

<Date>

<State Board of Psychology>

<Address>

<Address>

I wish to register a formal complaint against <John Doe, Ph.D.> regarding his professional services with my family. My complaint is based on the following grounds:

1. Violation of Standard 9.01a of the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association.
2. Violation of Standard 2.01a of the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association.
3. Violation of Standard 3.04 of the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association.
4. The failure of <Dr. Doe> to take affirmative actions consistent with his professional duty to protect my son from the evident psychological abuse inflicted on my son by his father.

Substantiating Information:

Standard 9.01 Bases for Assessments

(a) Psychologists base the opinions contained in their recommendations, reports and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings.

The professional services of <Dr. Doe> were engaged to diagnose and treat family problems surrounding my child's triangulation into the spousal conflict following divorce. In assessing and diagnosing the family conflict I specifically requested that <Dr. Doe> assess for attachment related pathology involving the artificially induced suppression of my child's attachment bonding motivations as a result of a cross-generational coalition of my child with the father that was targeted against me. I also specifically requested that <Dr. Doe> assess for the impact of parental narcissistic personality disorder pathology as it is being expressed in my child's symptom display as evidence of influence on my child by the narcissistic pathology of a parent. I also asked <Dr. Doe> to specifically assess for an intransigently held, fixed and false belief in my child that is maintained despite contrary evidence (i.e., an encapsulated delusion) regarding the supposedly "abusive" parenting practices of a normal-range and affectionally available parent.

Despite my direct requests for an assessment of specific forms of pathology, and for documentation in the patient record regarding the findings of this clinical assessment, <Dr. Doe> declined to conduct the requested assessment of psychopathology and declined to document in the patient record the existence or absence of these forms of pathology with

my child. I believe the refusal of <Dr. Doe> to assess for these forms of pathology, despite the specific requests of the client-parent of the child, represents <Dr. Doe>'s failure to base his diagnostic opinions on "information and techniques sufficient to substantiate [his] findings," in violation of Standard 9.01a of the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association.

Standard 2.01 Boundaries of Competence

(a) Psychologists provide services, teach and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study or professional experience.

The symptoms of my child evidence a pronounced suppression of normal-range attachment bonding motivations toward a normal-range and affectionally available parent. The induced suppression of my child's attachment motivations are the product of my child's triangulation into the spousal conflict through the formation of a cross-generational coalition with one parent against the other parent (as defined and described by Jay Haley¹ and Salvador Minuchin²). My child's symptoms also evidence prominent narcissistic personality traits (e.g., grandiosity, entitlement, absence of empathy, haughty and arrogant attitude, splitting) which are evidence of the influence on my child's attitudes by a narcissistic personality parent.

The assessment, diagnosis, and treatment of the forms of pathology evidenced in my child's symptom display requires professional competence in the relevant domains of attachment related pathology, including the potential transgenerational transmission of attachment trauma from the father's childhood to the current family relationships,

¹ Haley, J. (1977). Toward a theory of pathological systems. In P. Watzlawick & J. Weakland (Eds.), *The interactional view* (pp. 31-48). New York: Norton.

"The people responding to each other in the triangle are not peers, but one of them is of a different generation from the other two... In the process of their interaction together, the person of one generation forms a coalition with the person of the other generation against his peer. By 'coalition' is meant a process of joint action which is *against* the third person... The coalition between the two persons is denied. That is, there is certain behavior which indicates a coalition which, when it is queried, will be denied as a coalition... In essence, the perverse triangle is one in which the separation of generations is breached in a covert way. When this occurs as a repetitive pattern, the system will be pathological." (p. 37)

² Minuchin, S. (1974). *Families and Family Therapy*. Harvard University Press.

"The boundary between the parental subsystem and the child becomes diffuse, and the boundary around the parents-child triad, which should be diffuse, becomes inappropriately rigid. This type of structure is called a rigid triangle... The rigid triangle can also take the form of a stable coalition. One of the parents joins the child in a rigidly bounded cross-generational coalition against the other parent." (p. 102)

"An inappropriately rigid cross-generational subsystem of mother and son versus father appears, and the boundary around this coalition of mother and son excludes the father. A cross-generational dysfunctional transactional pattern has developed." (p. 61-62)

"The parents were divorced six months earlier and the father is now living alone... Two of the children who were very attached to their father, now refuse any contact with him. The younger children visit their father but express great unhappiness with the situation." (p. 101)

personality disorder pathology specifically involving the assessment and identification of narcissistic personality pathology that is influencing family relationships, and family systems pathology involving the child's triangulation into the spousal conflict through the formation of a cross-generational coalition with one parent against the other parent (as described by Haley and Minuchin).

The curriculum vitae of <Dr. Doe> (Attachment 1) reflects no evidence of the necessary experience or training in attachment related pathology, personality disorder pathology, or family systems therapy. <Dr. Doe> does not appear to possess knowledge, training, and experience in the domains of professional knowledge necessary for assessing, diagnosing, and treating the forms of pathology evidenced in my family. The apparent absence of professional competence in the relevant domains of professional knowledge necessary to assess, diagnose, and treat the pathology evidenced in my family represents a violation of Standard 2.01a of the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association.

Standard 3.04 Avoiding Harm

Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

The failure of <Dr. Doe> to assess for relevant forms of pathology within my family, despite my specific request to do so, and to document in the patient record the results of this assessment, and <Dr. Doe>'s apparent absence of professional competence in the relevant domains of pathology being evidenced in my family resulted in significant and potentially irrevocable harm to my child and our family relationships. In not even assessing for the relevant domains of pathology, despite my direct requests that he do so, <Dr. Doe> did not take "reasonable steps to avoid harming [his] clients/patients."

The failure to possess the necessary knowledge and professional competence in the relevant domains of pathology being evidenced in my child and family, and his failure to even assess for the relevant domains of pathology despite my direct request to do so, led to significant and potentially irrevocable harm to my child and family in apparent violation of Standard 3.04 of the Ethical Principles of Psychologists and Code of Conduct.

Duty to Protect

<Dr. Doe> failed to conduct a professionally appropriate assessment that would have collected information "sufficient to substantiate" his diagnostic findings, and he failed to conduct an appropriate assessment and collect the relevant information necessary to protect my child from the evident psychological abuse being inflicted on my child by the pathogenic parenting of the child's father. Pathogenic parenting that is creating significant developmental pathology in the child (i.e., induced suppression of the child's attachment system), personality disorder pathology in the child (i.e., the presence of specific narcissistic personality disorder traits in the child's symptom display), and delusional-psychiatric pathology in the child (an intransigently held fixed and false belief in the

supposedly “abusive” parenting practices of a normal-range and affectionally available parent), would warrant a DSM-5 diagnosis of V995.51 Child Psychological Abuse (at least at the lower threshold of “suspected” and more reasonably at the higher threshold of “confirmed”). Yet <Dr. Doe> failed to conduct an assessment of the relevant pathology and as a result he failed to provide an accurate diagnosis based on “information and techniques sufficient to substantiate [his] findings” (Standard 9.01a).

The failure of <Dr. Doe> to make an accurate diagnosis of the pathology within the family as representing psychological child abuse, due to the refusal of <Dr. Doe> to even assess for the relevant pathology despite direct requests to do so, and his absence of the necessary professional knowledge and professional competence in the relevant domains of pathology evidenced within my family, led to a failure by <Dr. Doe> in his duty to protect my child from the psychological child abuse being inflicted on my child by the father.

Remedy Sought

My hope in registering this complaint is that <Dr. Doe> will receive formal sanctions on his license related to violations of Standards 9.01a, 2.01a, and 3.04 of the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association, and for a failure in his duty to protect my child from the psychological abuse inflicted on my child by the child’s father. In my view, <Dr. Doe> should be formally required to obtain additional education and training in the relevant domains of attachment related pathology, personality disorder pathology, and family systems theory and therapy necessary for professionally competent practice with children and families evidencing these form of family pathology, and he should be required to obtain additional training in the recognition and diagnosis of a pathogenic role-reversal parent-child relationship in which the child is used (manipulated and exploited) by the parent as a regulatory object to stabilize the emotional and psychological pathology of the parent.

The refusal of <Dr. Doe> to even assess for the relevant domains of pathology despite the direct requests made to him by the client-parent also suggests a cavalier disrespect for the collaborative participation of the client in psychological services. Additional education and training should also be required regarding the formation of a respectful, collaborative, and responsive approach to psychotherapy with clients and client families that demonstrates greater respect for the client’s self-autonomy and collaborative self-determination in the psychological services they receive.

Thank you for your consideration of this complaint. Additional evidence and documentation is available upon request.

<Signature>

Chronology of Events

<Date>: Therapy began.

<Date>: Requested written case conceptualization and treatment plan from therapist. Therapist indicated that he does not provide written case conceptualizations and treatment plans.

<Date>: Requested that <therapist> assess for the symptom features of pathogenic parenting by an allied narcissistic/borderline parent in a cross-generational coalition with the child, including 1) disruption to the child's attachment bonding motivations toward me, 2) five specific narcissistic personality traits in the child's symptom display, and 3) an intransigently held fixed and false belief (i.e., a delusion) evidenced in the child's symptoms that the child is supposedly being "victimized" by my normal-range parenting. Provided <therapist> with a copy of a checklist of these diagnostic symptoms of pathogenic parenting by an allied narcissistic parent (see Attached 1: Diagnostic Checklist of Pathogenic Parenting). Requested that <therapist> document in the patient record the results of this symptom assessment.

<Date>: Spoke with <therapist> and provided <therapist> with booklet "Professional Consultation" by Dr. Childress. Indicated to <therapist> that I would like <therapist> to consult with Dr. Childress if this would be helpful in the diagnosis and treatment of my family.

<Date>: Spoke with <therapist> who indicated that he was unwilling to assess for the child symptoms that I had requested <therapist> to assess and document. <Therapist> indicated that he was unwilling to consult with Dr. Childress as I had requested.

<Date>: Documented <therapist's> unwillingness to assess for child pathology in a letter to therapist confirming the discussion of <date> (see Attached 2: Letter Confirming <therapist's> refusal to assess for pathology).

<Date>: Requested CV of therapist (see Attached 3: CV of <Therapist>)

<Date>: Requested copy of patient records from <therapist> for my child.

(Comment: depending on circumstances)

<Date>: <Therapist> declined to provide copy of patient records for my child (see Attached email from <therapist>: <Therapist> Declining Request for Patient Records).