



The Flying Monkey Newsletter

Combating Mental Health Ignorance and Mental Health Complicity with Child Abuse

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Assessment & Diagnosis:

All mental health professionals are required to conduct appropriate and professionally competent assessments of pathology and are responsible for making an accurate DSM-5 diagnosis of pathology.

Standard 9.01a of the ethics code of the *American Psychological Association* requires that all 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.”

Pathogenic parenting that is creating significant developmental pathology in the child (diagnostic indicator 1), personality pathology in the child (diagnostic indicator 2), and psychiatric-delusional pathology in the child (diagnostic indicator 3), represents a DSM-5 diagnosis of:

V995.51 **Child Psychological Abuse**
Confirmed

All mental health professionals are **required** by professional standards of practice to **assess** for the relevant pathology “sufficient to substantiate their [diagnostic] findings.”

When a DSM-5 diagnosis of V995.51 **Child Psychological Abuse** is made, all mental health professionals are required by their professional “**duty to protect**” to take **affirmative action** to ensure the child’s protection, which may include filing a suspected child abuse report with Child Protective Services; and then documenting in the patient record the **affirmative actions** taken to protect the child.

Professional Competence

All mental health professionals are required by their established standards of professional practice to be professionally competent in the assessment, diagnosis, and treatment of mental health pathology.

The term “parental alienation” is NOT a defined term in clinical psychology. Other forms of pathology, however, are defined.

Personality Pathology

Narcissistic personality (the **Dark Triad** personality) is a defined construct in clinical psychology.

Borderline personality (the **Vulnerable Dark Triad** personality) is a defined construct in clinical psychology.

Family Systems Pathology

Family systems therapy represents a defined set of constructs within professional psychology and is one of the primary schools of psychotherapy within professional psychology:

- A central construct in family systems therapy is the child’s triangulation into the spousal conflict through a **cross-generational coalition** with one parent against the other parent.

Parental Psychological Control of Children

Parental psychological control of children, role-reversal relationships, the “invalidating environment,” and the manipulative violation of the child’s psychological integrity by the parent, are all defined constructs in clinical psychology

Attachment Related Pathology

The attachment system is a defined construct in professional psychology, including the constructs of:

- The trans-generational transmission of attachment trauma
- The **reenactment** of attachment trauma narratives

ALL mental health professionals who are assessing, diagnosing, and treating the expression of **parental personality pathology** within the family involving parental psychological control of the child in a **cross-generational coalition** that reenacts a false trauma reenactment narrative from the parent’s own childhood attachment trauma, **MUST** possess the relevant professional competence in the relevant domains of psychopathology being assessed, diagnosed, and treated.



The Justification for Colluding with Child Abuse: Parental Alienation is not a Professionally Accepted Construct

The Justification: The construct of “parental alienation,” as defined by Gardner’s proposal of *Parental Alienation Syndrome (PAS)*, is controversial and is not a professionally accepted construct.

The Truth: The construct of “parental alienation” is not a defined construct in clinical psychology. No such pathology exists within professional clinical psychology.

However, a variety of other constructs do exist that are fully defined, fully established, and fully accepted constructs within professional psychology, such as:

- Narcissistic and borderline personality pathology (the **Dark Triad** and **Vulnerable Dark Triad** personalities);
- Family systems constructs of the child’s triangulation into the spousal conflict through the formation of a **cross-generational coalition** with one parent against the other parent;
- Parental **psychological control** of children, **role-reversal** relationships, the “**invalidating environment**,” and the trans-generational transmission of attachment trauma through the **reenactment** of the parent’s false trauma narrative in future generations.

All of these constructs are well-defined, well-established, and fully accepted psychological constructs and principles within professional psychology.

All mental health professionals are responsible for professional competence in all of these **fully established** and **fully accepted** psychological principles and constructs.

Personality Pathology: Millon, 2011; Beck; 2004; Kernberg, 1977; Linehan; 1993; DSM-5

Dark Triad Personality: Paulhus & Williams, 2002 Miller, Dir, Gentile, Wilson, Pryor, & Campbell, 2010; Giammarco & Vernon, 2014; Jonason, Lyons, Baughman, & Vernon, 2014; Baughman, Jonason, Lyons, & Vernon, 2014; Jonason, Lyons, & Bethell, 2014; Horan, Guinn, & Banghart, 2015; Rasmussen, & Boon, 2014; Jonason & Krause, 2013; Wai, & Tiliopoulos, 2012

Family Systems Pathology: Haley, 1977; Minuchin, 1974

Attachment Trauma Reenactment: Bowlby, 1973; van der Kolk, 1987; 1989; Trippany, Helm, & Simpson, 2006; Weniger, Lange, Sachsse, & Irle, 2009; Prager, 2003; Benoit & Parker, 1994; Jacobvitz, Morgan, Kretchmar, & Morgan, 1991; Krugman, 1987; Pearlman & Courtois, 2005

Assessment - Diagnosis - & Malpractice

All psychologists are required to assess for the relevant pathology “sufficient to substantiate their [diagnostic] findings.” (Standard 9.01a APA ethics code). All psychologists must be professionally competent in the assessment, diagnosis, and treatment of the pathology (Standard 2.01a APA ethics code).

Failure to assess for the relevant personality disorder pathology, family systems pathology, and attachment trauma pathology being expressed in the family and in the child’s symptom display would likely represent a **violation** of professional standards of practice that could lead to administrative sanctions on the license of the mental health professional and potentially to a **malpractice** lawsuit.

Failure to possess the requisite professional competence in the relevant domains of professional psychology that are being assessed, diagnosed, and treated would likely represent a **violation** of professional standards of practice that could lead to administrative sanctions on the license of the mental health professional and potentially to a **malpractice** lawsuit.



Standards from Professional Psychology

For psychologists, Standard 2.01a of the *American Psychological Association* states:

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.

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.

For marriage and family therapists, Standards 3.1 and 3.10 of the Code of Ethics for the *American Association of Marriage and Family Therapy* states:

3.1 Maintenance of Competency

Marriage and family therapists pursue knowledge of new developments and maintain their competence in marriage and family therapy through education, training, and/or supervised experience.

3.10 Scope of Competence.

Marriage and family therapists do not diagnose, treat, or advise on problems outside the recognized boundaries of their competencies.

For Master's level mental health counselors, Standard C.2.a. of the *Code of Ethics for the American Counseling Association* states:

C.2.a. Boundaries of Competence

Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience.

For social workers, the Ethics Code of the *National Association of Social Workers* states:

Value: Competence

Ethical Principle: Social workers practice within their areas of competence and develop and enhance their professional expertise. Social workers continually strive to increase their professional knowledge and skills and to apply them in practice.

1.04 Competence

(a) Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional

Internationally:

In Canada, the Values Statement for Principle II and Standard II.6 of the *Canadian Code of Ethics for Psychologists* address the requirement for professional competence.

In Australia, Standard B.1.2.a of the *Australian Psychological Society Code of Ethics* addresses the requirement for professional competence.

In Great Britain, Standard 2 of the *Code of Ethics and Conduct of the British Psychological Society* addresses the requirement for professional competence.

Mental health professionals are NOT ALLOWED to be incompetent in the assessment, diagnosis, and treatment of pathology, including the effects of parental narcissistic and borderline personality on family relationships.



Quotes from Professional Psychology

Parental Psychological Control of Children:

“Psychological control refers to parental behaviors that are intrusive and manipulative of children’s thoughts, feelings, and attachment to parents.” (Barber & Harmon, 2002, p. 15)

“The central elements of psychological control are intrusion into the child’s psychological world and self-definition and parental attempts to manipulate the child’s thoughts and feelings through invoking guilt, shame, and anxiety. Psychological control is distinguished from behavioral control in that the parent attempts to control, through the use of criticism, dominance, and anxiety or guilt induction, the youth’s thoughts and feelings rather than the youth’s behavior.” (Stone, Buehler, & Barber, 2002, p. 57)

“Psychological control can be expressed through a variety of parental tactics, including (a) guilt-induction, which refers to the use of guilt inducing strategies to pressure children to comply with a parental request; (b) contingent love or love withdrawal, where parents make their attention, interest, care, and love contingent upon the children’s attainment of parental standards; (c) instilling anxiety, which refers to the induction of anxiety to make children comply with parental requests; and (d) invalidation of the child’s perspective, which pertains to parental constraining of the child’s spontaneous expression of thoughts and feelings.” (Soenens & Vansteenkiste, 2010, p. 75)

“Rather than telling the child directly what to do or think, as does the behaviorally controlling parent, the psychologically controlling parent uses indirect hints and responds with guilt induction or withdrawal of love if the child refuses to comply. In short, an intrusive parent strives to manipulate the child’s thoughts and feelings in such a way that the child’s psyche will conform to the parent’s wishes.” (Kerig, 2005, p. 12)

From Stone, Buehler, & Barber:

“This study was conducted using two different samples of youth. The first sample consisted of youth living in Knox County, Tennessee. The second sample consisted of youth living in Ogden, Utah.” (Stone, Buehler, & Barber, 2002, p. 62)

“The analyses reveal that variability in psychological control used by parents is not random but it is linked to interparental conflict, particularly covert conflict. Higher levels of covert conflict in the marital relationship heighten the likelihood that parents would use psychological control with their children. This might be because both parental psychological control and covert conflict are anxiety-driven. They share defining characteristics, particularly the qualities of intrusiveness, indirectness, and manipulation.” (Stone, Buehler, & Barber, 2002, p. 86)

“The concept of triangles “describes the way any three people relate to each other and involve others in emotional issues between them” (Bowen, 1989, p. 306). In the anxiety-filled environment of conflict, a third person is triangulated, either temporarily or permanently, to ease the anxious feelings of the conflicting partners. By default, that third person is exposed to an anxiety-provoking and disturbing atmosphere. For example, a child might become the scapegoat or focus of attention, thereby transferring the tension from the marital dyad to the parent-child dyad. Unresolved tension in the marital relationship might spill over to the parent-child relationship through parents’ use of psychological control as a way of securing and maintaining a strong emotional alliance and level of support from the child. As a consequence, the triangulated youth might feel pressured or obliged to listen to or agree with one parents’ complaints against the other. The resulting enmeshment and cross-generational coalition would exemplify parents’ use of psychological control to coerce and maintain a parent-youth emotional alliance against the other parent (Haley, 1976; Minuchin, 1974).” (Stone, Buehler, & Barber, 2002, p. 86-87)



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About the Newsletter

Urban Dictionary: "In popular psychology, a flying monkey is someone who does the narcissist's bidding to inflict additional torment to the narcissist's victim."

Too many mental health professionals collude with the pathology of the narcissistic/borderline parent because of professional ignorance and incompetence in the recognition, assessment, and diagnosis of narcissistic and borderline personality pathology as it is being expressed within the family. As a direct consequence of their professional ignorance and incompetence, these mental health persons collude with the **psychological abuse of children**, to the developmental and psychological harm of children and families, and in apparent violation of Standard 3.04 of the APA ethics code and their professional "duty to protect."

Each edition of the Flying Monkey Newsletter will answer a false and distorted justification offered for **their collusion with child abuse**.