Solutions to High-Conflict Divorce in the Family Courts: Presentation to the PA House Children and Youth Committee


Parental Alienation: Lost love, lost childhoods, destroyed families
In the 1980s, a psychiatrist, Richard Gardner, proposed the existence of a supposedly new type of pathology he called "parental alienation" which he claimed represented a "new syndrome" — a new form of pathology unique in all of mental health; supposedly identifiable by an equally unique new set of symptom identifiers made up specifically for this pathology alone.

In proposing the existence of a supposedly new form of pathology, Richard Gardner led everyone off the path of professionally established constructs and principles and into the wilderness of "new forms of pathology" proposals.

We can fully solve this form of attachment-related family pathology as long as we stay on the path of established professional constructs and principles, and don't go wandering into the wilderness of supposedly "new forms of pathology."

**AB-PA: Established Professional Psychology**

An attachment-based model of “parental alienation” (AB-PA) returns us to the established path of professional constructs and principles. An attachment-based model of “parental alienation” defines the attachment-related family pathology of “parental alienation” surrounding divorce entirely from within standard and established constructs and principles of professional psychology:

- The attachment system
- Parental personality pathology
- Family systems constructs
- The transmission of complex trauma

AB-PA is not a theory, it is diagnosis. Diagnosis is the application of standard and established constructs and principles to a set of symptoms.

AB-PA returns us to the established path of professional psychology.
Family Structures & Divorce

Divorce ends the marriage. It does not end the family.

Prior to the divorce, the family was united by the marriage in an intact family structure.

With the divorce, the family must transition to a new, separated family structure, that is now united by the child, and by the shared bonds of affection between the child and both parents.

The “Loyalty Conflict”

However, when one parent has prominent narcissistic personality traits, this parent does not allow the family to make a successful post-divorce transition to a healthy separated family structure.

Instead, this parent creates high levels of conflict in the family and psychologically manipulates the child by forcing the child to “take sides” in the spousal conflict surrounding the divorce.

The Cutoff Family Structure

Instead of transitioning to a healthy separated family structure, the narcissistic or borderline personality pathology of one parent diverts the family into an unhealthy and pathological cutoff family structure in which the child is induced into rejecting a formerly beloved and normal-range targeted parent.

The narcissistic-borderline personality parent essentially “kills” the children of the other spouse in revenge and retaliation for the divorce.

The attachment-related family pathology of “parental alienation” is a brutal form of psychological domestic violence in which the children are turned into weapons of revenge by a narcissistic-borderline personality parent.

Children should never become weapons in their parent’s divorce.
The attachment system is the brain system that governs all aspects of love and bonding throughout the lifespan, including grief and loss. A child rejecting a parent is fundamentally an attachment-related pathology (a problem in the love and bonding system of the brain).

The attachment system developed across millions of years of evolution involving the selective predation of children. Children who formed strong attachment bonds to parents received parental protection from predators, and their genes for forming strong attachment bonds to parents increased in the collective gene pool. Children who bonded less strongly to parents fell prey to predators (and other environmental dangers) and their genes for forming weaker attachment bonds were systematically removed from the collective gene pool.

Over millions of years of evolution, a very strong and very resilient brain system developed that powerfully motivates children to form strong attachment bonds to parents.

Children do not reject parents – not even bad parents.

Bad parents more fully expose children to predation (and other environmental dangers). Children who rejected bad parent were more likely to die, and their genes for rejecting bad parent were systematically removed from the gene pool.

On the other hand, children who became MORE strongly motivated to form attachment bonds to a bad parent were MORE likely to receive parental protection and survive, and their genes for MORE strongly motivating them to form an attachment bond to a bad parent increased in the gene pool.

Over millions of years of evolution, the attachment system MORE strongly motivates children to form an attachment bond to a bad parent. This is called an “insecure attachment.”
Family Systems Pathology

Families must adapt to a range of transitions over the developmental course of the family; the birth of the child, the increasing developmental maturity of the growing child, the emergence of adolescent independence, and the launching of young adulthood and the “empty nest.”

When a family is unable to successfully adapt to a transition, symptoms emerge to stabilize the dysfunctional family adaptation.

Divorce is one of the most impactful and difficult transitions a family can make, from the previous intact family structure united by the marriage, to a new separated family structure united by the child through the shared bonds of affection between the child and both parents.

One parent’s inability to adequately process the sadness surrounding divorce can lead this parent to triangulate the child into the spousal conflict through a cross-generational coalition with the child against the other parent.

The allied and supposedly “favored” parent enlists the child as an ally against the other parent/(spouse) by blaming the other parent for the divorce and by convincing the child through manipulative techniques of psychological control that the child is supposedly being “victimized” by the other parent.

Kerig describes the process of psychological control in the Journal of Emotional Abuse:

From Kerig: "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."

Personality Disorder Pathology

The narcissistic personality cannot process the feelings of sadness. Instead of sadness, the narcissistic personality translates these feelings into “anger and resentment, loaded with revengeful wishes.” This creates the “pathological mourning” surrounding the divorce that prevents the family’s transition to a healthy and functional separated family structure.

Narcissistic and borderline personalities are different manifestations of the same underlying core beliefs:

Self: I am fundamentally inadequate as a person.

Other: I will be rejected (narcissist) and abandoned (borderline) because of my inadequacy.

The narcissistic personality will collapse in response to rejection, and the borderline personality will collapse in response to abandonment (real and perceived).

About 10% of people are have narcissistic or borderline personality pathology.

Divorce inherently triggers the rejection and abandonment vulnerabilities of the narcissistic and borderline personalities. The divorce activates the core vulnerabilities of the narcissistic and borderline parent of exposed inadequacy and rejection-abandonment, collapsing their personality structure.

To stabilize their collapsing personality structures, the narcissistic-borderline parent will triangulate the child into the spousal conflict, create the child’s rejection of the other parent, and use the child’s rejection of the other parent to projectively displace onto the other parent their own inadequacy, rejection, and abandonment.

N/B Parent: “I’m not the inadequate person-(parent), you are. I’m not the rejected and abandoned person-(parent), you are. I am the all-wonderful and ideal parent-(person).”
Complex Trauma Pathology

The attachment system (the love and bonding system of the brain) creates patterns of relationship expectations that guide future bonding.

- Bowlby: Internal working models
- Beck: Schemas
- Freud: Transference

The childhood attachment trauma of the narcissistic-borderline parent that created the personality disorder pathology created a “schema pattern” in the attachment system of: “abusive parent”/“victimized child”/“protective parent”.

The divorce activates TWO sets of representational networks in the attachment system of the narcissistic-borderline parent, one from the past childhood trauma, and one for the current family members.

The simultaneous concurrent activation of TWO sets of representational networks in the single attachment system of the narcissistic-borderline parent creates a neurological fusion – a psychological equivalency in these two networks, one representing past childhood trauma, and one representing current family members.

In the mind of the narcissistic-borderline parent, the other parent becomes the “abusive parent” from childhood, the current child becomes the “victimized child,” and the narcissistic-borderline parent adopts and conspicuously displays the role as the all-wonderful and ideal “protective parent.”

But it is all a false drama, created in the mind of the narcissistic-borderline parent from their own childhood trauma many years ago, being transferred to and reenacted in the current family dynamics surrounding the divorce.

The key to recreating this childhood trauma schema pattern is to induce the child into accepting the “victimized child” role. Once the child accepts the false role as the “victimized child,” this immediately defines the other two roles in the trauma reenactment narrative.
Creating the False Narrative

The childhood attachment trauma of the allied narcissistic-borderline parent creates a schema pattern of “abusive parent”/“victimized child”/“protective parent” that is then superimposed onto the current family relationships.

This is all a false narrative; the child is not being “victimized,” the targeted parent is not being “abusive,” and the allied narcissistic/(borderline) parent is not being “protective” – it is all a false kabuki theater display.

The child’s symptoms are created by manipulative parenting that leads the child into believing that the child is supposedly being “victimized” by the normal-range parenting of the targeted parent.

The allied narcissistic-borderline parent first elicits from the child through leading and directive questioning a criticism of the targeted parent (however minor). The narcissistic-borderline then distorts and inflames this elicited criticism from the child into “evidence” of the supposedly inadequate and emotionally “abusive” parenting of the targeted parent.

The moment the child adopts the “victimized child” role, this immediately defines the targeted parent as the “abusive parent,” irrespective of what the actual parenting of the targeted parent is, and the “victimized child” role also invites the allied narcissistic-borderline parent to self-adopt and conspicuously display the role as the all-wonderful “protective parent.”

Professional Competence

Professional competence requires expertise in four domains of professional knowledge:

- Attachment pathology
- Family systems pathology
- Parental personality pathology
- Complex trauma pathology
Diagnosis

Attachment-based “parental alienation” (AB-PA) can be reliably identified by a set of three diagnostic indicators in the child’s symptom display:

1.) **Attachment System Suppression**: The suppression of the child’s attachment bonding motivations toward a normal-range and affectionally available parent.

2.) **Personality Disorder Traits**: Five specific narcissistic personality traits in the child’s symptom display.

3.) **Persecutory Delusion**: The child maintains a fixed and false belief (delusion) of supposed “victimization” by the normal-range parenting of the targeted parent.

The attachment system never spontaneously dysfunctions. The attachment system ONLY becomes dysfunctional in response to pathogenic parenting (patho=pathology; genic=genesis, creation). Pathogenic parenting is the creation of significant pathology in the child through aberrant and distorted parenting practices.

Pathogenic parenting that is creating significant developmental pathology in the child (diagnostic indicator 1), personality disorder pathology in the child (diagnostic indicator 2), and delusional-psychiatric pathology in the child (diagnostic indicator 3) is a DSM-5 diagnosis of **V995.51 Child Psychological Abuse, Confirmed**.

In all cases of child abuse, physical child abuse, sexual child abuse, and psychological child abuse, professional standards of practice and the duty to protect requires the child’s protective separation from the abusive parent.

The consequences of the child abuse are then treated and the child’s normal-range development is restored. The formerly abusive parent is then reintroduced with sufficient safeguards to ensure that the abuse does not resume upon reintroduction of the abusive parent. This is the standard of practice for all forms of child abuse.
Treatment-Focused Assessment Protocol

A six-session treatment-focused assessment protocol for pathogenic parenting:

Phase 1: Separate individual sessions with each parent to collect history and symptom information.

Phase 2: Direct assessment of the child’s relationship with the targeted-rejected parent.

Phase 3: Assessment of parental schema patterns.

The six-session treatment-focused assessment protocol provides a structured and standardized assessment and data-driven decision-making.

Contingent Visitation Schedule

If the three diagnostic indicators of AB-PA are identified through the treatment-focused assessment, the DSM-5 diagnosis is V995.51 Child Psychological Abuse, Confirmed. Professional standards of practice and the duty to protect requires the child’s protective separation from the abusive parenting of the pathogenic parent.

A potential treatment option of a Strategic family systems intervention may offer a compromise solution to a protective separation. The child’s time with the pathogenic narcissistic-borderline parent is made contingent upon the child’s symptom-free bonding to the targeted parent.

As long as the child remains non-symptomatic, the custody order is for shared 50-50% custody visitation. If the child becomes symptomatic, then the child’s time with the narcissistic-borderline parent is reduced (to reduce the pathogenic influence of this parent who is creating the child’s symptoms) and the child’s time with the targeted parent is increased (to treat the damage caused to their relationship by the pathogenic narcissistic-borderline parent).

The Contingent Visitation Schedule reverses the power dynamic being conferred by the child’s symptoms and removes the child from the “loyalty conflict” being created by the pathogenic parenting of the narcissistic-borderline parent.
Obtaining Professional Expertise

We can absolutely solve the attachment-related pathology of “parental alienation” once we leave the wilderness of Gardnerian PAS and return to the standard and established constructs and principles of professional psychology.

We must first acquire the necessary professional expertise in:

- **Attachment Pathology**: Pathological mourning;
- **Family Systems Pathology**: Cross-generational coalition and cutoff family relationships;
- **Personality Pathology**: Narcissistic and borderline personality pathology;
- **Complex Trauma Pathology**: Trans-generational transmission of attachment trauma.

A YouTube Series is available from Dr. Childress discussing the pathology at a professional level: Professional-to-Professional Conversations with Dr. Childress.

On November 18-20 Dr. Childress will be providing an AB-PA training and Certification seminar in Pasadena, CA. These training sessions will provide the Court and targeted parents with the necessary professional expertise in the required domains of knowledge and the skill sets needed to solve the pathology (conducting a treatment-focused assessment and managing a *Contingent Visitation Schedule*).

In all cases of attachment-related pathology surrounding divorce, targeted parents and the Court should seek a treatment-focused assessment to identify the source of the pathogenic parenting.

If the three diagnostic indicators of AB-PA are identified, then a protective separation of the child from the narcissistic-borderline parent or a Response-to-Intervention (RTI) trial with the *Contingent Visitation Schedule* is indicated.

The severe nature parental pathology in the family will require long-term stabilization by a family systems therapist knowledgeable in personality disorder pathology and family systems therapy.
**Attachment–Related Pathology:**

In all cases of attachment–related pathology surrounding divorce:
- The Court orders a treatment-focused assessment from an AB-PA Certified mental health professional.

If the treatment-focused assessment identifies AB-PA, then the Court constructs an AB-PA Key:
- An AB-PA Certified mental health professional
- An AB-PA Knowledgeable amicus attorney

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**AB-PA Key Solution Pilot Program**

Children4Tomorrow in Houston, Texas is working with Dr. Childress to establish a pilot program for the family court system to bring the necessary professional expertise to the family courts in Houston to solve the attachment-related family pathology of “parental alienation” (AB-PA).

The AB-PA Key Solution is to team an AB-PA Certified mental health professional with an AB-PA Knowledgeable amicus attorney to bring the necessary expertise to solve attachment-based “parental alienation.”

The AB-PA Key solution brings structured and standardized data-driven decision-making and professional expertise to solving high-conflict divorce in the family courts. In all cases of attachment-related family pathology surrounding divorce, the Court will order a treatment-focused assessment from an AB-PA Certified mental health professional.

If the three diagnostic indicators are present, the Court will then assign a new AB-PA Certified mental health professional teamed with an AB-PA Knowledgeable amicus attorney to stabilize the family’s ability to transition to a successful separated family structure, which may include administration of the Contingent Visitation Schedule.

The AB-PA Key Solution Pilot Program will provide the Courts with the necessary professional mental health expertise in the foundational domains of knowledge and professional skill sets of conducting a treatment-focused assessment and managing a Contingent Visitation Schedule through a two-day AB-PA Certification training seminar for mental health professionals and a one-day AB-PA seminar for the amicus attorneys.

The collection of program evaluation data is structured into the AB-PA Key Solution Pilot Program, and Children4Tomorrow is currently negotiating with local area universities in Houston for additional collaborative research participation.
Child Abuse Reporting Laws

Pathogenic parenting that is creating significant developmental pathology in the child (diagnostic indicator 1), personality disorder pathology in the child (diagnostic indicator 2), and delusional-psychiatric pathology in the child (diagnostic indicator 3) is a DSM-5 diagnosis of V995.51 Child Psychological Abuse, Confirmed.

Pennsylvania law appears to reference “mental injury” but does not appear to provide further guidance on how “mental injury” is to be defined.

Amending the child abuse reporting law to provide greater clarity in the definition of child psychological abuse consistent with the DSM-5 diagnostic system would provide a strong and clear message to all mental health professionals regarding their professional obligations to assess for the psychological abuse of children by a severely pathological parent.

The construct of “pathogenic parenting” creating pathology in the child is a recognized construct in both developmental and clinical psychology and is most often used in reference to attachment-related pathology, since the attachment system never spontaneously dysfunctions and only becomes dysfunctional in response to pathogenic parenting.

Identifying the symptom features of concern – the creation of significant developmental pathology, personality pathology, and delusional-psychiatric pathology in the child – highlights the domains of concern for “parental alienation” in high-conflict divorce.

The symptoms of child psychological abuse need to be formally diagnosed by a mental health professional, which provides for the clarity offered by professional expertise and formal professional diagnosis.

Amending the child abuse reporting laws to define child psychological abuse would have a substantial positive impact on achieving a high level of professional knowledge and expertise.
All children have the right of childhood to love both parents, and to be loved by their parents in return.

Each type of parent-child relationship is unique and special; mother-son, father-son, mother-daughter, father-daughter.

No parent-child relationship is expendable, and all parent-child relationships should be valued by our family courts.

Children are never weapons.

And children should never be used as weapons by one parent in the divorce.

It is in the child’s best interests for the family to make a successful transition to a healthy separated family structure.

We can absolutely solve the pathology of “parental alienation” in high-conflict divorce, once we return to the standard and established constructs and principles of professional psychology.