Shrinks Gone Wild 5: "Immersion Therapy"

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Shrinks Gone Wild 5: "Immersion Therapy"

by Marshal S. Willick | Jun 2, 2017

A legal note from Marshal Willick about a particularly pernicious practice being pushed blindly by certain Mental Health Professionals ("MHPs") who should know better, to the damage of innocent children and their parents.

I. BACKGROUND

MHPs in Family Court have a lengthy and troublesome history, which has been detailed in these newsletters over the past five years, including disregard for the legal standards in custody and relocation cases (Legal Note Vol. 34), the incompetent arrogance of some MHP Parenting Coordinators (Legal Note Vol. 51), the attempt by certain MHPs to evade legal standards entirely (Legal Note Vol. 55), and the warning that if MHPs did not abide by legal standards and case law, the court system might do away with outsourced evaluations and parenting coordinators entirely (Legal Note Vol. 62), all posted at https://www.willicklawgroup.com/newsletters/.

This note concerns a fad "treatment" called "Immersion Therapy." It has been enthusiastically embraced by a few MHPs – apparently without adequate research – and is being used in lieu of actual work and legitimate therapy, out of negligence, laziness, ineptitude, or worse. When mis-applied, as it was in the case detailed here, such "therapy" amounts to state-sanctioned abuse that no civilized society would inflict upon a prison inmate, nevertheless a child.

II. WHAT "IMMERSION THERAPY" IS

The basic theory is that to overcome resistance to reunification with an estranged parent, a child is transferred to the sole custody of that parent, denied access to the "accepted" parent, until a "breakthrough" is achieved in which the child "accepts" the "rejected" parent.

An MFT intending to impose this "therapy" turns to a summary "checklist" for "pathogenic parenting" where in minutes to a few hours, the MHP can "determine" that the parent with whom a child is living is "pathogenic." The checklist was created by Craig Childress, a Psy.D in California, and a faculty member at California Southern University, which appears to be a "distance-learning," on-line outfit, rather than a real school.

Mr. Childress attacks the writings of researchers and authors who address parental alienation ("PA"). He claims that he (apparently magically) "knows": (1) what causes PA by accepted parents; and (2) how to "treat" the child's rejection of the other parent. He has self-published a book through a "boutique" publisher about

how his construct works, and maintains an elaborate Facebook page and web site to argue his views. There, he bemoans the "abject ignorance" of those who don't agree with him.

Mr. Childress contends that an "accepted parent" is "re-enacting" the accepted parent's own (completely ***assumed***) "traumatic attachment history," and further maintains that the child's estrangement from one parent ***proves*** that the ***other*** parent has a "narcissistic/borderline personality," with a tendency to "split" the world into all-good and all-bad components.

Mr. Childress apparently rejects the idea that "reunification" can be facilitated by work with the child and both parents (i.e., normal family therapy). Instead, he proposes that the ***only*** solution is what he labels "protective separation" of the child from the accepted parent. During this period of separation, the child experiences "treatment" with the goal of "coming to enjoy and seek to be with" the formerly rejected parent.

If the child is "successful" in meeting this goal for 10 weeks, two one-hour Skype or phone sessions per week with the formerly-accepted parent will be "allowed." The child is to be "graded" daily for performance in saying that the child is happy and enjoying each day.

According to Childress, this process "empowers" the child: "It is in the child's power to extend or shorten the treatment period. If the child continues to remain symptomatic [i.e., continues to express rejection of a parent], then the "treatment" period can be continued to six months or longer. However, if the child "chooses to become non-symptomatic" [i.e., says what is demanded of the child], then the treatment period can be ended in as little as 8 weeks or less, based on the child's behavior."

In other words, stripped of psychological double-speak, the professed goal of this "treatment" is to break the child's spirit. It is what was done to Patty Hearst when she was kidnapped by the Symbionese Liberation Army, essentially screwing her up for life.

III. THE MOST OBVIOUS INDICATORS OF JUNK SCIENCE

Childress argues that a study design ***can be*** used to demonstrate the "effectiveness" of his method, but neither he nor anyone else appears to have ever actually ***done*** so.

Nor does Childress take into account the effect of maturational change; Childress apparently treats 2 year olds and 17 year olds identically. The "Cope" materials that every divorcing parent has been required to attend for decades says that ***every*** parenting plan must take into consideration "developmental stages and implications for visitation." But not for MHPs wielding the hocus-pocus of "immersion therapy," apparently.

As far as can be determined, Childress' ideas have ***never*** been empirically tested, nor have they been peer-reviewed. Although Childress proclaims that his methods are "well established in scientific literature," he fails to cite to a ***single*** source or reference supporting his proclamations.

In short, as far as we have been able to determine, the entire construct is junk science posited by a quack. ["Junk science" (noun): untested or unproven theories when presented as scientific fact, especially in a court of law.]

In mainstream psychological work, any determination of "pathogenic parenting" ***requires*** longitudinal study – in other words, actual forensic work to ascertain the family dynamics, their potential causes, and appearance of psychological dysfunction by anyone involved that might present an explanation or insight – not an hour or two with a parent and child and filling out a self-serving conclusory checklist.

The entire "immersion therapy" construct appears to be Kafka-esque – instead of trying to determine the actual dynamics and then looking for potential causes, the approach is to identify an estrangement between one parent and a child, and then ***conclude*** that it is the ***other*** parent's fault, based on completely un-investigated diagnosis of psychological malfunction in that other parent. The concept that the estrangement might be due to the abusive or other bad acts of the estranged parent does not, apparently, ever even merit investigation.

Diagnosis of one person by looking at the behavior of another person, without testing or evaluation, is a great time-saver, but in terms of causality, is nuts. It is the psychological equivalent of proclaiming that drought is proof of God's wrath at the lifestyle of the farmers.

IV. SOME LEGITIMATE PSYCHOLOGICAL STEPS

At the last annual Family Law Section Conference, held in Bishop, California in March 2017, the Section heard from the acclaimed Dr. Stanley Clawar, co-author of the well-respected textbook on parental alienation entitled *Children Held Hostage*.

The steps set out by Dr. Clawar for the identification and remediation of apparent "parental alienation" – which are consistent with the ethical guidelines set out by the American Psychological Association ("APA") and the Association of Family and Conciliation Courts ("AFCC"), include:

Time Frame – Experts should be cautious about getting involved in cases that have long histories, especially if they are asked to deliver a report within a short time. The ability to conduct thorough research within a short time frame is rarely possible.

A Thorough Review – Ethical guidelines ***require*** that experts thoroughly review existing case materials, meet and study the relevant parties, and carefully draft a

report in order to gain a comprehensive understanding of the case. This allows determination of possible causes of estrangement.

Objectivity – Looking at all facets of the social context within which the child has been socialized is expected. Objectivity involves introducing all relevant data or inclinations. It also includes taking into consideration that changing social structures and family culture is at least as important as individual therapeutic interventions.

V. THE CONTRAST BETWEEN "LEGITIMATE" MFT INVOLVEMENT AND WHAT HAPPENED IN THIS CASE

A case we were engaged to appear in illuminates the dangers of an unthinking embrace of Childress' untested theories.

The MFT involved, referred to here as "LMFT X," appears to have embraced Childress' construct to the exclusion of anything requiring any actual effort, investigation, or thought. Having decided that estrangement = parental alienation, the MFT immediately prescribed Childress' "only remedy": when your only tool is a hammer, everything looks like a nail.

Going over Dr. Clawar's minimal steps of legitimacy, the "efforts" made by the MFT here failed at every turn. What we discovered when we obtained the MFT's case file by subpoena was shocking.

"Time Frame": LMFT X met with Dad for approximately an hour and a half, and ***never*** had a conjoint meeting with Dad and the child. The MFT spent approximately 8 hours ***total*** on the case interviewing the Dad, Mom, the child at issue, and the child's brother, over a 9 month period. But the magical Childress "checklist" used only leads to one conclusion.

"Thorough review": LMFT X apparently did not review any material from this case – not the prior custody evaluation by a Ph.D. psychologist, not the extensive session notes from the licensed psychologist who functioned as the Parenting Coordinator for over five years, not even any of the pleadings. The facts and history apparently required too much effort to review, and since there is only one "treatment," were considered irrelevant.

"Objectivity": LMFT X apparently considers objectivity to be an outdated notion. Instead, relying on Mom's statements, the MFT started out ***looking*** to find "pathogenicity" instead of trying any objective method of identifying causation or seeking to develop a reunification plan that was in the child's best interests while taking into consideration the child's existing social structures and family culture. It's no wonder the MFT "found" it.

The background of the case is that multiple stipulations were filed by the parties for years given ongoing conflict between Mom and child, leaving the child in Dad's

exclusive custody. The last stipulation included the provision that the child was given discretion and the authority to "choose the household in which she will reside and the duration of her stay, including all holidays and other specially designated days set forth in the parties' prior agreements."

The child remained in Dad's nearly exclusive custody for the next two years, during which time she was happy, healthy, attained a better-than-4.0 grade point average, and made plans to start college early.

Given the years of essential non-contact between the child and Mom, the parenting coordinator recommended in the summer of 2016 that the now 16-year-old child and Mom "participate in reunification therapy," naming a couple of potential providers of such services. Unbeknownst to Dad, Mom met with one of those providers (LMFT X) and hired her.

By subpoena, we found out that, during that first meeting with Mom – having never seen or talked to the child or Dad – LMFT X had already provided an "Assessment" stating "There seems to be evidence of pathogenic parenting and entitlement." After ***one*** meeting, with ***one*** parent.

LMFT X adopted Mom's contention that the child having lived almost exclusively with Dad for over the past two years was *temporary*; ignoring Mom's repeated destructive behavior for multiple years, the MFT pretended as if Mom and child started having problems the prior week.

Never mentioned in LMFT X's "reports" was that Mom unilaterally hired the MFT prior to taking on a purportedly forensic role – the ***obvious***inherent conflict and bias were not even mentioned in any statement. The fact that the parties had expressly stipulated to provide the child full teen-age discretion was also ignored by Mom, the MFT, and the Court.

LMFT X did manage to spew a number of buzz words – "entitlement," "attachment suppression," "victimization," etc. to support the predetermined conclusion that Dad "must be" alienating the child from Mom. As noted above, using observation of one person to improperly, unprofessionally, and unethically "diagnose" someone else is inexcusable.

The submissions of LMFT X contain zero ***consideration*** of the possibility that ***Mom's*** behavior over the prior years might have had something to do with the deterioration of her relationship with the child. That blindingly obvious possibility is apparently not on the Childress summary checklist.

LMFT X did little in the way of actual "investigation." Taking Mom's conclusory allegations as facts, the MFT failed to even review documentation to the contrary from either the child custody evaluator or the long-serving parenting coordinator.

In any rational world, LMFT X would not have even been considered as potentially ***eligible*** for appointment under NRCP 53 based upon the MFT's already-existing alignment with Mom. Under *Harrison v. Harrison*, 132 Nev. ___, ___ P. 3d ___ (Adv. Opn. No. 56, July 28, 2016), the MFT was precluded by law from performing judicial functions, such as "deciding legal or physical custody arrangements," and any court choosing to use an MFT in such a role is ***required*** to provide for an objection procedure to ensure appropriate judicial review. But none of that happened here.

VI. THE RESULTING HORROR SHOW

Based on Mom's "feeling" that "an alignment formed" between child and Dad, LMFT X and Mom decided to "remove" child from Dad's custody – no matter Nevada law, legitimate investigation, objective evaluation, or the factual history.

The program was delayed, however – before it could be presented to the Court, Mom and her husband became drunk and belligerent at a concert they attended with the child's younger brother and one of his friends.

As revealed in the interview notes we got when we subpoenaed LMFT X's work file, the brother reported that "last weekend he was with mom and since she was drinking so much there was conflict and mom called him a mother****** and she fell on his friend and spilled her beer. Mom reports she addressed it with [brother] and his friends." Because Mom and her husband were so intoxicated, the 14-year-old brother refused to ride home with them and sought alternate transportation home from the concert.

LMFT X decided to not report that incident to the Court while making plans to remove the child from Dad's home and leave her in Mom's sole custody.

The parenting coordinator, however, heard about it and ***had*** thought the incident to be important. He directed Mom to submit to a substance abuse evaluation through another local doctor. That evaluation revealed that Mom and her husband's drinking "may have played a prominent role in the deplorable conduct exhibited" by Mom and her husband at a special event when the child at issue was 12, when Mom drank until she blacked out. LMFT X never mentioned any of ***that*** history in making her recommendations, either.

The parenting coordinator had recommended that any reunification therapy begin subject to Mom following the alcohol assessment doctor's recommendations. But LMFT X had only the Childress program in mind, and was not going to allow facts to interfere.

LMFT X's case file showed a "conjoint session with Mom and child" at which the child [pretty rationally] "stated that 'she wants to know what the goals of reunification are from mom.'" The child, having been informed of Mom's recent drunken antics with the child's brother at the concert, expressed the belief that "it

is very hard for her to accept that mom has changed when she does not see that she has changed. Child states her brother told her that mom has not changed."

LMFT X, operating off of the Childress checklist, concluded that the child's comment was caused by ***Dad's*** "psychological malfunctions" rather than Mom's years-long pattern of drunken boorishness.

LMFT X drafted a report based on the Childress program calling to summarily remove the child from Dad's custody. Two days before the scheduled hearing, Mom failed a breathalyzer exam at 7:00 a.m.; the MFT decided not to alter the report to mention ***that*** fact, either.

The day before the hearing, the MFT's report was submitted to the court *ex parte*, pretending neutrality, and blaming Dad for the child's estrangement from Mom due to the handy-dandy Childress checklist, making no mention of Mom's repeated problems with alcohol. There was no time for Dad's counsel to investigate or rebut the "report."

Unfortunately, the Court – not being informed of relevant information and apparently trusting the MFT to be an honest neutral – bought it. The Court approved the immediate removal of the child from Dad's home and left her solely with Mom, cut off from all communication with Dad or the child's siblings at Dad's house, and setting a status check 60 days out.

Mom set up cameras throughout the house to keep the child under surveillance at all times. Over the next four weeks, the child reported to LMFT X that she was miserable, anxious, had no appetite, and was not sleeping well. She reported being terrified by the way Mom's husband "stared at her." The child was very allergic to the multiple cats Mom kept in her house, and fell ill despite the medicine she had to take every day to try to breathe. Her school grades plummeted. The MFT saw no reason to report ***any*** of that to Dad, or to the Court.

Per the Childress "program," the child was "graded" daily on her "performance" and was told by LMFT X that "her choice to delay adjustment is extending the time she is away from her father." The child was repeatedly instructed that only if she parroted back the scripted "adjustment, normalcy, and happiness" would she be "rewarded" by permission to have contact with her siblings, father, and prior life.

As the child's illness dragged on, she was taken to her pediatrician, presenting "with shortness of breath, cold symptoms, and cough," which had been present for four weeks. The doctor noted that the medicine she was taking to be able to breathe was only partly effective. He suggested an immediate trip to the ER if her physical symptoms worsened.

The doctor also documented the child's decreased eating, difficulty sleeping, dropping grades, and that every interaction the child had with LMFT X "makes it worse." He found the child to be suffering from depression and previously non-

existent "emotional problems," recommended an immediate visit with a psychologist, and considered prescribing mood-altering drugs to help the child cope.

Neither Mom nor LMFT X revealed any of that to the Court.

Being made by Mom and LMFT X to parrot how "happy" she was and how much she was "enjoying herself," the child was "permitted" a brief phone call to Dad, and relayed some of the above. Dad, alarmed, had his attorney seek an immediate motion on order shortening time and subpoena the MFT's file. Mom's counsel delayed the scheduled hearing by another two weeks, during which efforts to break the child continued.

Dad hired this office to substitute into the case. We performed a Rule 11 investigation and contacted the pediatrician; the subpoenaed MFT's case file arrived two days before the scheduled hearing.

The day before the hearing, LMFT X again submitted a last-second *ex parte* "report," crowing about how "wonderfully" the child was "progressing" with Mom, while mentioning ***nothing*** about the child's poor health, depression, sleeplessness, or falling grades. Instead the MFT reported "success" in getting the child to "approve" of Mom's plan to resume a week-to-week shared custody schedule.

The long-serving parenting coordinator, in the meantime, having been alerted to what was happening to the child, directly wrote to the Court stating that the "program" was ***not*** in the child's best interest, and denying, based on his long observation, that Dad was the cause of the child's estrangement from Mom.

When we finally got to court, Mom's counsel reported how Mom was "thrilled" with the situation. We reported how we had just discovered how the child was actually being treated, and the child's condition.

Dad was allowed to pick the child up from school that day, and a return date was set after time for the child to see her psychologist and report what she ***actually*** thinks and believes.

VII. THIS APPLICATION OF "IMMERSION THERAPY" WAS INEXCUSABLE

In the science fiction series Babylon 5, Commander Sheridan is captured and tortured at length, forced to listen over and over to a recording: "You'll answer my questions when they are asked. Resistance will be punished. Cooperation will be rewarded." That is what was done to this 16-year-old girl for a month and a half.

Any government that used those techniques on convicts would be slapped with a federal lawsuit asserting – correctly – a violation of the Constitutional ban on cruel and unusual punishment under the Eighth Amendment. Yet MHPs are doing this to ***children***?!?

Prisoners who are waterboarded, isolated, sleep-deprived, and kept under constant surveillance eventually break and will tell their interrogators anything they think they want to hear. It does not mean they are telling the truth, and it seems unlikely to "forge a healthy relationship" between prisoner and jailer.

Rather, as used here, "immersion therapy" appears to be a means of trying to generate the Stockholm syndrome (noun: feelings of trust or affection felt in certain cases of kidnapping or hostage-taking by a victim toward a captor.)

It is impossible to minimize the horrific conduct of the MFT involved in this case. The MFT actively suppressed relevant information from the Court's attention, reporting falsely by omission and commission, while orchestrating the abuse of a 16 year old girl whose academics were trashed and who was rendered physically and mentally ill.

The MFT did all that without ever conducting any kind of investigation, testing, or evaluation that could have possibly led to such drastic measures – in fact, while ***ignoring*** massive data indicating that every part of the planned "program" was contra-indicated.

The AAML Bounds of Advocacy require an attorney representing a parent to "consider the welfare of, and seek to minimize the adverse impact of the divorce on, the minor children." Condoning what amounts to torture of a child because the parent "wants a relationship" is incompatible with that ethical duty.

It is true that Nevada public policy is to "ensure that minor children have frequent associations and a continuing relationship with both parents after the parents have ended their relationship, become separated or dissolved their marriage." NRS 125C.001.

It is ***also*** true, however, that "in any action for determining physical custody of a minor child, the sole consideration of the court is the best interest of the child." NRS 125C.0035.

These are not conflicting concepts. The point is to determine – not ***presume*** – the truth. There will be cases where one parent has caused or actively encouraged an estrangement between a child and the other parent, and courts should take such steps as are practicable and reasonable to remediate such estrangements, possibly including having the child reside, in part or entirely, with the estranged parent for some time.

But there will also be cases where a parent's poor behavior – often over a period of years – has crippled that parent's legitimacy as a parental figure and where it is rational, reasonable, and very much in the child's physical, mental, and emotional best interest to minimize contact with that parent. In ***those*** cases, the best interest of the child takes priority over "general public policy" and the wishes of the estranged parent.

The trick, of course, is to tell those situations apart, and address them appropriately. Doing so requires actual ***work*** by lawyers, judges, and any MHPs involved. It is beyond "absurd" – it is ***insane*** – to reverse cause and effect and conclusively ***presume*** that a child's estrangement from one parent can "only" have been caused by the other parent, and "frequent associations" are not to be achieved "at any cost."

"Incompetent" and "unethical" do not begin to describe what Mom's MFT did in this case. It can only be hoped that the child can recover from her trauma, regain both her equilibrium and her health, and return to her studies without her promising academic career having been ruined.

VIII. CONCLUSIONS AND RECOMMENDATIONS

Courts must give ***much*** greater scrutiny to ***any*** proposed use of "immersion therapy." It should ***only*** be even considered when there is unequivocal evidence that the other parent is the ***cause*** of estrangement between a parent and the child. Any such use must be carefully monitored by competent unbiased professionals who truthfully investigate the underlying situation and accurately report to the Court with a first priority being the well being of the child.

The entire concept of "immersion therapy" should be treated with great skepticism until valid forensic literature appears indicating that potential benefits outweigh the obvious trauma, damage, and harm it inflicts. In the meantime, the MFT involved in this case should not be allowed within 1,000 yards of any child.

IX. QUOTES OF THE ISSUE

"Despicable means used to achieve laudable goals render the goals themselves despicable."
– Anton Chekhov, Letter to A.S. Suvorin (August 1, 1892)

"Nothing is more terrible than ignorance in action."
– Johann Wolfgang von Goethe, 1749-1832

"When you believe in things you don't understand, then you suffer . . . superstition is the way."
– Stevie Wonder
……..

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