Walters & Friedlander:** “When alienation is the predominant factor in the RRD [resist-refuse dynamic], the theme of the favored parent’s fixed delusion often is that the rejected parent is sexually, physically, and/or emotionally abusing the child. The child may come to share the parent’s encapsulated delusion and to regard the beliefs as his/her own (cf. Childress, 2013).” (Walters & Friedlander, 2016, p. 426)

The American Psychiatric Association provides the definition of a persecutory delusion and describes how shared delusions can develop in family situations, with the children adopting the parent’s delusional beliefs:

**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)

**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)

## Consultation with Attorneys & MH Professionals

I am limited by licensing jurisdiction in the scope of consultation I can provide to parents. My initial consultation with parents is typically centered on applying established knowledge from professional psychology to the concerns to help orient the person to the nature of the situation and possible paths forward with the local-area resources for resolving the issues. I am not limited, however, in my consultation provided to attorneys and their parent-clients, or to other mental health. Sometimes parents using the initial

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<sup>1</sup> 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.

consultation to orient to the issues and possible involvement of Dr. Childress as an expert consultant and testifying witness.

### Demographic & Consent Forms

As part of the initial consultation, I need some additional forms and information from you, including

- 1) Demographic Form: this is useful or orienting me to your situation prior to our meeting.
- 2) Consent for Internet-Mediated Consultation: this is your consent to use the Internet and computer-mediated communication for our meeting,
- 3) HIPAA acknowledgment: this form describes your privacy rights in electronic communication of healthcare information,
- 4) An emergency contact person in case you were to report suicidal or homicidal concerns, or other issues that might require outside local area support.

Fees for an initial general-public consultation are \$250/hr billed at the start of the session through the [doxy.me/drchildress](https://doxy.me/drchildress).

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