# Utah Om's Law

H.B. 272 Child Custody Proceedings Amendments

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(b) the parent's demonstrated understanding of, responsiveness to, and ability to meet the developmental needs of the child, including the child's:... (ii) co-parenting skills, including:... (B) ability to encourage the sharing of love and affection; and (C) willingness to allow frequent and continuous contact between the child and the other parent, except that, if the court determines that the parent is acting to protect the child from domestic violence, neglect, or abuse, the parent's protective actions may be taken into consideration;

#### Differential Diagnosis:

- Allied Parent: Persecutory thought disorder interfering with co-parenting.
- Targeted Parent: Authentic child abuse risk requiring a child protection response.

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## Risk Assessment

or psychological safety.

In all cases of severe attachment pathology surrounding child custody conflict, a proper risk assessment for child abuse needs to be conducted to the appropriate differential diagnoses for each parent:

(3) In determining any form of custody and parent-time under Subsection (1), the court shall consider.... (c) whether custody and parent-time would endanger the child's health or physical

• Psychological Child Abuse - DSM-5 V995.58 is clearly

• A clear definition of what constitutes "psychological

safety" and its endangerment is needed to guide mental

developmental, psychological, or psychiatric pathology in the child through pathogenic parenting practices.

specified as a relevant consideration

health professionals and the court.

Psychological child abuse: creating significant

- Targeted Parent Abusive: Is the targeted parent abusing the child in some way, thereby creating the child's attachment pathology toward that parent?
- Allied Parent Abusive: Is the allied parent creating a shared (induced) persecutory delusion and false (factitious) attachment pathology in the child for secondary gain to the parent?

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(a) A child may not be required by either party to testify unless the trier of fact determines that extenuating circumstances exist that would necessitate the testimony of the child be heard and there is no other reasonable method to present the child's testimony.

- The child should NOT testify in support of either parent's "side" - child testimony will destroy all current and future therapy and make the pathology treatment resistant.
- Child views should be collected as part of a clinical diagnostic assessment with clinical considerations for enmeshment and psychological control.

# **Psychological Control Definition**

**From Barber & Harmon:** "Psychological control refers to parental behaviors that are intrusive and manipulative of children's thoughts, feelings, and attachment to parents. These behaviors appear to be associated with disturbances in the psychoemotional boundaries between the child and parent, and hence with the development of an independent sense of self and identity." (Barber & Harmon, 2002, p. 15)

### **Psychological Control Methods**

From Soenens and Vansteenkiste: "Psychological control can be expressed through a variety of parental tactics, including (a) guilt-induction, which refers to the use of guilt inducing strategies to pressure children to comply with a parental request; (b) contingent love or love withdrawal, where parents make their attention, interest, care, and love contingent upon the children's attainment of parental standards; (c) instilling anxiety, which refers to the induction of anxiety to make children comply with parental requests; and (d) invalidation of the child's perspective, which pertains to parental constraining of the child's spontaneous expression of thoughts and feelings." (Soenens & Vansteenkiste, 2010, p. 75)

(1) "Abuse" means the same as that term is defined in Section

(E) human trafficking of a child in violation of Section 76-5-308.5;

A clear and guiding definition of psychological child abuse is

developmental, psychological, or psychiatric pathology in the child through pathogenic parenting practices.

· Psychological child abuse is creating significant

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80-1-102.

(1)(a) "Abuse" means:

(D) sexual abuse; or

needed in this section.

(C) sexual exploitation;

(A) nonaccidental harm of a child;

(B) threatened harm of a child;

(10) This section establishes neither a preference nor a presumption for or against joint physical custody or sole physical custody, but allows the court and the family the widest discretion to choose a parenting plan that is in the best interest of the child.

A rebuttable presumption of equal shared parenting is better.

- This section turns the child into a "custody prize" to be awarded by the court to the "better" parent based on arbitrary criteria.
- In the absence of child abuse, each parent should have as much time and involvement as possible.

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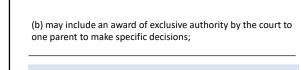
Adding a clear and guiding definition of psychological child abuse to the definitions of child abuse will resolve the pathology in the family courts by giving clear direction to the involved mental health professionals and the courts.

Psychological child abuse is creating significant developmental, psychological, or psychiatric pathology in the child through pathogenic parenting practices.

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(3) "Domestic violence" means the same as that term is defined in Section 77-36-1.
Switch to the professional-level term of Intimate Partner Violence (IPV)
Two types:

Situational IPV
Terrorist IPV



Diagnosis guides decision-making for treatment.

When child abuse is the diagnosis, the normal-range parent should be given sole decision-making authority for the child's mental health treatment.

(7) "Psychological maltreatment" means a repeated pattern or extreme incident of caretaker behavior that:
(a) intentionally thwarts a child's basic psychological needs, including physical and psychological safety, cognitive stimulation, and respect;(b) conveys that a child is worthless, defective, or expendable; and (c) may terrorize a child.

This is an inadequate definition of psychological abuse.

Adding the definition of psychological child abuse as "creating significant developmental, psychological, or psychiatric pathology in the child through pathogenic parenting practices" will resolve the pathology in the family courts by giving clear direction to the mental health professionals.

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(4) A court may consider the following when ordering a parenttime schedule: [(a) whether parent-time would endanger the child's physical health or mental health, or significantly impair the child's emotional development;] [(b)] (a) evidence of [domestic violence, neglect, physical abuse, sexual abuse, or emotional abuse, involving the child, a parent, or a household member of the parent] psychological maltreatment;

Om's law makes a DSM-5 diagnosis of Child Psychological Abuse (V995.51) returned by a mental health professional a relevant consideration for the court's decision-making.

 Note: emotional abuse is not the same as psychological abuse. Emotional abuse is high-anger or shaming parenting. Psychological abuse is creating pathology in the child.

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30-3-34.5. Supervised parent-time.

(1) Considering the fundamental liberty interests of parents and children, it is the policy of this state that divorcing parents have unrestricted and unsupervised access to their children. When necessary to protect a child and no less restrictive means is reasonably available however, and in accordance with Section 30-3-41, a court may order supervised parent-time if the court finds evidence that the child would be subject to physical or emotional harm or child abuse, as described in Sections 76-5-109, 76-5-109.2, 76-5-109.3, [and] 76-5-114, and 80-1-102, from the noncustodial parent.

Good. This is much needed.

(3) In accordance with Section 30-3-41, when ordering a parent-time schedule a court shall consider:
(a) evidence of domestic violence, physical abuse, or sexual abuse involving the child, a parent, or a household member of the parent; and (b) whether parent-time would endanger the child's health or physical or psychological safety.

Based on this section of Om's Law, a proper risk assessment for possible child abuse and possible spousal abuse needs to be conducted to the appropriate differential diagnoses for each parent in ALL cases of court-involved child custody conflict involved severe attachment pathology displayed by the child – i.e., concerns for the child's "psychological safety."

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In all cases of child custody conflict involving severe attachment pathology displayed by the child, a proper risk assessment for child abuse needs to be conducted to the appropriate differential diagnoses for each parent.

All.

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In the absence of child abuse, parents have the right to parent according to their cultural values, their personal values, and their religious values.

In the absence of child abuse, each parent should have as much time and involvement with the child as possible.

In the absence of child abuse, to restrict either parent's time and involvement with the child would damage the child's attachment bond to that parent, thereby harming the child and harming that parent.

Is there child abuse?

Participation in Child Abuse

If the mental health professional and/or the court misdiagnoses the pathology of a shared persecutory delusion and believes the shared delusion as if it was true, then the mental health professional and/or the court become part of the shared delusion, they become part of the pathology.

When that pathology is the psychological abuse of the child by an allied parent, then the mental health professional and/or the court become participants in the parent's psychological abuse of the child by validating the child's false (delusional) beliefs are true when they are, in fact, a pathology, a persecutory thought disorder imposed on the child.

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(6) Except when the court makes a finding that, due to abuse by or the incapacity of the noncustodial parent, supervised parenttime will be necessary indefinitely to ensure the physical or psychological safety and protection of the child, the court shall, in its order for supervised parent-time, provide specific goals and expectations for the noncustodial parent to accomplish before unsupervised parent-time may be granted. The court shall schedule one or more follow-up hearings to revisit the issue of supervised parent-time.

Good. This is much needed.

Restricting parenting time is creating attachment pathology in the child – it is creating damage in the child and should ONLY be used when needed and have clear benchmark criteria for ending.

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(2) In a child custody proceeding, if a parent is alleged to have committed domestic violence or abuse, including sexual abuse: (a) the court may admit expert evidence from a court-appointed or outside professional relating to alleged domestic violence or abuse only if the professional possesses demonstrated expertise and adequate experience in working with victims of domestic violence or abuse, including sexual abuse, that is not solely of a forensic nature;

I meet these Om's law restrictions for expert testimony.

This section is unbalanced in favor of one parent-litigant who is allowed the expert testimony that parent desires, but eliminates by statute the expert testimony of the other litigant-parent without legitimate justification. If the mental health professional and/or the court believes the shared delusion, then the mental health professional and/or the court become part of the shared delusion, they become part of the pathology.

When that pathology is the psychological spousal abuse of the targeted parent by an allied parent using the child as the weapon, then the mental health professional and/or the court become participants in the psychological spousal abuse.

Supervision should be used cautiously and only based on a confirmed diagnosis of a direct child protection need.

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(6) Except when the court makes a finding that, due to abuse by or the incapacity of the noncustodial parent, supervised parenttime will be necessary indefinitely to ensure the physical or psychological safety and protection of the child, the court shall, in its order for supervised parent-time, provide specific goals and expectations for the noncustodial parent to accomplish before unsupervised parent-time may be granted. The court shall schedule one or more follow-up hearings to revisit the issue of supervised parent-time.

Good. This is much needed.

Restricting parenting time is creating attachment pathology in the child – it is creating damage in the child and should ONLY be used when needed and have clear benchmark criteria for ending.

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#### Dr. Childress Vitae:

#### 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. The primary referral source for the clinic was Child Protective Services. 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. The clinic was a three-university collaboration, with speech and language faculty an services through the University of Redlands, occupational therapy faculty and services through Calif. State University, San Bernardino. (4) As part of a child custody proceeding, a court may not, solely in order to improve a deficient relationship between a parent and a child, including in the context of reunification treatment: (a) remove the child from a parent or litigating party: (i) who is competent and not physically or sexually abusive; and (ii) with whom the child is bonded; or (b) restrict reasonable contact between the child a parent or litigating party: (i) who is competent and not physically or sexually abusive; and (ii) with whom the child is bonded.

Include: "... and not physically, psychologically, sexually, or neglectfully abusive..." consistent with the DSM-5 categories of child abuse.

The goal is to protect all children from all forms of child abuse.

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#### Seriously Flawed – Confusing Wording

"...child is bonded ... "

What is the definition of "bonded"?

- Is ONLY a Secure Attachment considered "bonded"?
- Or is an Insecure attachment also considered as "bonded"?
- Is a Disorganized attachment considered as "bonded"?

This section will require routine attachment assessments to an unclear criteria to determine if a child is "bonded" – healthy or unhealthy – normal-range or pathological - before decisions can be made by the court and will introduce competing expert testimony around the poorly defined construct of "bonded."

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Inducing Attachment Pathology is not Treatment

Separating children from parents is NOT a treatment.

Separating a child for any reason OTHER than a child abuse diagnosis, is inducing destructive attachment pathology into the parent-child relationship.

Diagnosis guides treatment. In all cases of child abuse – physical – sexual – neglect – psychological – we always protect the child, and duty to protect obligations and professional standards of practice require the child's protective separation from the abusive parent.



Prevents the court from protecting children from parents who are psychologically and neglectfully abusing children.

**Correction:** "... and not physically, psychologically, sexually, or neglectfully abusive..."

Consistent with the DSM-5 categories of child abuse.

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In the absence of child abuse, parents have the right to parent according to their cultural values, their personal values, and their religious values.

In the absence of child abuse, each parent should have as much time and involvement with the child as possible.

In the absence of child abuse, to restrict either parent's time and involvement with the child would damage the child's attachment bond to that parent, thereby harming the child and harming that parent.

Is there child abuse?

28

In all cases of child custody conflict involving severe attachment pathology displayed by the child, a proper risk assessment for child abuse needs to be conducted to the appropriate differential diagnoses for each parent.

All.

Differential Diagnosis:

Targeted Parent Abusive: Is the targeted parent abusing the child in some way, thereby creating the child's attachment pathology toward that parent.

Allied Parent Abusive: Is the allied pareny psychologically abusing the child by creating a shared (induced) persecutory delusion and false (factitious) attachment pathology in the child for secondary gain to the parent of manipulating the court's decisions regarding child custody?

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As part of a child custody proceeding where the court has reasonable cause to believe that there is domestic violence

- Borderline mother variant: false allegations of "domestic violence" during marriage to manipulate the court's decisions on child custody.
- Punish the father for spousal conflict by taking away his children – DSM-5 V995.82 Spouse or Partner Abuse, Psychological of the targeted parent by the allied parent using the child as the weapon.
- Intimate Partner Violence
  - Situational
  - o Terrorist

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...unless there is generally accepted proof: (i) of the physical and psychological safety, effectiveness, and therapeutic value of the reunification treatment; and (ii) that the reunification treatment is not associated with causing harm to a child;

- Prohibits all therapy. Ex: DBT when adapted to parent-child relationships does not have "generally accepted proof" that meet the criteria. No treatment will.
- Diagnosis guides treatment. Legislatures should NOT be deciding on treatment. Judges should NOT be deciding on treatment. Doctors should be deciding on treatment.

As part of a child custody proceeding where the court has reasonable cause to believe that there is domestic violence, child abuse, or an ongoing risk to the child: (a) a court may not order a reunification treatment or program unless there is generally accepted proof: • "or" – ongoing risk • "reunification treatment"

As part of a child custody proceeding where the court has reasonable cause to believe that there is domestic violence.

child abuse, or an ongoing risk to the child: (a) a court may not order a reunification treatment or program unless there is generally accepted proof: (i) of the physical and psychological

safety, effectiveness, and therapeutic value of the reunification

a child from a parent: (i) who is competent and not physically or

treatment; and (ii) that the reunification treatment is not

sexually abusive; and (ii) with whom the child is bonded;

Prominent bias toward one parent-litigant

**Highly Problematic** 

associated with causing harm to a child; (b) a court may not order a reunification treatment that is predicated on cutting off

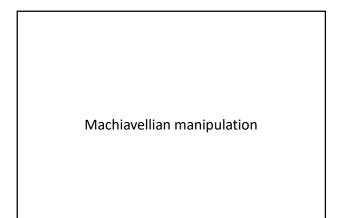
(c) "Reunification treatment" means a **treatment or therapy** aimed at reuniting or reestablishing a relationship between a child and an estranged or rejected parent or other family member of the child.

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(b) a court may not order a reunification treatment that is predicated on cutting off a child from a parent: (i) who is competent and not physically or sexually abusive; and (ii) with whom the child is bonded;

- The treatment for all forms of child abuse is to protect the child from the abusive parent. This section **PROHIBITS** the protective separation of children from psychologically and neglectfully abusive parent by legislative mandate.
- The legislature is participating in the psychological abuse of children by PROHIBITING their protective separation from psychologically and neglectfully abusive parents.



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Participation in Intimate Partner Violence (terrorist type)

If the legislator, mental health professional, and/or the court believes the shared persecutory delusion as if it was true, then they become PART of the shared delusion, they become PART of the pathology.

When that pathology is the psychological spousal abuse of the ex-spouse now-targeted parent (targeted for spousal abuse) using the child as the weapon, then they become PART of the psychological spousal abuse of the targeted parent... the legislator, mental health professional, and/or the court become participating spousal abusers because of their misdiagnosis of the pathology.

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Recommendations for Om's Law:

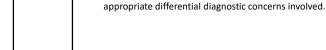
1. Definition of child psychological abuse: Add a clear and guiding definition of child psychological abuse.

Child psychological abuse is the creation of significant developmental, psychological, or psychiatric pathology in the child through pathogenic parenting practices.

2. Add "psychologically" and "neglectfully" for balance to the concerns of both parent-litigants,

"... and not physically, psychologically, sexually, or neglectfully abusive..."

- 3. Delete "with whom the child is bonded".
- 4. Delete mandates on treatment. Dx guides Tx.



Participation in Child Abuse

If the legislator, mental health professional, and/or the court believes the shared persecutory delusion as if it was true, then they become PART of the shared delusion, they become PART of the pathology.

When that pathology is the psychological abuse of the child by a pathological parent, then they become PART of parent's psychological abuse of the child... the legislator, mental health professional, and/or the court become participating child abusers because of their misdiagnosis of the pathology.

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#### Conclusions:

Solution: Pilot Program

Om's Law is prominently biased legislation that will favor one parent-litigant to the disadvantage of the other parent-litigant.

Om's Law will PROHIBIT judges from protectively separating children from psychologically abusive parents.

The legislators and courts have seemingly been manipulated by one party in the custody litigation to become participating child and spousal abusers.

Reconsideration of wording contained within the legislation is strongly recommended to protect all children from all forms of child abuse all of the time.

The solution is a pilot program for the family courts with university involvement for evaluation research to develop

the diagnostic assessment and treatment protocols to the

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