

CONSUMER COMPLAINT FORM

Please Print or Type

1 COMPLAINT REGISTERED AGAINST

Sullivan	Matthew	10214		
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2 PERSON REGISTERING COMPLAINT

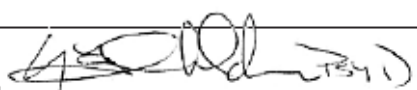
Childress	Craig			
Last Name	First	M. I.		
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(206) 565-5313	(206) 565-5313	drcachildress.bainbridge@gmail.com		
Home Phone	Daytime Phone	E-mail		
Psychologist – 1.05 reporting	Psychologist – 1.05 reporting	Psychologist – 1.05 reporting		
Your Relationship to Patient	Patient's Name	Patient's Date of Birth		

3 COMPLAINT INFORMATION

Does this complaint concern a child custody issue?	Yes	No
	☐	☒
(a) Do you have joint <i>legal</i> custody of the child/children involved in this matter?	☐	☐
(b) Was the person named in this complaint appointed by the court to prepare a custody recommendation for the court?	☐	☐
Psychologist – 1.05 reporting	Psychologist – 1.05 reporting	
Reason for Treatment	Treatment Date(s):	

Details of your complaint (use additional paper if necessary):

5 Signature



7/24/25
Date

Submitted To:

California Board of Psychology
1625 North Market Blvd., Suite N-215
Sacramento, CA 95834

Submitted By: Craig Childress, Psy.D.

525 Homestead Lane, NE D225

Bainbridge Island, WA 98110

drcachildress.bainbridge@gmail.com

Date: July 28, 2025

Subject: Formal Ethics Complaint Concerning
Matthew Sullivan Ph.D. – Licensed Psychologist
License Number: PSY 10214

Introduction and Ethical Orientation

I am a licensed clinical psychologist, and this complaint is submitted to the California Board of Psychology regarding Dr. Matthew Sullivan, a licensed psychologist, pursuant to my obligations under APA Standard 1.05 – Reporting Ethical Violations. Dr. Sullivan is a prominent forensic custody evaluator licensed in California. This complaint concerns his role as a primary instructor in the 2025 AFCC-sponsored course *“Advanced Issues in Family Law: Parent-Child Contact Problems,”* taught by a panel of six forensic psychologists.

The complaint alleges serious ethical violations by Dr. Sullivan under the APA Code of Ethics, specifically:

- Standard 2.04 – Use of Established Scientific and Professional Knowledge,
- Standard 2.01 – Boundaries of Competence,
- Standard 9.01 – Bases for Assessments, and
- Standard 3.04 – Avoiding Harm.

Prior Efforts at Informal Resolution (Standard 1.04)

Consistent with Standard 1.04 – Informal Resolution of Ethical Violations, I previously contacted Dr. Sullivan and the other course instructors to outline the ethical concerns arising from the course (see Appendix 1). I received a collective response (Appendix 2) that did not substantively address the concerns. These unresolved concerns involve significant deviations from professional ethical standards that have caused—and will continue to cause—substantial harm to parents and children in the family court system.

Required Reporting Obligations (Standard 1.05)

In accordance with Standard 1.05, psychologists are required to take further action when informal efforts do not lead to appropriate resolution. This includes notification to state licensing boards, institutional authorities, and professional ethics committees.

Accordingly:

- I notified the AFCC Board of Directors (an appropriate institutional authority) regarding the concerns (Appendix 3);
- I referred the matter to the APA Ethics Committee (a national committee on professional ethics), whose response is attached (Appendices 4 and 5).

The APA Ethics Committee indicated that they do not review complaints of this nature until after a licensing board has adjudicated the issue (Appendix 5). This complaint to the California Board of Psychology is therefore filed in direct fulfillment of my professional duties under APA Standard 1.05 and consistent with the APA Ethics Committee's referral guidance.

Context: Belmont Report and Human Subjects Protections

The conduct of Dr. Sullivan and his co-instructors must be understood within the broader context of a non-reviewed, unmonitored human subjects experiment being conducted by psychologists operating in family court environments. The role of a psychologist as a quasi-judicial evaluator—conducting forensic custody evaluations and offering court-influencing recommendations—is an experimental role developed in the 1980s in response to increasing divorce and child custody litigation (Appendix 6). The methods used in this role (e.g., forensic custody evaluations or "parenting plan assessments") were constructed without research oversight or scientific validation and are now imposed on vulnerable families under conditions of legal coercion and judicial authority.

Despite the clearly experimental nature of this practice, the profession has never conducted an Institutional Review Board (IRB) review, never performed a risk-benefit analysis, and has not implemented any protections for the vulnerable population of parents and children involved in these court-mandated procedures.

This represents a clear and systemic violation of all three core ethical principles of the Belmont Report:

Respect for Persons

Parents and children are compelled to participate in forensic custody evaluations under conditions of legal duress, without any informed consent process. Neither the

parents nor the courts are being informed of the potential psychological and relational harms associated with these evaluations. Additionally, the clinical alternative—a standard diagnostic assessment of the child’s symptoms and the family’s relational pathology—is not disclosed to the courts or parents. Instead, families are denied access to standard healthcare services and are provided only the unvalidated experimental procedure of a forensic custody evaluation, without transparency or choice.

Beneficence

The risk-benefit calculus of this experimental role and its associated assessment procedure has never been examined through any form of professional oversight. The risks to children and families remain unquantified, and the alleged benefits are speculative. Available evidence suggests that the actual impact is likely adverse. As the New York Blue-Ribbon Commission on Forensic Custody Evaluations (2021) concluded, these evaluations are often:

“Biased and harmful to children,” lacking “scientific or legal value,” and may be “dangerous, particularly in situations of domestic violence or child abuse.”

The profession has made no attempt to scientifically validate this practice or quantify its effects, thus placing vulnerable populations at substantial and unexamined risk.

Justice

The burden of risk—including court-sanctioned family separation, attachment trauma, and the potential for lifelong psychological harm—falls disproportionately on vulnerable families in high-conflict litigation. These families, often already under severe emotional and financial stress, are subjected to unregulated and unvalidated assessments that can determine the outcome of their most intimate relationships. Meanwhile, the financial and career-status benefits of these procedures are entirely absorbed by the psychologists delivering them, creating an ethically untenable imbalance between professional gain and human cost.

The NY Blue Ribbon Commission

The only independent review of the practice—the New York Blue Ribbon Commission on Forensic Custody Evaluations—found that these evaluations are “harmful to children,” “lack scientific or legal value,” and may be “dangerous, particularly in situations of domestic violence or child abuse.”

“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.” (NY Blue Ribbon Commission Report, 2021)

These findings directly echo and reinforce concerns regarding the ethical violations of Standards 2.04, 2.01, 9.01, and 3.04 by Dr. Sullivan described in this complaint, and underscore the urgent need for regulatory review and corrective oversight.

Purpose of this Complaint

This complaint is submitted not only in reference to the specific conduct of Dr. Sullivan but as part of a broader professional duty to address a systemic ethical failure within forensic psychology pursuant to Standard 1.05 and duty to protect obligations. The forensic custody evaluation industry currently operates outside the protections of research ethics, clinical standards, and judicial accountability—placing vulnerable children and parents at unacceptable risk.

The practices taught and endorsed by Dr. Sullivan must be examined under the APA Ethics Code, the Belmont Report, and the broader public protection mandate of the Board of Psychology.

This complaint will detail:

1. The specific ethical violations by Dr. Sullivan (Section II),
2. The absence of professional competence in key domains (Section III),
3. The systemic Belmont violations (Section IV), and
4. A formal request for investigation, professional accountability, and corrective action (Section V).

1. Violation of APA Standard 2.04 – Use of Established Scientific and Professional Knowledge

APA Standard 2.04 states that psychologists must base their work on “*established scientific and professional knowledge of the discipline.*” The relevant domains of *established scientific and professional knowledge* required for ethical application to pathology in the family courts include:

- **DSM-5 diagnostic system** – American Psychiatric Association
- **Attachment theory** – Bowlby, Lyons-Ruth, Tronick, and others
- **Complex trauma** – van der Kolk and colleagues

- **Family systems theory** – Minuchin, Bowen, and others
- **Personality pathology** – Millon, Linehan, Kernberg, and others
- **Psychological control in parenting** – Barber and colleagues

These represent the empirically supported foundations of clinical psychology, and Standard 2.04 requires their application as the basis for all professional judgments in forensic and clinical contexts.

Dr. Sullivan and his co-instructors, however, promoted non-validated and scientifically unsupported constructs—including “parental alienation,” “resist-refuse dynamic,” and “Parent-Child Contact Problems”—as though these were recognized forms of pathology. These terms have no standing in the DSM-5, are not supported by established diagnostic frameworks, and are not grounded in empirical validation literature. They represent invented categories specific to the forensic context, detached from foundational clinical science.

If Dr. Sullivan and other forensic psychologists wish to propose novel constructs or forms of family pathology, they are ethically required—under Standard 2.04—to first apply the established scientific and professional knowledge of the discipline. Only after fulfilling that obligation may they introduce new formulations, provided they clearly identify these proposals as experimental or speculative, with transparent evidentiary limitations.

Dr. Sullivan’s failure to ground his instruction in the established knowledge domains of clinical psychology—and his presentation of pseudoscientific constructs as legitimate diagnostic frames—constitutes a core violation of Standard 2.04.

Documented Evidence of Violation

The violation of Standard 2.04 is documented in detail in Appendices 7–14 (appended separately), which provide a slide-by-slide analysis of all eight modules of the course. These appendices demonstrate that:

- **No systematic application** of established diagnostic categories (e.g., delusional thought disorders, factitious disorders imposed on the child, personality pathology with a parent) is presented;
- **No reference** is made to standard diagnostic procedures (e.g., Mental Status Examination for thought and perception (Martin, 1990) or empirically supported diagnostic assessment protocols;
- **Invented terminology** is repeatedly substituted for valid psychological constructs;
- **Speculative hypotheses** are presented as clinical fact, without appropriate qualification or evidentiary grounding.

In addition, the Catalogue of Concerns (Appendix 15) that was generated from this slide-by-slide review and content of the course instruction summarizes the multiple ethical issues and professional standards of practice concerns evident throughout the course. This catalogue compiles and synthesizes concerns related to 2.04 violations, including instructional content that actively misleads professionals into substituting invented forensic categories for valid clinical science.

The full course remains available for purchase through the AFCC and for independent verification by the Board of Psychology at the following public link: [AFCC 2025 Online Training – Parent-Child Contact Problems](#). The public availability of this content ensures that the violations of Standard 2.04 are not speculative, not incidental, and not corrected—they are systemic and ongoing, with the full authority and endorsement of AFCC.

Of particular concern is that the violations of APA Standard 2.04 by Dr. Sullivan and the other instructors are not merely technical or academic—they carry direct and severe consequences for the lives of children and parents involved in custody litigation. When psychologists abandon established scientific knowledge and instead rely on fabricated constructs or non-validated forms of pathology, both clinical understanding and legal decision-making become distorted. Children’s psychological needs may be misdiagnosed, leading to flawed court decisions and failed treatment interventions. Fictitious syndromes may be imposed on children, protective parents may be pathologized without justification, and courts may be misled into issuing orders that rupture healthy attachment bonds or expose children to continuing psychological harm. In high-stakes legal contexts involving child custody, these consequences are not hypothetical—they are enacted through custody orders, visitation restrictions, and court-mandated interventions that may be predicated on scientifically invalid premises. These consequences represent precisely the type of preventable harm that APA Standard 3.04 is intended to avoid, and they underscore the seriousness of violating the ethical obligation to base professional work on established scientific knowledge.

The ethical violations of Standard 2.04 by Dr. Sullivan are significantly magnified by his role—not merely as a practitioner—but as a designated *instructor* of other mental health professionals. When psychologists occupy teaching positions, particularly within high-stakes domains such as child custody litigation, their ethical obligation to base instruction on established scientific and professional knowledge is heightened. The AFCC-sponsored course positions Dr. Sullivan and the other instructors as authoritative sources guiding the next generation of forensic evaluators. By promoting fabricated constructs such as “parental alienation,” “resist-refuse dynamics,” and “Parent-Child Contact Problems,” while simultaneously omitting instruction in validated domains of diagnostic relevance (e.g., trauma, attachment pathology, personality disorders, delusional processes), these

instructors propagate misinformation into the professional community. This creates a multiplier effect of harm, where systemic distortions in clinical judgment, ethical standards, and courtroom decision-making are amplified through education itself. In failing to meet the requirements of APA Standard 2.04 in their instructional content, these instructors are not only distorting their own practice, but are institutionalizing these distortions in others—thus escalating the risk of harm across numerous future cases involving children and families.

2. Violation of APA Standard 2.01 – Boundaries of Competence

APA Standard 2.01 requires psychologists to provide services, teach, and conduct research “within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.” This standard is especially critical in the context of high-stakes custody litigation, where the psychological issues are complex and deeply consequential. When psychologists lack the necessary diagnostic training or expertise, errors in case conceptualization, assessment, or instruction of others can result. These errors may lead to the misdiagnosis of child pathology, the unwarranted pathologizing of healthy family relationships, and ultimately, to direct and lasting psychological harm to children and families.

Dr. Sullivan’s participation as an instructor in the AFCC-sponsored course titled *“Advanced Issues in Family Law: Parent-Child Contact Problems”* raises serious concerns under APA Standard 2.01 because by assuming a public instructional role, he is representing himself as having specialized knowledge in the psychological diagnosis and treatment of complex family dynamics. Under Standard 2.01, such instruction is considered a professional service and must fall within the psychologist’s demonstrable boundaries of competence—defined by their education, training, supervised experience, and professional background. When his publicly available curriculum vitae is reviewed (Appendix 16 – Vita Evaluation), there is no indication that Dr. Sullivan has the requisite qualifications in key diagnostic domains relevant to child and family pathology in the context of custody litigation.

- **Attachment pathology and relational trauma** (e.g., the diagnosis and treatment of attachment pathology, a child rejecting a parent due to role-confusion, trauma bonding, or psychological control),
- **Delusional or psychotic-spectrum thought disorders** (e.g., shared persecutory delusions in parent-child dyads, as may arise in family systems with borderline or narcissistic pathology),
- **Personality disorders and character pathology** (e.g., narcissistic personality disorder, borderline personality disorder, antisocial traits),

- **The diagnostic use of the DSM-5** in family conflict settings.

These domains are not peripheral to the pathology in the family courts—they are central to understanding and evaluating the pathology seen in high-conflict custody disputes. Instruction that purports to train psychologists on “Parent-Child Contact Problems” without grounding in these domains reflects a failure to operate within the boundaries of professional competence. The concern is further compounded by the fact that Dr. Sullivan and his colleagues presented themselves as instructors in a course with substantial influence across jurisdictions, extending their impact far beyond individual practice.

When opinion-based presentations and authored articles are appropriately excluded as evidence of education, training, or experience in specific diagnostic domains—as required by APA Standard 2.01—Dr. Sullivan’s curriculum vitae appears to contain only two relevant entries: one reflecting his formal education, and the other his clinical experience. His formal education consists of a doctorate degree in Clinical/Community Psychology from the University of Maryland in 1985, with no indication of postdoctoral specialization in diagnostic domains such as attachment, trauma, or personality pathology, while his undergraduate degree is in Biology.

Education:

A.B.	Human Biology (1978) Stanford University, Stanford, California
Ph.D.	Clinical/Community Psychology (1985) University of Maryland, College Park, Maryland

His professional experience appears limited to private practice as a licensed psychologist providing court-ordered forensic custody. There is no indication of clinical training, research involvement, or supervised experience in domains central to high-conflict custody disputes, including the diagnostic assessment of attachment pathology, complex trauma, personality disorders, and delusional or shared persecutory thought structures.

Work Experience

Licensed Psychologist in Private Practice - Providing general psychological services to Children, Couples and Families, specializing in Child and Family Forensic Psychology 1990-present

Of particular relevance in this context are the substantial ethical concerns associated with the practice of forensic custody evaluations, as described in Appendix 6. These concerns are supported by the findings of the 2021 New York Blue-Ribbon Commission on Forensic Custody Evaluations, which concluded that such evaluations are “dangerous,” “harmful to children,” and “lack scientific or legal value,” with the Commission

recommending that forensic custody evaluations (as conducted by Dr. Sullivan) be eliminated entirely from the family court system due to their inherent risks and lack of foundational validity.

Delivering instruction on advanced clinical and forensic topics is not ethically neutral. When a psychologist assumes the role of educator or curriculum designer—particularly in a continuing education context—they are ethically obligated to ensure that all content falls within their documented areas of competence. In this case, the absence of formal training or supervised experience in critical diagnostic areas, combined with the promotion of non-validated constructs, raises a dual ethical concern: (1) a failure to remain within the boundaries of professional competence (Standard 2.01), and (2) the displacement of valid diagnostic instruction with pseudoscientific material, increasing the likelihood of downstream misapplication by others.

The implications for harm from the apparent ethical violations by Dr. Sullivan are substantial. Mental health professionals who receive misleading or incomplete training from his instruction may misattribute a child's rejection of a parent to fictitious forms of pathology rather than recognizing genuine attachment trauma, personality disorder dynamics, or shared delusional processes. When such miseducation originates from instructors who themselves lack the necessary competence, a feedback loop of distortion is created—one that reinforces unethical practice patterns and places children and families at ongoing risk.

1. Instructors lacking proper clinical competence (e.g., in attachment pathology, trauma, or delusional disorders) teach non-validated constructs (like “parental alienation” or “resist-refuse dynamics”) to other professionals.
2. These trainees—mental health professionals, evaluators, legal professionals—internalize and adopt these pseudoscientific constructs as if they were valid psychological frameworks.
3. They then apply these constructs in forensic custody evaluations, misdiagnosing or mischaracterizing family dynamics without grounding in established diagnostic science.
4. Their court reports, testimony, and recommendations influence judicial decisions, which may pathologize protective parents, fail to recognize harmful parenting, or rupture healthy attachments between children and safe caregivers.
5. These outcomes are perceived as validation of the pseudoscientific model, reinforcing the instructor's authority and the false constructs.

6. The cycle repeats, as those newly trained professionals now teach others, publish on these fabricated pathologies, or cite each other in support of their claims—further entrenching the distorted framework in both practice and policy.

This loop distorts the field of forensic psychology, creating the illusion of consensus while diverting attention from legitimate diagnoses, harming families, and undermining the ethical foundations of psychological practice.

This complaint includes as Appendix 17 a structured AI review of Dr. Sullivan’s publicly available vita, applying a three-part competence screen used for the analysis:

1. Lack of documented education, training, or experience in attachment pathology;
2. Lack of documented education, training, or experience in delusional and the diagnosis of psychotic-spectrum disorders;
3. Evidence of extensive involvement in forensic custody evaluations.

This presence of a three-part pattern for Dr. Sullivan (and the other instructors) signals elevated concern under APA Standard 2.01 and supports the conclusion that Dr. Sullivan’s role as instructor in the AFCC course involved teaching content outside his demonstrated areas of competence. When a psychologist promotes unvalidated constructs in a training context—especially in a high-risk domain like custody litigation where structural safeguards are limited—the ethical obligation to maintain clarity of competence is heightened. That obligation appears to have been breached.

Section IV – Violation of APA Standard 9.01: Bases for Assessments

APA Standard 9.01 requires that psychologists base their assessments, recommendations, and reports on information and techniques “sufficient to substantiate their findings.” This includes not only clinical evaluations, but also professional recommendations made in instructional contexts—particularly when directed toward professionals who may later apply that instruction in high-stakes forensic settings.

In his role as a lead instructor for the AFCC-sponsored course *“Advanced Issues in Family Law: Parent-Child Contact Problems,”* Dr. Sullivan repeatedly made and endorsed professional recommendations regarding conceptualization, terminology, and diagnostic decision-making in custody disputes—despite a lack of sufficient empirical foundation to substantiate those recommendations. Central to these concerns is the continued presentation of constructs such as “parental alienation,” “resist-refuse dynamic,” and “parent-child contact problems” as if they represented validated psychological syndromes, when in fact none of these terms are included in the DSM-5 or supported by research or established diagnostic criteria. The use of these terms in training, without clarification of their evidentiary limitations, constitutes a direct violation of Standard 9.01.

Appendices 7–14 (module-by-module slide reviews) and Appendix 15 (Catalogue of Concerns) document repeated instructional instances in which unvalidated constructs were presented as if they were legitimate diagnostic categories. Of note is that APA Standard 9.01 explicitly cites to Standard 2.04, reinforcing the ethical requirement that assessments and recommendations be grounded in established scientific knowledge. At no point in the eight-module curriculum were the fabricated pathology labels presented by Dr. Sullivan and the instructors accompanied by evidentiary disclaimers or properly situated within the framework of scientifically validated diagnostic models—such as the DSM-5, family systems theory, parental personality pathology, or attachment theory. Nor was there any cautionary discussion of how reliance on these constructs could lead to distorted assessments, misdiagnosis, or erroneous conclusions in the context of real-world custody litigation.

This failure to apply an evidence-based framework for teaching diagnostic reasoning creates a cascading pattern of harm. Evaluators trained under these conditions may go on to produce reports and courtroom testimony that lack valid psychological grounding, misidentify healthy relational structures as pathological, or overlook indicators of genuine trauma, personality disorder pathology, or shared delusional processes. When instructional content fails to meet the evidentiary standards required under 9.01, the harm is not isolated—it becomes systemic.

Dr. Sullivan’s instructional conduct therefore reflects a dual ethical failure: (1) a failure to apply validated constructs as the basis for diagnostic recommendations presented to other professionals, and (2) a failure to provide appropriate cautions regarding the limitations and potential risks of the non-validated frameworks discussed in the course. These failures are particularly serious given the elevated ethical responsibility psychologists bear when serving as instructors in continuing education settings—where miseducation does not remain isolated but is instead transmitted into clinical and forensic practice through the work of those they train.

As the APA Ethics Code makes clear, the requirement for sufficient data and the validity of interpretive models are not optional in psychological assessments. This includes the indirect assessments that occur through professional instruction. Dr. Sullivan’s failure to meet this standard in his teaching role raises serious concerns about the reliability and ethical acceptability of the instructional content he provided.

Section 5 – Violation of APA Standard 3.04: Avoiding Harm

APA Standard 3.04 requires that psychologists “take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work,” and that harm not be knowingly or negligently inflicted. The application of the DSM-5 diagnostic system as a bases for professional

judgments represents a reasonable step for a psychologist to take to avoid the potential harm from misdiagnosis if the diagnostic criteria of the DSM-5 are not applied.

In high-stakes custody contexts, the consequences of diagnostic error are especially severe. When instruction bypasses the application of established scientific and professional knowledge—such as DSM-5 criteria, family systems theory, personality pathology, and attachment theory—and instead promotes pseudoscientific frameworks, it creates a significant risk of harm to children, families, and the broader systems of care and adjudication.

Dr. Sullivan’s role as a primary instructor in the 2025 AFCC-sponsored course “Advanced Issues in Family Law: Parent-Child Contact Problems” implicates Standard 3.04 in multiple ways. First, the course replaces established diagnostic knowledge with fabricated constructs—“parental alienation,” “resist-refuse dynamics,” “parent-child contact problems”—presented without scientific grounding or appropriate disclaimer. Second, the course fails to warn students about the risks of misdiagnosing children and parents using these constructs, thereby enabling systemic misapplication by professionals who may assume the course content meets ethical and scientific standards. Third, by failing to apply and transmit scientifically established knowledge (per APA 2.04), and by instructing in areas outside demonstrated competence (per APA 2.01), Dr. Sullivan’s actions create foreseeable risk of harm across multiple domains.

These risks are not theoretical. As documented in Appendix 6 and supported by the 2021 New York Blue Ribbon Commission on Forensic Custody Evaluations, instruction in non-validated constructs contributes directly to widespread diagnostic error and increased risk of child endangerment. Potential evaluators who are misled by instruction received from Dr. Sullivan may misdiagnose the source of a child’s attachment pathology, mislabel protective parents, and recommend interventions that rupture healthy parent-child bonds or expose children to ongoing trauma. When such miseducation is delivered under the authority of continuing education, it not only distorts clinical judgment but also constitutes a failure of the psychologist’s core ethical duty to avoid harm.

The amplified reach of continuing education multiplies the potential for harm. Each attendee trained with false or inadequate constructs may carry those ideas forward into dozens of cases, impacting the lives of hundreds of children and families. The ripple effect from one course—if ethically compromised—becomes a source for broader institutional failure, as noted by the New York Blue Ribbon Commission on Forensic Custody Evaluations (2021). Standard 3.04 is a professional obligation to prevent foreseeable harm. That obligation appears to have been breached in both content and conduct by Dr. Sullivan’s instruction in this course.

VI. Systemic Ethical Implications and Institutional Violations

At the heart of this systemic failure is a profound violation of the Belmont Report's core principles governing the ethical treatment of human subjects—particularly children and vulnerable families. The practice of forensic custody evaluation, as currently constituted, represents a non-validated experimental procedure imposed on families in high-conflict custody litigation. The experimental quasi-judicial role for doctors, and the experimental assessment procedure of forensic custody evaluations developed uniquely for this experimental quasi-judicial role, has been implemented with a vulnerable population of children and parents in the family courts without a risk-benefit analysis, without protections for a vulnerable population, without informing parents and the courts of its experimental nature, without informing parents and the courts of potential risks from this experimental approach, without providing an alternative of community care as usual (i.e., a clinical diagnostic assessment of the child and family pathology), and without regard for the ethical standards (2.01, 2.04, 9.01, and 3.04) typically required when working with human subjects.

Principle 1: Respect for Persons

Respect for Persons is violated when families in urgent need of mental health services are compelled to undergo court-ordered evaluations without being informed of the potential risks and benefits associated with the experimental procedure of forensic custody evaluations and the experimental quasi-judicial role of the psychologist. These families are denied access to standard community-based alternatives (e.g., clinical diagnostic assessments) and have no meaningful opportunity to provide or withhold informed consent. Parents and children involved in family court proceedings clearly constitute a vulnerable population—subject to coercion, institutional power imbalances, and systemic exploitation. Yet no protections are provided to them for their special vulnerability, in direct violation of the first principle of the Belmont Report. Instead, they appear to be financially exploited by psychologists conducting non-validated assessment procedures—procedures that operate outside the boundaries of established ethical oversight, transparency, and professional regulation (see Appendix 6).

Principle 2: Beneficence

Beneficence is violated by the continued use of a procedure, forensic custody evaluations, that is known to cause harm (New York Blue Ribbon Commission on Forensic Custody Evaluations, 2021):

- “lack scientific or legal value”
- “dangerous”

- “harmful to children”
- “defective reports”
- “potentially disastrous consequences for parents and children”
- “biased”
- “By an 11-9 margin, a majority of Commission members favor elimination of forensic custody evaluations entirely”

“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.” (NY Blue Ribbon Commission Report, 2021)

These findings raise urgent concerns about the disabled oversight function of state licensing boards, which have failed to intervene despite clear and public documentation that forensic custody evaluations can be “dangerous,” “biased,” “harmful to children,” and “lack scientific or legal value.” When procedures with known risks of systemic diagnostic error and child endangerment are allowed to continue under the sanction of professional licensure—with no validated benefit and no protective safeguards for a vulnerable population—the regulatory body ceases to function as a protector of the public and becomes, instead, a passive enabler of institutional harm.

The failure of boards to investigate, correct, or even acknowledge the ethical implications of such practices—despite the growing body of expert warnings—seemingly constitutes a profound dereliction of public duty. In the context of high-conflict custody litigation, where families are particularly vulnerable to harm, the inaction of licensing boards permits the widespread application of non-validated psychological procedures that pose foreseeable risk to children’s psychological safety, violate core ethical standards (e.g., APA Standards 2.04, 3.04), and undermine public trust in the integrity of the profession. The apparent ethical violations by Dr. Sullivan (i.e., 2.04, 2.01, 9.01, 3.04) occur within this the context of failed oversight.

Principle 3: Justice

Justice is violated when the burdens of a harmful and unvalidated process fall disproportionately on vulnerable families. Parents facing high-conflict litigation often lack

the resources to challenge flawed evaluations, while the children bear the consequences of unrecognized trauma and inappropriate placement with potentially abusive parents. Meanwhile, the financial and career status benefits accrue to the evaluators themselves. There is no equitable distribution of risk or benefit when all the risks are borne by the subjects of the experimental procedures while all the benefits accrue to the professionals.

Appendix 6 provides an extended discussion of these concerns in two mediated AI interviews—*Direct Examination of ChatGPT* and *Direct Examination of Gemini*—that describe how institutions, evaluator incentives and conflicts of interest, and licensing board inaction have combined to create an unregulated experimental system operating in the family courts. This context elevates the present complaint beyond individual misconduct, and it calls attention to a systemic failure of ethical accountability and professional responsibility at a systemic level.

The experimental quasi-judicial role developed by forensic psychologists for themselves—along with the unvalidated forensic custody evaluation procedures created to support this experimental role—escaped traditional oversight by Institutional Review Boards (IRBs) because the experiment on human subjects was not conducted within the healthcare or academic research sectors, where IRB review is mandatory. Instead, this experiment was carried out through the legal system, where no equivalent ethical review structure exists to evaluate the risks, benefits, or scientific validity of procedures imposed on vulnerable populations. Under the guise of court-appointed authority, forensic psychologists have implemented non-validated psychological interventions on children and families without proper informed consent for either the parents or the court regarding the potential risks and benefits, without outcome tracking, without protections for a vulnerable population, and without supported scientific justification (e.g., no inter-rater reliability)—not for purposes of research or patient care, but for private financial profit and professional authority expansion.

Because these practices operate outside of healthcare and academic institutions, they have bypassed the standard protections for human subjects while exploiting the coercive power of the courts. The ethical violations evident in Dr. Sullivan’s instruction in these practices (e.g., APA Standards 2.04, 2.01, 9.01, 3.04) must be understood in this broader context of systemic regulatory failure and Belmont Report violations, where an unregulated experimental role has been allowed to flourish without transparency, accountability, or child-safety oversight.

By instructing others in how to perform and interpret these evaluations without grounding in validated diagnostic frameworks, and without informing students of the experimental and controversial nature of the practice itself, Dr. Sullivan is contributing to a system of institutionalized misrepresentation. His failure to disclose the lack of scientific

validation for key constructs (e.g., “parental alienation,” “resist-refuse dynamics”) and his failure to teach within his demonstrated boundaries of competence, are not simply personal oversights—they are acts of institutional complicity in a broader pattern of professional harm.

Moreover, the concern is compounded by structural conflicts of interest. Dr. Sullivan’s private income as a custody evaluator and expert witness is directly tied to the continued existence of this forensic role. His participation as an instructor—without disclosing the unvalidated nature of the constructs being taught, or the scientific controversy surrounding the evaluations themselves—raises serious questions of financial and professional conflict, further violating the spirit of professional ethics and the Belmont principle of Respect for Persons (via full informed consent).

The systemic dimension is further evidenced by the collusive nature of the AFCC course itself. All six instructors appear to jointly promote the same unvalidated constructs, none rely on established scientific or professional knowledge of the discipline (e.g., DSM-5, family systems, personality disorder pathology, child abuse and complex trauma, attachment pathology), none provide scientific or ethical disclaimers, and none of the instructors demonstrate training in the critical diagnostic domains (e.g., attachment trauma, personality pathology, shared delusional processes) necessary to perform these evaluations competently. This pattern of collective participation in the same set of ethical violations is what defines this as a systemic failure, rather than a series of individual errors. It matches, in both structure and implication, the concerns raised by the New York Blue Ribbon Commission, which concluded that these evaluations are “dangerous,” “harmful to children,” and should be eliminated from the family courts altogether.

Standards 1.04 Informal Resolution & 1.05 Reporting Ethical Violations

Based on my attendance at the four-day eight-module course offered through the AFCC, *“Advanced Issues in Family Law: Parent-Child Contact Problems,”* I believe there may have been an ethical violation to Standards 2.04, 2.01, 9.01, and 3.04 of the APA ethics code by Dr. Sullivan (and the other instructors). Pursuant to my required obligations under Standard 1.04, I attempted an informal resolution to the concerns (Appendix 1).

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.

Based on the collective response of the instructors, including Dr. Sullivan, the ethical concerns were not substantively addressed by Dr. Sullivan (and the other instructors), and

these ethical concerns for apparent violations to Standards 2.04, 2.01, 9.01, and 3.04 have not been adequately resolved through informal notification, and continuing concerns exist for substantial harm to children and parents in the family courts resulting from the ethical violations.

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.

Pursuant to my required obligations under Standard 1.05, I have notified the Board of Directors for the AFCC who represent an appropriate institutional authority (Appendix 3), and I provided notice to the APA Ethics Committee who represent a national committee on professional ethics (Appendix 4). The response from the APA Ethics Committee instructed me to file individual licensing board complaints for the involved psychologists (Appendix 5).

With this CA Board of Psychology complaint regarding Dr. Sullivan, I am discharging my required obligations pursuant to Standard 1.05 and the instructions from the APA Ethic Committee to notify the appropriate state licensing board of the ethical concerns, and I am discharging my duty to protect obligations for a vulnerable population of children and parents in the family courts to an appropriate regulatory agency of the California Board of Psychology.

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

Craig Childress, Psy.D.
Clinical Psychologist
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