

Appendix XX – Declaration of Dorcy Pruter

Date: August 4, 2025

Re: Dr. Craig Childress, PsyD – California Board of Psychology Case No. 6002022000419

To Whom It May Concern,

My name is Dorcy Pruter. I am the Founder and CEO of the Conscious Co-Parenting Institute, and I have worked for over 20 years with families affected by complex attachment trauma, psychological child abuse, and high-conflict custody litigation. While I am not a licensed mental health provider, I do not diagnose or treat mental illness. I do not provide psychotherapy. My work operates within a consultation and coaching framework and has supported thousands of families in breaking destructive intergenerational cycles and restoring parent-child relationships. I write this declaration in full compliance with legal guidelines and solely based on my personal and professional observations.

I. Lived Experience of Psychological Child Abuse and Systemic Failure

I speak not only as a professional but as someone who lived through the very dynamics Dr. Childress seeks to illuminate. I am a formerly abused child who was emotionally cut off from my father due to the psychological manipulation of my mother, enabled by a therapeutic and legal community that failed to protect me. This was not merely a custody dispute; it was psychological child abuse mischaracterized as family conflict by treating mental health professionals.

Years later, I became a parent navigating similar dynamics. But this time, I was able to intervene. I prevented the pathology from taking hold in my own family, not with help from the self-proclaimed "parental alienation experts" like Dr. Bernet and his cohort, but through my own healing and an evidence-based framework grounded in developmental trauma, attachment science, and ethical intervention.

II. Professional Experience and Collaboration with Dr. Childress

Since 2013, Dr. Childress and I have collaborated across numerous cases, including:

- Pre-litigation interventions using the **Custody Resolution Method™**, where we tag behavioral and documentary evidence using structured clinical indicators, and Dr. Childress authored court-ready clinical consultation reports based on that data.
- Testimony and consultation where Dr. Childress has supported attorneys, clinicians, and court professionals in identifying and interpreting psychological child abuse patterns.
- Post-reunification protocols following our **High Road to Reunification™** workshop, where he helps maintain long-term stability and accountability through follow-up care.

- In training the coaches and professionals who support these families, we draw directly from the works cited by Dr. Childress in his publications and clinical model, luminaries such as Bowlby (attachment theory), Minuchin and Bowen (family systems), Linehan and Millon (personality disorders), and the trauma literature on complex relational disruption. These are not fringe ideas, they are the foundational literature of the discipline. Our implementation work translates those established principles into practical application for family court settings, therapeutic alignment working with therapists, and long-term reunification support.

His work has always reflected strict adherence to APA ethics, especially Standards 2.01 (Boundaries of Competence), 2.04 (Scientific and Professional Judgments), 3.04 (Avoiding Harm), and 9.01 (Bases for Assessment).

Dr. Childress has worked in direct consultation with families and attorneys, producing clinical consultation reports based on structured analysis of court records. Using forensic tagging grounded in established DSM-5 constructs (psychological child abuse, shared persecutory delusion, disorganized attachment, FDIA), he has helped courts distinguish true pathology from false narratives. These reports have shifted court outcomes, secured protection for at-risk children, and supported long-term healing.

III. Direct Observations of Dr. Bernet's Rigid and Harmful Position

I was present at two major meetings between Dr. Childress and Dr. William Bernet, one in Venice, Italy, and one in Boston, MA. In both, I witnessed Dr. Childress make clear, scientifically grounded efforts to educate Dr. Bernet on the established diagnostic categories relevant to these family dynamics and attempt to collaborate with Dr. Bernet. Dr. Bernet responded not with curiosity, but with emotional volatility, defensiveness, and a fixed position of his way or no way.

At the Venice dinner, Dr. Bernet physically shoved back from the table and raised his voice, stating something to the effect of: "I've spent my career trying to get parental alienation into the DSM, and you're going to set my life's work back." In Boston, he insisted the courts should be able to "use both" the made-up PA label and the DSM categories, a contradiction that defies diagnostic integrity and logic. When Dr. Childress explained that a condition cannot be both a new pathology and already covered by existing diagnostic categories, Dr. Bernet again became visibly angry, stood up and stormed off. There were others present at the table in Venice Italy who witnessed the exchange.

In contrast, Dr. Childress remained clinical and focused on child protection. The ethical contrast was stark.

IV. PAS Consortium Letter and Renewed Attempt to Mislead the DSM

I received an email with the attached letter dated July 10, 2025, addressed to the DSM-5-TR Revision Committee from Joan T. Kloth-Zanard of the PAS Consortium, requesting the inclusion of "Parental Alienation" as a distinct disorder in future DSM editions. The request was not

grounded in new clinical findings but rather framed around concerns such as “attacks on experts,” “misinformation,” and legislative pushback.

This submission effectively confirms what many of us in the community already know: the advocates for PAS are not operating from scientific rigor, but from advocacy-driven positioning and personal grievance. The letter does not present new diagnostic data, validated criteria, or peer-reviewed empirical research. Instead, it mischaracterizes scientific opposition as a “misinformation campaign,” while promoting an echo chamber of Gardner-derived literature.

Most strikingly, the letter admits that existing DSM categories already capture the relevant clinical features, including:

- Child Psychological Abuse (V995.51)
- Delusional Disorder (F28)
- Factitious Disorder Imposed on Another (F68.A)
- Identity Disturbance from Coercive Persuasion (F44.89)

This undermines the very foundation of the request. If these established diagnoses already apply, then the need for a **new, non-evidence-based construct**, especially one as misused and inflammatory as “parental alienation,” is not just unnecessary but actively dangerous. This attempt to rebrand a failed construct for political gain confirms the ethical concern at the heart of Dr. Childress’s position.

In short, Dr. Bernet and his collaborators know that “parental alienation” lacks professional standing. Rather than aligning with ethical diagnostic practice under APA Standards 2.01 and 2.04, they are attempting to crowdsource professional endorsement via personal networks and public pressure. While they try to wrap this as science, it appears more like self-preservation.

V. Direct Harm from Bernet’s Reports

I have worked on cases where Dr. Bernet was appointed as an expert. In one, his use of the “parental alienation” label allowed an abusive parent to file for appeal and attempt to vacate protection orders. The report was ultimately thrown out due to inappropriate communications with the client and a lack of diagnostic grounding. It has been my experience, his presence in these cases has not made protection easier, only more delayed, convoluted, and damaging.

VI. The Shift to “Resist-Refuse” Is a Tactical Rebrand

The legal and clinical communities are beginning to distance themselves from the discredited PA label. However, instead of embracing established diagnostic clarity, they are now shifting to euphemisms like “resist-refuse dynamics” that continue to obscure the abuse. But the problem remains the same: psychological child abuse is being miscategorized, mishandled, and misused to punish protective parents and silence children.

We already have the diagnostic tools. The refusal to use them is not ignorance, it is negligence.

VII. This Is a Child Protection Crisis, Not a Custody Dispute

When I am brought into cases using the Custody Resolution Method™, anchored in the well-researched clinical model of Dr. Childress, the court is given a clear, evidence-based, implementable roadmap. We do not operate in all-or-nothing narratives. We identify and tag observable symptoms based on the available documentation. We apply existing science and collaborate with licensed professionals to interpret those findings. And we support the implementation of interventions that protect the child and restore the family system.

This is a whole-family problem. It requires a whole-family solution. And Dr. Childress has built and practiced precisely that.

This is also a child protection issue, not just a custody matter. In any other context of child abuse, child protective services respond with a clear mandate: protect the child, reeducate the caregivers, rehabilitate the family system, and when possible, reintegrate the child in a safe and healthy environment. That same logic must apply here. Psychological child abuse does not become less harmful just because it arises in the context of divorce. The principles of protection and recovery must still lead.

Dr. Childress has been a pioneer in an area of psychology that has been both urgently needed and fiercely resisted. His work addresses the very space that has been neglected by systems too mired in conflict, politics, and legacy protection to evolve. It is no coincidence that those who have filed this complaint are the same individuals who stand to lose the most if Dr. Childress's model of clarity, ethics, and child-centered accountability continues to take hold. Instead of protecting the field, it seems that it is about protecting their egos and preserving a discredited paradigm, even at the expense of children and families who are suffering.

The complaint and professional attack on Dr. Childress is a textbook red herring, one we frequently see in family court cases involving pathogenic parenting. It's a classic diversion tactic: shift the focus from the person committing the harm onto the professional calling it out. The irony should not be lost on the California Board of Psychology, whose very job is to see through these tactics and hold to the ethical standards they demand of others. That clarity is especially important here, where lives, not reputations, are on the line.

VIII. Future Testimony and Commitment to Truth

Should this matter proceed to a formal hearing, and I am called as a witness to provide live testimony before the California Board of Psychology, I welcome that opportunity.

I am prepared to testify under oath regarding my firsthand observations of Dr. Bernet's conduct, my direct collaboration with Dr. Childress, and the real-world consequences of misapplied "parental alienation" ideology. These events are not theoretical. I was there. And I will speak plainly and truthfully to the court if called.

I believe the time for protecting children over professional pride is long overdue. If I can play even a small part in ushering in that shift, I will do so proudly and unapologetically.

IX. Closing

My authority does not come from letters after my name. It comes from lived experience, ethical consistency, and a proven track record. Dr. Childress has modeled clinical integrity and ethical courage at every step. The attack against him is not about ethics, it is about challenging a status quo that has failed families for decades.

In my professional opinion, the ongoing push to include “parental alienation” in the DSM scientifically unjustified and it is part of a larger pattern of deflecting accountability. The complaint and board action against Dr. Childress is a continuation of that pattern, designed to discredit the one exposing the harm rather than addressing the harm itself it is a deliberate attempt to mask abuse dynamics under a politically charged label that protects the abuser and punishes the protective parent. The consequences are devastating children are re-traumatized, protective parents are erased, and forensic evaluators are emboldened to rely on pseudoscience under the guise of clinical judgment. This is the very harm Dr. Childress has fought to prevent.

The California Board of Psychology now has a choice: protect a broken system or protect children.

Respectfully submitted,



Dorcy Pruter

Founder & CEO, Conscious Co-Parenting Institute

Attached:

Email and Letter to the Board trying to get “Parental Alienation” Accepted.