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## Recommendations to a Parent

C.A. Childress (2019)

I received an email with the following request for assistance from a parent:

I'd like hire you to work with me in my custody battle in <location> with my kids father... 3 years of heartbreak and hell.

This is my response:

You will need to get a clinical psychology assessment of the pathology in your family. Of concern is IPV spousal abuse (Intimate Partner Violence; "domestic violence") using the child as the weapon. With multiple children, the spousal abuse of using the child as the weapon typically targets the oldest child first, and then works its way to the other children. The ex-spouse damages and destroys the child's relationship with the other parent as a brutal form of spousal abuse in revenge and retaliation for the failed marriage and divorce.

That is the pathology of concern, IPV spousal abuse, using the child as a weapon. In weaponizing the child into the spousal conflict, such a serious degree of pathology is created in the child that the DSM-5 diagnosis becomes V995.51 Child Psychological Abuse. The core pathology of concern is IPV spousal abuse using the child as the weapon, and the DSM-5 diagnosis of Child Psychological Abuse in weaponizing the child into the spousal conflict.

That is the pathology you want assessed by a clinical psychology assessment. You want a treatment plan, a written treatment plan, as the outcome of the assessment. A treatment plan is based on diagnosis; the treatment for cancer is different than the treatment for diabetes. We need a diagnosis in order to know what the treatment is.

This isn't about "child custody" - that conflict is a symptom of the pathology in the family. We need a diagnosis of the pathology in the family, that is a clinical psychology assessment for diagnosis and treatment (not a forensic psychology assessment about child custody). The child custody conflict is a symptom.

The type of pathology I discuss (you will need to get a clinical psychology assessment to see if it is the same as in your family) is a trauma pathology. It is unresolved trauma in the parent that is being passed on to the child. The renowned family systems therapist Murray Bowen refers to it as "multi-generational trauma" - the transmission of trauma through generations.

Since it is a trauma pathology - the trans-generational transmission of trauma - the clinical psychology assessment needs to be "trauma informed." You will want a "trauma-informed, treatment-focused clinical psychology assessment of the pathology. You will have difficulty locating someone who can conduct that assessment. Explore therapists in the spousal-

abuse IPV community. They are trauma informed, treatment-oriented, and they know about IPV safety plans.

The little wrinkle for the IPV therapists is that this is IPV spousal abuse with the child as the weapon, but they likely won't miss a beat in that adjustment. The themes of spousal abuse are power, control, and domination. Present the pathology as IPV spousal abuse using the child as the weapon, describe your immense emotional suffering from the lost relationship with your child, and describe the features of power, control, and domination using the child as the instrument of spousal abuse.

Locate an IPV spousal abuse therapist who is willing to conduct a treatment-focused, trauma-informed clinical psychology assessment of the family. This therapist can consult with me if desired. Hold this therapist in reserve, then go to court for the necessary court orders for the assessment. You can get the court orders for the assessment first, or simultaneously, but you will ultimately need to locate an IPV specialist psychologist or MFT to conduct the diagnostic assessment and develop the recommended treatment plan.

For the court, you will similarly want to frame the issue as IPV emotional abuse of the ex-spouse, you, using the children as weapons. You will want to request a "trauma-informed clinical psychology assessment of the family to develop a written treatment plan. The term "trauma-informed" will ensure that certain information sets from professional psychology are applied. The term "clinical psychology" moves this from child custody to child treatment (and child protection), and specifying the outcome of a "written treatment plan" ensures a high-quality clinical psychology assessment.

Do not use the term "parental alienation." Using that term will distract everything into ignorance, and it will invite a "child custody evaluation" from forensic psychology. You do not want a child custody evaluation. They are exceedingly expensive and substantially beneath professional standards of practice in clinical psychology. You want to remain in clinical psychology, do not go to forensic psychology. This is about treatment, not custody.

To do this, keep the focus entirely on treatment, do not focus on the child custody part, that is a symptom of the pathology, request a trauma-informed clinical psychology assessment of the family conflict BEFORE any decisions on child custody are made. Argument offered to the court that this is IPV spousal abuse using the child as the weapon should be sufficient to achieve a clinical psychology assessment of the family pathology before any pending decisions about child custody are made.

Clinical psychology always tests to the referral question. In forensic psychology, the referral question is, "What should the child's custody schedule be?" That is an extremely problematic referral question for professional psychology and should be avoided.

The referral question for the "trauma-informed and treatment-focused clinical psychology assessment of the pathology is:

Referral Question: Which parent is the source of pathogenic parenting creating the child's attachment pathology, and what are the treatment implications.

patho=pathology; genic=genesis, creation. Pathogenic parenting is the creation of significant psychopathology in the child through aberrant and distorted parenting practices.

That will take you into the assessment phase. This then, will lead to a diagnosis. The diagnosis will then guide development of a treatment plan.

The diagnosis needs to be accurate in order to develop an effective treatment plan. If cancer is misdiagnosed as diabetes, the patient is mis-treated with insulin and dies from the misdiagnosed and untreated cancer. The diagnosis needs to be accurate.

When you reach the point of assessment and diagnosis, the involved mental health professional can consult with me on diagnostic issues if desired.

There are many-many diagnostic features associated with this pathology, but the diagnostic symptom of primary concern is the potential presence of an "encapsulated persecutory delusion" displayed by the child toward a normal-range parent. The term "encapsulated" means it's limited-scope, only involving you, not the entire world (that has diagnostic implications as to the source). The term "persecutory" means a false belief in supposed "victimization." The phrase "toward a normal-range parent" means that during the course of the clinical psychology assessment your parenting practices will need to be assessed as to whether they are normal-range or abusive-range.

If you are an abusive parent, then this determination should be accompanied by a DSM-5 diagnosis of child abuse. There are four DSM-5 diagnoses of child abuse in the Child Maltreatment section of the DSM-5

V995.54 Child Physical Abuse

V995.53 Child Sexual Abuse

V995.52 Child Neglect

V995.51 Child Psychological Abuse

Ignorance will try to say that your parenting may be "partly responsible" because ignorance likes middle-of-the-road answers. With the pathology I describe (the trans-generational transmission of trauma; van der Kolk), middle is not true, one parent, the allied parent, is creating the child's pathology. Do not let ignorance blame you as "partly responsible" if your parenting is normal-range. If your parenting is abusive (responsible) then you should receive a DSM-5 diagnosis of child abuse. If there is no DSM-5 diagnosis of child abuse, then your parenting is normal-range.

An IPV therapist should have no problem with identifying normal-range and abusive parenting. Ask the assessing mental health professional to document your parenting on the

[Parenting Practices Rating Scale](#), this will provide clear documentation now and into the future that you are a normal-range parent (Levels 3 or 4 on the Parenting Practices Rating Scale).

At that point, the treatment plan will depend on diagnosis.

If my assistance can be helpful along any stage of this process, then I would be happy to consult with the involved mental health professional, they can email me with a Request for Consultation, and they don't even need to tell me the client, that protects patient confidentiality if I don't know who the patient is so that no release is needed for professional-to-professional consultation when the patient is not identified.

If at some point, your attorney believes it would be helpful for me to educate the court on aspects of this type of pathology, its assessment, diagnosis, and treatment, then your attorney can email me to arrange my professional consultation and testimony. In some cases, parents have sought court orders for me to personally travel and conduct the assessment and develop the treatment plan. While I can do this by request of the court, this is very expensive since it requires purchasing at least five full days of my time away from my private practice. I recommend locating a local-area mental health professional (trauma-informed) and I could serve in a consulting role to this local-area mental health professional.

I am attaching a handout that describes my possible role as an expert consultant and witness.

I'm sorry for your struggles, loving children shouldn't be made so hard to do. Children benefit from lots and lots of love from everyone, moms especially. When there is conflict in the family, it needs to be properly assessed, to reach an accurate diagnosis, so that we can develop an effective treatment plan to restore love and bonding throughout the family.

The pathology I describe is the trans-generational transmission of trauma - the rippling of trauma from one generation to the next. We need to provide the family with effective treatment for the multi-generational trauma, to end the rippling trauma, and restore love to the parent-child bond.

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