

I'm a treatment provider for a case of AB-PA. I'm writing a report for the court in that matter. I want to share with you my DSM-5 diagnosis for the pathology, directly from my report. This is cut-and-paste from my report, this is my DSM-5 diagnosis for each member of the family, 10/20/19.

DSM-5 Diagnosis Child

V995.51 Child Psychological Abuse (victim, active, father)

ICD-10 F24 Shared Psychotic Disorder (shared persecutory delusion; father primary case)

DSM-5 Diagnosis Father

297.1 Delusional Disorder (persecutory type)

ICD 10 F24 Shared Psychotic Disorder (shared persecutory delusion; father primary case)

V995.82 Spouse or Partner Abuse, Psychological, Confirmed (perpetrator; continued risk, no insight)

V995.51 Child Psychological Abuse (perpetrator, active)

DSM-5 Diagnosis Mother

V61.11 Encounter for mental health services for victim of spouse or partner psychological abuse

That's not a pretend diagnosis, an "if-only" diagnosis. No, that is my actual DSM-5 diagnosis for the family. I'm the treatment provider, I've been involved in the case for nearly a year. I have met multiple times with everyone involved. If you don't think the solution is here, right now... it is. I'm making this diagnosis when this pathology comes into my private practice.

So... why aren't others? Your psychology people, why aren't they making this diagnosis for this pathology? Either I'm wrong, or they're wrong. If I'm diagnosing child abuse and they're not, if I'm diagnosing a delusional pathology and they're not... one of us is wrong. It's not me.

My diagnosis is always accurate. If I don't know something, I say "I don't know." But when I give a DSM-5 diagnosis, it's always accurate.

This is my DSM-5 diagnosis of this pathology.

If I'm wrong... I'm not.

If they're wrong, then they are not diagnosing child psychological abuse when it is present, they are not diagnosing delusional-psychotic pathology when it is present. That's a problem.

Missed diagnosis... misdiagnosis. That is a serious problem. If the physician misdiagnoses cancer, the patient dies, heart disease, the patient dies, tumors, infections, the patient dies. Misdiagnosis is not a good thing.

This is not some "tomorrow maybe the world will change" thing. This is a today, right now, diagnosis of pathology thing.

That is my DSM-5 diagnosis of this pathology - today, 10/20/19 - in a treatment report headed to the court. I am a clinical psychologist. I am licensed by the state of California to diagnose pathology. It's what clinical psychologists do.

I have over ten years' experience diagnosing delusional-range pathology working at a UCLA project on schizophrenia, where I was trained to reliability every year for over ten years by the Diagnostic Unit at the Brentwood VA on rating delusional and psychotic pathology using the Brief Psychiatric Rating Scale (BPRS), Wikipedia: "...one of the oldest, most widely used scales to measure psychotic symptoms and was first published in 1962."

I know what an encapsulated persecutory delusion looks like. It looks exactly like the symptom being displayed in these children. The "primary case" of the persecutory delusion is the allied parent. This

parent is creating the persecutory delusion in the child in order to use the child as a weapon of IPV spousal abuse.

See that, it's in my diagnosis. My DSM-5 diagnosis explains it all. Not a theory... diagnosis, DSM-5, American Psychiatric Association.

Today. Now. Immediately. The solution is here, it's always been here, you've had the ruby slippers this whole time, there's no place like home, there's no place like home...

Diagnosis. Misdiagnosis.

Why are they misdiagnosing pathology? Because they're ignorant and incompetent mental health people. That should be obvious. If they are misdiagnosing pathology... duh... it's because they're ignorant, AND, misdiagnosing pathology is incompetent professional practice.

If you are misdiagnosing pathology, it's because you are ignorant, and if you are misdiagnosing pathology, that's means you're incompetent.

Google:

noun: **ignorance**

1. lack of knowledge or information.

adjective: **incompetent**

1. not having or showing the necessary skills to do something successfully.

They are ignorant, and because of their ignorance they are incompetent.

That's not me being mean, my saying that, that's just using language.

We're not looking for incremental changes, and we're not trying to convince anyone about anything. Do your job.

Diagnose pathology. Use the DSM-5, and diagnose what the pathology is. You are a mental health person, do your job. And if you misdiagnose pathology, you are an incompetent mental health person - i.e., "not having or showing the necessary skills to do something successfully."

If that's because you don't know attachment pathology, and family systems therapy, and personality disorders (Bowby, Minuchin, Beck) that makes you ignorant AND incompetent. See how language works? You are ignorant and incompetent, you are misdiagnosing pathology.

Delusional pathology... that's psychotic-range... yikes... you are a mental health professional and you are entirely missing identifying a delusional-psychotic pathology that's sitting right in front of you... wow... that's pretty incompetent. You can't even diagnose psychotic pathology when it's sitting right in front of you, and you're just... whooosh, not a clue.

Psychotic delusions of persecution and not a clue.

Seriously, psychologist to psychologist, that is way incompetent diagnosis.

And you ignorant and incompetent (no offense, just language) mental health people who are giving the child a PTSD diagnosis... look at Diagnostic Criteria 1 of the PTSD diagnosis... the number 1 criterion for a diagnosis of PTSD... exposure to death or rape.

Has the child been exposed to threatened death? No. Has the child been raped? No. Criteria 1 for PTSD is not met. It's not PTSD. It doesn't even meet the very first criterion for PTSD.

See how diagnosis works? Does it meet the diagnostic criteria? No? Then it's not that diagnosis.

Diagnosing the child with PTSD when there is no death or rape trauma... is misdiagnosis. That's

incompetent professional practice... "not having or showing the necessary skills to do something successfully."

You didn't diagnose pathology successfully, because you don't have the skills.

Do you know how to diagnose a delusion? Use the BPRS. Have you been trained in the BPRS? No? See, you "don't have the skills" needed to diagnose pathology successfully... you're incompetent.

I'm not being mean, I'm using language. You are ignorant, and because you are ignorant you are also incompetent. You are an ignorant and incompetent mental health professional.

That's my diagnosis of this pathology, up there, cut-and-paste from a current treatment report of mine - I'm the treatment provider, the family therapist. My diagnoses vary with the family and situation, but for the most part this court-involved high-intensity family conflict receives some variant of the above DSM-5 diagnosis.

The DSM-5; American Psychiatric Association. It has value. Why do you think the American Psychiatric Association goes to all that trouble of creating this diagnostic system if it's not valuable? Diagnosis is valuable. It guides treatment.

The treatment for cancer is different than the treatment for diabetes, and the treatment for delusional pathology is different than the treatment for a misdiagnosis of PTSD. In order to know what to do about a pathology, it's really-really important that we have an accurate diagnosis of what the pathology is... first. This is not a solution for some distant future. The Gardnerian PAS "experts" have got you lulled into slumber by their poppies of "parental alienation" - endless fighting, trying to convince someone of something, someday, eventually... No. Not even.

It's simply a matter of diagnosis. The mental health people are ignorant and incompetent. Simple as that. If they are not ignorant and incompetent then they give an accurate DSM-5 diagnosis for the pathology. Once parents wake from their sleep and their impotence imposed on them by the Gardnerian "experts" and realize that this solution has been available this entire time... I suspect they're going to be pretty pissed at forensic psychology and the Gardnerian PAS "experts."

Do you mean that this entire time, the problem has been that the forensic psychology and Gardnerian PAS "experts" have been completely ignorant and incompetent? Yep. It could have been solved at any point by an accurate DSM-5 diagnosis of the pathology.

That's my diagnosis, up there, cut-and-paste from my treatment report. If that's my DSM-5 diagnosis for this pathology, why isn't it the diagnosis of other mental health people? One of us is wrong.

It's not me.

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