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<date>

To: <client>

Re: Consultation

This letter is to confirm our consultation discussion of <date>. I would be available for treatment with the family if this is desired. Treatment of any individual or family begins with diagnosis, and diagnosis is based in the assessment process. In order to identify the causal origins of the family conflict (the diagnosis), and to then develop a written treatment plan, a proper assessment is needed.

Given the complexity and features described for the family conflict, it is my recommendation that the assessment be trauma-informed, meaning that it is conducted with proper professional understanding for the potential impact of complex trauma in the family, particularly the possible transmission of complex attachment-related trauma from the parent's own childhood to current family relationships. through the pathogenic parenting practices (parenting practices creating pathology in the child) of the allied parent.

A proper trauma-informed assessment would involve the application of four domains of professional psychology to the data set from clinical interviews;

- The attachment system (Bowlby, Ainsworth, Sroufe),
- Family systems therapy (Minuchin, Bowen, Haley, Madanes),
- Personality disorder pathology (Beck, Millon, Kernberg),
- Complex trauma (van der Kolk, Courtois, Briere).

Of concern would be the possible *triangulation* of the child into the spousal conflict through the formation of a *cross-generational coalition* of the child with the allied parent against the other spouse-and-parent (the targeted parent). This is a family process fully described in the family systems literature by the preeminent figures of family systems therapy (Minuchin, Bowen, Haley, Madanes).

I have professional background in these four areas of professional psychology and I am available to conduct a treatment-focused assessment of the family processes in order to identify the source of the problems within the family (diagnosis), leading to a written treatment plan for consideration. This treatment plan would serve as the guide for resolution of the family conflict, either through continuing treatment with me, or through a different therapist, possibly with my collaborative support as desired.

My assessment of family pathology could be conducted across six 90-minute sessions, conducted in three phases of two sessions; one individual session with each parent (two sessions), two sessions with the child and targeted parent (two sessions), and one individual session with each parent again (two sessions).

These six sessions would serve the following clinical psychology assessment function:

Phase 1 - History and Symptoms: The first two sessions are to meet individually with each parent and obtain history and symptom information from each parent (additional sessions can be scheduled if needed).

Phase 2 - Direct Clinical Observation: The second two sessions involve parent-child sessions to directly observe the symptom features of the conflict and to explore the breadth and scope of the child symptoms and parent-child communication processes.

Phase 3 - Parent Feedback: The final two sessions are with each parent individually again to provide the parents with feedback regarding the diagnosis and recommended treatment.

This six-session treatment focused assessment would be used to generate the diagnosis for the causal factors in the family conflict and a written treatment plan for resolving the family conflict. This treatment plan can then be reviewed and discussed. If agreed to, then this treatment plan would serve as the structural foundation for the therapy to resolve the family conflict.

I can conduct the therapy based on the treatment plan, or the diagnosis and written treatment plan it generates can be used to guide therapy options and treatment with a different therapist. If implemented by a different therapist, I would be available for consultation as needed.

In order to begin assessment, I would need the informed consent of both parents, or a court order assigning legal decision-making authority to one parent for treatment, or a direct court order for my assessment. Also as indicated by the assessment protocol, I would be reaching out to the other parent to invite this parent's participation and perspective in the treatment-focused assessment process, to help develop a collaborative family approach to solution in the treatment plan.

Best wishes,



Craig Childress, Psy.D.
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