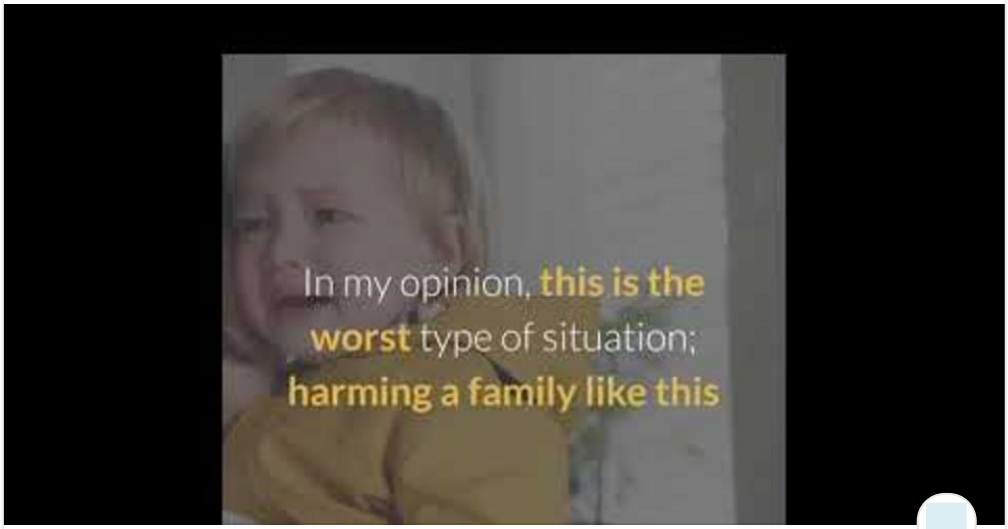
James Ricker liked this.

James Ricker Craig Childress
August 30 at 12:15 PM ·

Dr. Craig Childress
Four years ago when you offered to consult with this practice without charging and they showed no interest I was devastated. But a lot has happened in 4 years-- a custody reversal then a 50/50 permanent custody order, finding competence in the Mental Heath community here and now speaking out more boldly. No need to rant or be angry, simply speaking the truth of this practice is damaging to their enabling behavior.

Who would have thought a 2:30 in the morning search on YouTube in 2015 would have lead me to your series of videos on fighting this pathogen, that using your approach would bring my child back from suicidal ideation and decompensating behavior at the age of 8 to someone who is functional, thriving, and able to have two parents.
— with **Michael Allen**.



YOUTUBE.COM
Wynns Family Psychology, Cary NC
Wynns Family Psychology, Cary NC If you can avoid going here, ...

You, Michael Allen, Gil Freeman and 1 other 5 Comments

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Craig Childress
I cannot comment on any specific matter because I do not have the necessary information - and I do now want the necessary information unless you are a professional client of mine.

So I cannot comment on the agency, only on your general position regarding professional ignorance and incompetence.

I agree with your position on the degree of professional incompetence.

Professional ignorance and incompetence is rampant and horrific. In my opinion, the ignorant, slothful, and incompetent mental health people are colluding with the psychological abuse of the child.

They are child abusers because of their professional ignorance and sloth.

There is a reason for a professional code of ethics - unethical practice hurts people - like here - like all of these parents and their children - this is the result of unethical professional practice.

Standards 2.04, 2.01, 9.01, 3.04, and their duty to protect.

At some point this will move into test cases on Tarasoff-type grounds of failure in their duty to protect. It's just a matter of the legal profession determining the arguments to make and locating a particularly egregious example to serve as the test case for failure in their duty to protect.

You note my prior offer and willingness to consult with the agency you name. Standard 3.09 of the APA ethics code addresses the issue of professional-to-professional consultation:

3.09 Cooperation with Other Professionals
When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately.

The APA encourages professional-to-professional consultation because it improves clinical care provided to patients and clients.

There's a reason for professional ethics codes, unethical practice hurts people - like here.

Craig Childress, Psy.D.
Clinical Psychologist, PSY 18857

I'm glad you and your child are doing well - I'm glad there is a 50-50 shared parenting arrangement. Mom is mom, dad is dad, the child loves both parents - and the child wants to BE loved by both mom and dad.

If one parent is more fragile, the child will do what's needed to support that parent, because the child loves that parent, and they need the child to meet their emotional and psychological needs.

The child then collapses into the needs and pathology of the more fragile parent. We need to understand the process and rescue the child. Restore the normal-range and healthy parent-child bond with the healthier parent, and allow that healthy relationship to then stabilize the child in the child's relationship with the more fragile parent's pathology.

We do NOT leave the cutoff - never, never, never - this is the worst attachment pathology possible - we need to fix it. That may involve a period of the child's protective separation from the pathology of the more fragile parent - based on a DSM-5 diagnosis of Child Psychological Abuse made by a mental health professional.

We then restore the authenticity of the child and the parent-child bond with the healthier parent, and then we restore the bond to the pathological and more fragile parent.

If there is no child abuse, then each parent should have as much time and involvement with the child as possible.

If there is no child abuse, then parents have the right to parent according to their cultural values, their personal values, and their religious values, and professional psychology and the courts should not interfere with the rights of parenting in the absence of child abuse.

The key is the child's symptoms. As long as the child remains normal-range, then the child is indicating that he or she is coping adequately with the emotional pressures and pathology of the more fragile parent.

When the child begins becoming symptomatic, the child is expressing that he or she is becoming overwhelmed by the other parent's needs, pressure, and pathology and the child is in need of some support.

The nature and degree of support provided to the child is dependent on the nature and degree of the child's

have achieved an equal shared parenting plan and approach.

The goal of clinical intervention is to return to the child a normal-range and healthy childhood.

Craig Childress, Psy.D.
Clinical Psychologist, PSY 18857

Love · Reply · 3w · Edited 2

James Ricker replied · 1 Reply

Craig Childress
Another thing I like about your position is that you remain entirely frontal lobe executive function systems - logical, rational, reasoned.

The pathogen is limbic-emotional, it rants and vents its emotions because it cannot regulate them. We need to remain in our higher processes, that's executive function systems - reasoning, logical, rational, foresight and planning ahead.

Part of the frontal lobe thinking system is called the prefrontal cortex, this part of the thinking system is ACTUALLY part of the emotional system, all the wiring for the prefrontal cortex area in our frontal lobe - our thinking systems - is wired into our emotional systems.

This area, the prefrontal cortex regulates our emotions. This is a really-really important place and function - to get a handle on our emotions.

I know all about the prefronal cortex and regulating emotions. I'm an early childhood specialization psychologist, ages zero-to-five. That age-range is ALL about the developmental capacity for regulating emotions - bit-by-bit.

The pathogen vents in vitriol and accusations of "abuse" and maltreatment. This provokes our emotional responses. It is better to remain well-regulated, reasoned, logical, rational... and persistent - relentless.

Craig Childress, Psy.D.
Clinical Psychologist, PSY 18857

Love · Reply · 3w · Edited 1

Craig Childress
My goodness, your post has prompted response after response from me. One leaves and the next one enters.

Standard 1.05 of the APA ethics code says if my ethical

In this situation you reported, the possible ethical violations are not currently of harm to an identified client or person, so current harm considerations of Standard 1.05 do not apply.

However, as you noted in your statement of personal experience with this professional, other future clients may be harmed by their failure to self-reflect and grow in understanding from the experience. Continuing concerns exist for harm to future clients. Standard 1.05 is applicable for me.

The next question is what is an appropriate response under Standard 1.05? The identified possible options are not relevant here, I do not have sufficient personal experience based on an Internet post.

In my professional estimation, the appropriate response from me under Standard 1.05 is to notify the person making the statements of how they may choose to seek protection for future clients of this organization.

The state licensing boards for mental health professionals are consumer protection agencies. The issue of concern is protection of the future consumers of mental health services from this agency based on your personal experience as reported.

I note your desired remedy of the organization's self-reflection and growth in understanding from the experience. This is often the same view of the licensing board. It's not necessarily about punishment, it's about ensuring that the professional understands their professional obligations.

When I encounter a client who reports sexual relations with their prior therapist, I am mandated by California state law to provide my client with a brochure produced by the state Board of Psychology, and that I discuss with the client the violation of professional ethics and boundaries that was involved in the prior situation.

I don't breach confidentiality, that's not my role, and I was not there. I educate and empower the client to respond appropriately.

Court-involved psychologists are often-often the target of unhappy people. The assumption by licensing boards is, "Just another disgruntled parent because things didn't go their way in the custody fight."

That's not true, their assumption is not true. However, parents need to make more reasoned arguments based on ethical standards of practice, not emotional

hard for their education and practice. They entered a field of a helping profession - health care - mental health care.

At the same time, I have three obligations as a clinical psychologist, in this order; 1) to the client, 2) to society, 3) to me personally.

I'm third on that list. That's what being a clinical psychologist means. I explain this to every intern and trainee - it's called the "duty of care."

We have two legally binding duties as clinical psychologists, the duty of care and the duty to protect. I have no duty of care to people on the Internet, no formal psychologist-client relationship has been established.

However, I also have obligations to broader society required by legal precedent, I simply cannot ignore and walk away. My response here indicating possible referral for additional administrative review based on your reporting fulfills my obligations under Standard 1.05 of the APA ethics code.

Craig Childress, Psy.D.
Clinical Psychologist, PSY 18857

Love · Reply · 3w · Edited

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