Parental Alienation and Boundaries of Professional Competence


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.

The family and psychological processes classically described as “parental alienation” represent the trans-generational transmission of attachment trauma from the childhood of the alienating parent to the current family relationships, mediated by the narcissistic and borderline personality disorder processes of the alienating parent, that in themselves represent the coalesced product of insecure anxious-disorganized/anxious-preoccupied attachment networks, involving internal working models of attachment centering on themes of core-self inadequacy (producing narcissistic compensatory defenses) and a tremendous fear of abandonment (producing borderline personality processes). The divorce and family’s dissolution activates the alienating parent’s attachment networks to mediate the interpersonal loss experience, which correspondingly activates the alienating parent’s attachment-related trauma networks that are reflected in the pattern “abusive parent/victimized child,” and the narcissistic and borderline personality vulnerability of the alienating parent, that are the coalesced product of the alienating parent’s insecure anxious-disorganized/anxious-preoccupied attachment. Through a misattribution regarding the meaning of the anxiety and a reenactment of the attachment related trauma patterns, the alienating parent forms an intransigently held, fixed and false belief that the other parent, the targeted parent, represents an abusive threat to the child. This intransigently held, fixed and false belief system represents a delusional belief that is maintained because the authentically experienced, but uncomprehended and misinterpreted intense anxiety of the alienating parent, emanating from reactivated attachment trauma networks and personality disorder vulnerabilities that are being directly triggered by the targeted parent (i.e., the abandoning/rejecting attachment figure), locks into place the fixed certainty of the alienating parent in the false belief regarding the other parent’s potential “abusive” threat to the child.

The narcissistic/borderline personality disordered alienating parent then induces the child’s symptomatic rejection of the other parent through distorted communication practices in which child criticisms of the other parent are first elicited through over-anxious and subtly directive prenatal questioning of the child, and the elicited criticisms are then exaggerated and inflamed into supposed “evidence” of the “abusive” parental inadequacy of the other parent by the distorted parental responses of outrage and concern of the alienating parent to these elicited
child criticisms. Over time, a pattern of interaction develops between the child and alienating parent where the child offers criticisms of the parenting practices of the other parent to which the alienating parent offers supportive responses of understanding and concern. This communication pattern takes on the superficial appearance that the child is independently offering the criticisms of the other parent, since the parentally elicited origin of these child criticisms is hidden within the early enactments of this communication pattern, and the child’s role in providing these criticisms of the other parent becomes a well-established ritual over time as the communication pattern is continually repeated.

In this ritualized communication pattern, in which child criticisms of the other parent are first elicited and then inflamed and distorted by the exaggerated parental responses of concern and outrage by the alienating parent, the child is led into adopting the “victimized child” role of the alienating parent’s trauma reenactment scenario. The child’s adopting of the “victimized child” role is the crucial central element in the alienating parent’s trauma reenactment narrative since the child’s victimization role automatically defines the other parent into the “abusive parent” role, and also allows the alienating parent to adopt the “protective parent” role of as the third part of the reenactment of the alienating parent’s attachment trauma.

An attachment-based framework allows for a more fully articulated understanding regarding the complex psychological and interpersonal family processes that are involved in what has classically been referred to as “parental alienation,” which can then be used to guide diagnostic and treatment efforts. From an attachment perspective, the psychological and family processes associated with “parental alienation” require professional expertise in several domains of professional psychology, principle among these is attachment theory, but also personality disorder and trauma-related domains of psychological dynamics. The decompensation of narcissistic and borderline personality processes into delusional-level cognitive attributional distortions of interpersonal processes is also an important domain of professional expertise necessary for clinically competent work with this special population of children and families.

Based on the central role of attachment trauma, as manifested in parental narcissistic and borderline psychopathology, in the psychological and family processes associated with “parental alienation,” competent professional practice requires professional expertise in attachment theory, personality disorder dynamics, trauma and the formation of delusional belief systems, and family systems models of child symptom development and treatment. Based on this required professional expertise, the following knowledge base would be indicated for professionally competent practice with this special population of child and family processes:
Central Reading


Recommended Reading


Suggested Reading


