

Brief for the Kansas Legislature  
Parental Alienation, Equal Shared Parenting, and the Family Courts

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Children are not weapons. Parents should never use their children as weapons in the spousal conflict surrounding divorce. Children are neutral in divorce.

Yet countless destructive parents do just that, use their children as weapons of revenge in the spousal conflict surrounding divorce. As a result, childhoods are being destroyed and normal-range and loving parents are losing their shared bond of affection with their child because of the destructive and pathological parenting of the other spouse, who is using the child as a weapon of revenge in the divorce.

The weaponization of children by a destructive and pathological parent surrounding divorce is being aided by ignorance and incompetence in professional psychology in diagnosing and treating the family pathology surrounding the weaponization of the child in divorce, and by family law procedures that promote family conflict and reward the weaponization of children in divorce. Professional psychology and the family courts should disallow the weaponization of children in divorce, but instead professional psychology and the family courts allow, promote, and reward the weaponization of children in divorce. Children should never be used as weapons of spousal revenge and retaliation in divorce. All children have the right to love both parents, and to receive the love of both parents in return.

The attachment-related family pathology traditionally called “parental alienation” in the popular culture represents standard family therapy constructs of the child’s **triangulation** into the spousal conflict through the formation of a **cross-generational coalition** with one parent against the other parent (Haley, 1977; Minuchin, 1974)<sup>1</sup> that results in an **emotional cutoff** in the child’s relationship with the targeted parent (Bowen, 1978; Titelman, 2003).<sup>2</sup> These are all standard and fully established constructs in family systems therapy; triangulation, cross-generational coalition, emotional cutoff.

This brief describes the symptom features of the family systems pathology based on the established work of John Bowlby, Salvador Minuchin, Jay Haley, Aaron Beck, Theodore

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<sup>1</sup> Minuchin, S. (1974). *Families and family therapy*. Harvard University Press.

Haley, J. (1977). *Toward a theory of pathological systems*. In P. Watzlawick & J. Weakland (Eds.), *The interactional view* (pp. 31-48). New York: Norton.

<sup>2</sup> Bowen, M. (1978). *Family therapy in clinical practice*. New York: Jason Aronson.

Titelman, P. (2003). *Emotional cutoff in Bowen family systems theory: An Overview*. In *Emotional cutoff: Bowen family systems theory perspectives*, P. Titelman (ed). New York: Haworth Press.

Millon, and Bessel van der Kolk. A more complete description of the pathology is contained in the book *An Attachment-Based Model of Parental Alienation: Foundations*.<sup>3</sup>

### **Healthy Child Development**

Families contain four primary types of parent-child relationship; mother-son, mother-daughter, father-son, father-daughter. Each of these primary parent-child relationship types is vital to healthy child development. The benefits to the child from each of these relationship types is unique to that relationship, they are not replaceable or interchangeable, and each confers unique and vital developmental experiences that are immensely important for the child's healthy emotional and psychological development. No relationship type is more important than the other, and none of these primary relationship types is expendable.

- **Mother-son bond:** The deep emotional and psychological connection between a male child and his mother is potentially one of the most affectionate parent-child bonding types. For the child, a strong, positive, and healthy mother-son bond creates a deep inner sense of the child's inherent value as a person, and the mother-son bond forms the basis for the child's emotional security. The quality of the mother-son bond also establishes the template of expectations (the "internal working models") for the later formation of the child's spousal relationship in marriage. The mother-son bond is not an expendable relationship.
- **Mother-daughter bond:** The mother-daughter bond can be one of the most complex parent-child relationships as the mother psychologically re-experiences herself and her own childhood in her daughter's development. The daughter draws important self-worth and gender identity modeling from a positive and healthy mother-daughter bond, and the mother-daughter bond serves as the template for the daughter's future role as a mother for her own children. Daughters become future mothers, and the relationship template formed in the mother-daughter bond carries important implications for the daughter's future parenting with her own children. The mother-daughter bond is not an expendable relationship.
- **Father-son bond:** The son's emotional and psychological bond with the father provides essential self-esteem and gender identity modeling for the child. The son's healthy emotional and psychological bond to his father provides important communications of support from the father for the boy's sense of self-value as an emerging young man, and the son's bonded relationship with his father provides critical support for the child's development of the maturity, which leads to the child entering the world as an emotionally mature and responsible young man. The father-son bond is not an expendable relationship.
- **Father-daughter bond:** A daughter's relationship with her father is one of the most affectionally important of the parent-child relationships. The daughter develops the core foundation for her self-worth from her affectionally bonded relationship with her father (an affectional process exemplified by the classic family

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<sup>3</sup> Childress, C.A. (2015). *An Attachment-Based Model of Parental Alienation: Foundations*. Claremont, CA: Oaksong Press.

roles as “daddy’s princess” and “daddy’s little girl”). As a primary relationship pattern, the father-daughter relationship also serves as the template (the “internal working model”) that will guide the formation of her future spousal relationship with her own husband during marriage. The father-daughter bond is not an expendable relationship.

Each of these primary relationship types is unique, and the special value that each of these relationship types confer to the child is not interchangeable through the child’s relationship with the other parent. The mother-son relationship offers a special loving warmth and richness in the child’s development that is not interchangeable with the value offered to the son by the male-male affectional bond he has with his father. The father’s relationship with his daughter is similarly filled with deep warmth and enriching love, and it is not interchangeable with the rich complexity of love in the mother-daughter bond. The child benefits from each of these unique relationships within the family, and each relationship type merits the full support of both parents, treatment providers, and the Court in nourishing its development.

There is no scientific or theoretical foundation that would allow for an opinion regarding the relative benefits of a 60-40%, 70-30%, 80-20%, or 90-10% custody time-share in any specific situation (except in cases of child abuse). The relationship factors are too complex, maturational factors of time and circumstance are too variable, and each relationship type is equal in importance to the other relationship types. Each relationship type is unique in the value it confers, they are not interchangeable, and none of them are expendable. The only scientifically and theoretically supported opinion from professional psychology would be for a shared 50-50% custody timeshare schedule that recognizes and supports the inherent value of each type of parent-child relationship.

There is no scientific or theoretical foundation that would justify favoring one relationship type by truncating another. The only scientifically and theoretically supported position from professional psychology would be for a 50-50% custody timeshare (except in cases of child abuse), based on the foundational principle that children benefit from a complex relationship with both parents. If family conflict issues develop, then this becomes a family therapy issue, not a child custody issue.

### **Family Therapy: Repairing Damaged Families**

Family systems therapy is one of the four primary schools of psychotherapy:

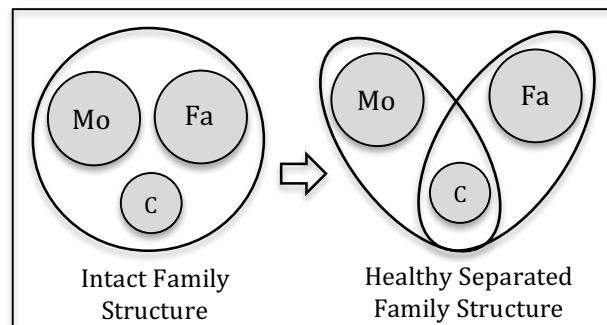
- **Psychoanalytic Psychotherapy:** Emerged from the work of Sigmund Freud developing insight into deep unconscious motivations. Psychoanalytic psychotherapy takes an individual focus to therapy.
- **Cognitive-Behavioral Therapy:** Emerged from laboratory experiments with animals on the learning theory and behavior change principles of reward and punishment. Cognitive-behavioral therapy (CBT) takes an individual focus to therapy.
- **Humanistic-Existential Therapy:** Emerged from philosophical roots of existentialism, personal growth, and self-actualization. Humanistic-existential psychotherapy takes an individual focus to therapy.

- **Family Systems Therapy:** Describes the interpersonal processes of both healthy and pathological family relationships. Family therapy as an interpersonal focus to therapy.

Of the four primary schools of psychotherapy, only family systems therapy deals with resolving the current interpersonal relationships within families. All of the other models of psychotherapy are individually focused forms of therapy. Family systems therapy is therefore the appropriate conceptual framework for understanding and resolving family conflict and family pathology.

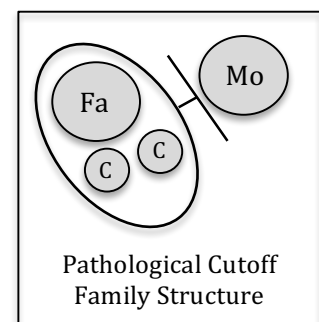
Divorce ends the marriage, but not the family. With divorce, the family structure shifts from an *intact family structure* that was previously united by the marriage, to a new *separated family structure* that is now united by the children through the continuing bonds of shared affection between the children and both parents.

Families must adapt to various transitions over the developmental course of the family. A central tenet of family systems therapy is that when a family is unable to successfully adapt to a transition (such as a divorce and the transition to a new separated family structure), symptoms emerge within the family (often with the children) to stabilize the family's maladaptive functioning. Divorce represents one of the most impactful transitions that any family must navigate; the transition from an intact family structure united by the marriage to a separated family structure united by the children.



Divorce represents one of the most impactful transitions that any family must navigate; the transition from an intact family structure united by the marriage to a separated family structure united by the children.

One of the principle founders of family systems therapy, Murray Bowen, refers to the symptom of one family member rejecting another family member as an “emotional cutoff.” (Bowen, 1978; Titelman, 2003).<sup>4</sup> Within the principles of family systems therapy (one of the principle schools of psychotherapy and the applicable therapy approach for resolving current family conflicts), a child’s rejection of a parent following divorce represents the symptom of an “*emotional cutoff*” that is the product of the family’s unsuccessful transition from its prior intact family structure united by the marriage to the new separated family structure following divorce, a separated family structure that is now united by the child’s shared bonds of affection with both parents.



Within the standard and established principles of family systems therapy, the child’s rejection of a normal-range parent surrounding divorce represents the child’s

<sup>4</sup> Bowen, M. (1978). *Family therapy in clinical practice*. New York: Jason Aronson.

Titelman, P. (2003). *Emotional cutoff: Bowen family systems theory perspectives*. New York: The Hawthorn Press, Inc.

“triangulation” into the spousal conflict through the formation of a “cross-generational coalition” of the child with the allied parent, that results in an “emotional cutoff” in the child’s relationship with the targeted-rejected parent.

### **Triangulation**

A key principle of family systems therapy is that when conflict between spouses becomes excessive and non-functional, a third party, typically the child, will be brought into the inter-spousal conflict to help stabilize the dysfunctioning spousal conflict and the problematic emotional-psychological processing of one (or both) parents. This is referred to as *triangulating* the child into the spousal conflict by turning the two person spouse-spouse conflict into a three person spouse-child-spouse conflict. In the general population this is called “putting the child in the middle” in the spousal conflict.

Triangulation involves the formation of a coalition between two of the participants against the third person. There are two possible types of coalition created in triangulation. In the first type, the parents form a coalition with each other against the child. This type of triangulation occurs when the intensity of the spousal conflict threatens the marriage with divorce. The child then develops symptoms (behavior problems, an anxiety disorder, depression, substance abuse, etc.) that serve to distract the parents away from their own spousal conflict through their shared concern over the child’s behavior problem. The child’s symptoms act to bring the parents together and thereby save their marriage by diverting the focus of attention away from the marital conflict and onto the child’s behavior problems.

In the second type of triangulation, one parent forms a ***cross-generational coalition*** with the child against the other parent. This form of triangulation is typically a hidden pathology in the family. The child’s hostility and rejection of one parent (the targeted parent) is being superficially blamed on the bad parenting of the targeted parent, but the parent-child conflict is actually the product of manipulative psychological influence being exercised on the child by the allied and supposedly “favored” parent.

The preeminent family systems therapist, Jay Haley, provides a definition of the cross-generational coalition:

“The people responding to each other in the triangle are not peers, but one of them is of a different generation from the other two... In the process of their interaction together, the person of one generation forms a coalition with the person of the other generation against his peer. By ‘coalition’ is meant a process of joint action which is *against* the third person... The coalition between the two persons is denied. That is, there is certain behavior which indicates a coalition which, when it is queried, will be denied as a coalition... In essence, the perverse triangle is one in which the separation of generations is breached in a covert way. When this occurs as a repetitive pattern, the system will be pathological.” (Haley, 1977, p. 37)<sup>5</sup>

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<sup>5</sup> Haley, J. (1977). Toward a theory of pathological systems. In P. Watzlawick & J. Weakland (Eds.), *The interactional view* (pp. 31-48). New York: Norton.

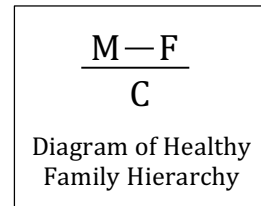
When the child is *triangulated* into a *cross-generational coalition* with one parent against the other parent, the child’s alliance with the supposedly “favored” parent is used as a weapon in the inter-spousal conflict by making the child a proxy surrogate for the allied parent’s own **spousal anger** toward the other spouse/parent. The allied parent first manipulates the child into an alliance of shared hostility toward the other parent (a cross-generational coalition), and then hides their manipulative influence on the child behind the refrain of,

Allied Parent: “I’m just listening to the child. What can I do? I can’t force the child to get along with the other parent.”

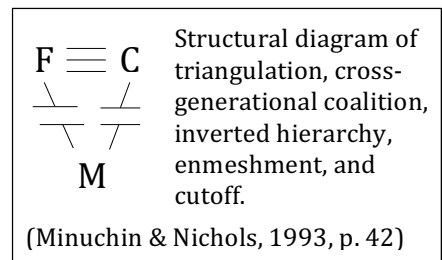
From Jay Haley: “...a coalition between the two persons is denied.”

The display of **selective parent incompetence** by the allied and supposedly “favored” parent relative to the child’s behavior with the other parent represents a subtle but clear communication to the child of tacit approval by the allied parent for the child’s conflict with the other parent, and it is one of several key indicators of a cross-generational coalition within the family.

A second key indicator of a cross-generational coalition is called an “inverted family hierarchy” in which the child becomes over-empowered in the family structure to an elevated position of judging the adequacy of a parent. In normal-range and healthy families, parents occupy a position of executive leadership in the family from which parents judge their children’s behavior as appropriate or inappropriate, and the parents then deliver consequences (rewards and punishments) based on parental judgements of children’s behavior. In Structural family systems therapy (Minuchin, 1974),<sup>6</sup> a healthy family hierarchy is represented by a diagram in which the parents are depicted in an appropriately elevated position of executive leadership in the family hierarchy.



In an ***inverted family hierarchy***, however, this natural and healthy family structure of parental executive leadership is turned upside-down, so that the child becomes over-empowered and feels entitled to judge the adequacy of the targeted parent. From this elevated position in the family hierarchy, the child then feels entitled to deliver punishments to the targeted parent based on the child’s empowered judgement of parental adequacy. On page 42 of their book, *Family Healing*,<sup>7</sup> the preeminent family systems therapist Salvador Minuchin and his co-author Michael Nichols provide a structural family diagram for the inverted family hierarchy created by an over-involved (enmeshed) relationship of a father and the child that excludes the mother. The three lines between the father and child in this diagram indicate an “enmeshed” relationship of psychological over-



<sup>6</sup> Minuchin, S. (1974). Families and family therapy. Harvard University Press.

<sup>7</sup> Minuchin, S. & Nichols, M.P. (1993). Family healing: Strategies for hope and understanding. New York: Touchstone.

involvement, and the child has replaced the mother atop the hierarchy with the father, holding an elevated position with him in which they are entitled to judge the mother.

In the description for the cross-generational coalition provided by Minuchin, the structural family diagram graphically illustrates that the cross-generational coalition of the father with the child creates both an *inverted family hierarchy* in which the child is elevated into a position of judgement above the mother, from which the child feels entitled to judge the adequacy of the mother as a parent, and also creates an *emotional cutoff* in which the mother is rejected by the alliance of the father and child.

In his seminal book, *Families and Family Therapy*, Minuchin also provides a clinical description of the effects of a cross-generational coalition, this time of a cross-generational coalition of a mother with her children against the father:

“An inappropriately rigid cross-generational subsystem of mother and son versus father appears, and the boundary around this coalition of mother and son excludes the father. A cross-generational dysfunctional transactional pattern has developed.” (Minuchin, 1974, p. 61-62)

“The parents were divorced six months earlier and the father is now living alone... Two of the children who were very attached to their father, now refuse any contact with him. The younger children visit their father but express great unhappiness with the situation.” (Minuchin, p. 101)

In a cross-generational coalition, the child’s over-empowerment in the family hierarchy and conflicted relationship with the targeted parent is the product of the child drawing covert support and tacit approval for the child’s negative judgments of the targeted parent from the coalition the child has with the allied and supposedly “favored” parent. This hidden covert support from the allied parent for the child’s conflict with the other parent is often evidenced by the allied parent offering displays of rationalizing justifications and supposedly supportive “understanding” for the child’s conflicts with the other parent.

### **Psychological Control of the Child**

The manipulative psychological control of the child by a parent is a scientifically established family relationship pattern in dysfunctional family systems. In his book regarding parental psychological control of children, *Intrusive Parenting: How Psychological Control Affects Children and Adolescents*,<sup>8</sup> published by the American Psychological Association, Brian Barber and his colleague, Elizabeth Harmon, identify over 30 empirically validated scientific studies that have established the construct of parental psychological control of children (Appendix 1). In Chapter 2 of *Intrusive Parenting: How Psychological Control Affects Children and Adolescents*, Barber and Harmon define the construct of parental psychological control of the child:

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<sup>8</sup> Barber, B. K. (Ed.) (2002). *Intrusive parenting: How psychological control affects children and adolescents*. Washington, DC: American Psychological Association.

“Psychological control refers to parental behaviors that are intrusive and manipulative of children’s thoughts, feelings, and attachment to parents. These behaviors appear to be associated with disturbances in the psychoemotional boundaries between the child and parent, and hence with the development of an independent sense of self and identity.” (Barber & Harmon, 2002, p. 15)<sup>9</sup>

According to Stone, Bueler, and Barber:

“The central elements of psychological control are intrusion into the child’s psychological world and self-definition and parental attempts to manipulate the child’s thoughts and feelings through invoking guilt, shame, and anxiety. Psychological control is distinguished from behavioral control in that the parent attempts to control, through the use of criticism, dominance, and anxiety or guilt induction, the youth’s thoughts and feelings rather than the youth’s behavior.” (Stone, Buehler, & Barber, 2002, p. 57)<sup>10</sup>

Soenens and Vansteenkiste (2010) describe the various methods used to achieve parental psychological control of the child:

“Psychological control can be expressed through a variety of parental tactics, including (a) guilt-induction, which refers to the use of guilt inducing strategies to pressure children to comply with a parental request; (b) contingent love or love withdrawal, where parents make their attention, interest, care, and love contingent upon the children’s attainment of parental standards; (c) instilling anxiety, which refers to the induction of anxiety to make children comply with parental requests; and (d) invalidation of the child’s perspective, which pertains to parental constraining of the child’s spontaneous expression of thoughts and feelings.” (Soenens & Vansteenkiste, 2010, p. 75)<sup>11</sup>

Research by Stone, Buehler, and Barber establishes the link between parental psychological control of children and marital conflict:

“This study was conducted using two different samples of youth. The first sample consisted of youth living in Knox County, Tennessee. The second sample consisted of youth living in Ogden, Utah.” (Stone, Buehler, & Barber, 2002, p. 62)

“The analyses reveal that variability in psychological control used by parents is not random but it is linked to interparental conflict, particularly covert conflict. Higher levels of covert conflict in the marital relationship heighten the likelihood that

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<sup>9</sup> Barber, B. K. and Harmon, E. L. (2002). Violating the self: Parenting psychological control of children and adolescents. In B. K. Barber (Ed.), *Intrusive parenting* (pp. 15-52). Washington, DC: American Psychological Association.

<sup>10</sup> Stone, G., Buehler, C., & Barber, B. K.. (2002) Interparental conflict, parental psychological control, and youth problem behaviors. In B. K. Barber (Ed.), *Intrusive parenting: How psychological control affects children and adolescents*. Washington, DC: American Psychological Association.

<sup>11</sup> Soenens, B., & Vansteenkiste, M. (2010). A theoretical upgrade of the concept of parental psychological control: Proposing new insights on the basis of self-determination theory. *Developmental Review*, 30, 74–99.



parents would use psychological control with their children.” (Stone, Buehler, & Barber, 2002, p. 86)

Stone, Buehler, and Barber offer an explanation for their finding that intrusive parental psychological control of children is related to high inter-spousal conflict:

“The concept of triangles “describes the way any three people relate to each other and involve others in emotional issues between them” (Bowen, 1989, p. 306). In the anxiety-filled environment of conflict, a third person is triangulated, either temporarily or permanently, to ease the anxious feelings of the conflicting partners. By default, that third person is exposed to an anxiety-provoking and disturbing atmosphere. For example, a child might become the scapegoat or focus of attention, thereby transferring the tension from the marital dyad to the parent-child dyad. Unresolved tension in the marital relationship might spill over to the parent-child relationship through parents’ use of psychological control as a way of securing and maintaining a strong emotional alliance and level of support from the child. As a consequence, the triangulated youth might feel pressured or obliged to listen to or agree with one parents’ complaints against the other. The resulting enmeshment and cross-generational coalition would exemplify parents’ use of psychological control to coerce and maintain a parent-youth emotional alliance against the other parent (Haley, 1976; Minuchin, 1974).” (Stone, Buehler, & Barber, 2002, p. 86-87)

### **Authentic vs. Inauthentic Parent-Child Conflict**

Parent-child conflict created by a *cross-generational coalition* of the child with one parent against the other parent is inauthentic because the parent-child conflict is not being caused by the actions of the targeted parent. Instead, the child’s conflicts with the targeted parent are being created by the manipulative and hidden influence of the allied and supposedly “favored” parent on the child’s attitudes and behavior toward the other parent, toward the targeted parent. Inauthentic parent-child conflict can be identified through a principle of behavioral psychology called “**stimulus control**.”

Behavior is elicited by a stimulus. The principle of stimulus control over behavior is best understood by analogy to traffic lights and driving behavior. Traffic lights are the *stimulus* that *controls* our driving behavior. If the light is red, we stop; when the light is green, we go. Our driving behavior is controlled by the stimulus of the traffic light.

In authentic parent-child conflict, the child’s behavior is in response to the parent’s behavior; in other words, the child’s behavior in the conflict is under the **stimulus control** of the parent’s behavior. This means that if we change the parent’s behavior (i.e., the color of the traffic light), then we should see a corresponding change in the child’s behavior. If we change the parent’s behavior but there is no corresponding change in the child’s behavior, then the parent-child conflict is inauthentic; it is not under the *stimulus control* of the parent’s behavior.

For example, if the supposed cause of the parent-child conflict is the degree of parental anger expressed toward the child, if we change the parent’s behavior to eliminate parental displays of anger and increase parental displays of affectionate support, then we should see corresponding changes in the child’s behavior toward increased child affection

expressed toward the parent. In these cases, the parent-child conflict is an authentic child response to the parenting practices of the parent because the child's behavior is under the *stimulus control* of the parent's behavior; when we change the parent's behavior (the stimulus) we see a corresponding change (the control) in the child's behavior.

However, parent-child conflict that is created by a *cross-generational coalition* of the child with the allied and supposedly "favored" parent against the targeted-rejected parent is **inauthentic** because the child's conflict with the targeted parent is not being caused by the actions of the targeted parent. Instead, the child's behavior toward the targeted parent is being created by the support this parent-child conflict receives from the allied and supposedly "favored" parent. Therefore, the child's behavior toward the targeted parent will not be under the *stimulus control* of the targeted parent's behavior. When the behavior of the targeted parent changes, we will see no corresponding change in the child's behavior.

When the parent-child conflict is being created by a cross-generational coalition (i.e., by the manipulative influence of the allied and supposedly "favored" parent), then it doesn't matter what changes are made to the parenting behavior of the targeted parent, the child's hostility and rejection of this parent will remain unchanged. This is because the actual source for the *stimulus control* of the child's conflict with the targeted parent is the covert support and approval the conflict receives from the allied and supposedly "favored" parent.

The behavioral construct of stimulus control is a clear methodology for determining the authenticity of parent-child conflict. In the additional presence of a display by the allied and supposedly favored parent of ***selective parental incompetence*** and an ***inverted family hierarchy***, the absence of authenticity to the parent-child conflict evidenced by the absence of ***stimulus control*** for the child's behavior in response to changes in the parent's behavior represents a strong set of symptom indicators for the child's *triangulation* into the spousal conflict through the formation of a *cross-generational coalition* of the child with the allied and supposedly "favored" parent against the other parent.

### **Pathological Mourning**

A child rejecting a parent is fundamentally an attachment-related pathology. The attachment system is the brain system responsible for governing all aspects of love and bonding throughout the lifespan, including grief and loss. The attachment system is a neurologically embedded primary motivational system of the brain described by John Bowlby in a set of three volumes on parent-child attachment, separation, and loss.<sup>12</sup>

The pathology of a child rejecting a parent surrounding divorce represents a form of attachment pathology called "pathological mourning."

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<sup>12</sup> Bowlby, J. (1969). Attachment and loss. Vol. 1. Attachment. NY: Basic Books.

Bowlby, J. (1973). Attachment and loss: Vol. 2. Separation: Anxiety and anger. NY: Basic Books.

Bowlby, J. (1980). Attachment and loss: Vol. 3. Loss: Sadness and depression. NY: Basic Books.

“The deactivation of attachment behavior is a key feature of certain common variants of pathological mourning.” (Bowlby, 1980, p. 70)

The source of the pathological mourning following the divorce is the allied parent, who has formed a cross-generational coalition with the child against the other parent. The allied parent then transfers this parent’s own disordered mourning of the divorce to the child’s reaction by manipulating and influencing the child through psychological control of the child’s attitudes and beliefs about the divorce and the other parent. It is the pathological mourning of the allied parent surrounding the divorce that is preventing the family’s transition to a healthy separated family structure, and is instead creating the cutoff in the child’s relationship with the other parent through the formation of a cross-generational coalition of the child and allied parent against the targeted-rejected parent.

Bowlby identifies the pathological mourning of the adult as being caused by personality disorder pathology:

“Disturbances of personality, which include a bias to respond to loss with disordered mourning, are seen as the outcome of one or more deviations in development that can originate or grow worse during any of the years of infancy, childhood and adolescence.” (Bowlby, 1980, p. 217)

A leading figure in personality disorder pathology, Otto Kernberg, describes how the character formation of the narcissistic personality is unable to process “sadness and mournful longing,” and instead translates these feelings into “anger and resentment, loaded with revengeful wishes” (Kernberg, 1977, p. 229):<sup>13</sup>

“They [narcissists] are especially deficient in genuine feelings of sadness and mournful longing; their incapacity for experiencing depressive reactions is a basic feature of their personalities. When abandoned or disappointed by other people they may show what on the surface looks like depression, but which on further examination emerges as anger and resentment, loaded with revengeful wishes, rather than real sadness for the loss of a person whom they appreciated.” (p. 229)

In response to the divorce, the narcissistic parent will translate their sadness and hurt into “pathological mourning” of “anger and resentment, loaded with revengeful wishes” toward the other spouse, and will then manipulate the child into a shared hostility toward the other parent as a weapon of revenge toward the other spouse; the cross-generational coalition described by Minuchin and Haley.

### **Professional Competence**

Children and families evidencing attachment-related pathology surrounding divorce represent a special population requiring specialized professional knowledge and expertise to competently assess, diagnose, and treat. Mental health professionals working with attachment-related pathology surrounding divorce need to possess a professional level knowledge in the following domains of professional psychology:

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<sup>13</sup> Kernberg, O.F. (1975). *Borderline conditions and pathological narcissism*. New York: Aronson.

- The Attachment System
- Family Systems Therapy
- Personality Disorder Pathology
- Complex Trauma

Failure to possess the required professional knowledge and expertise in these domains of professional psychology would likely represent practice beyond the boundaries of competence in violation of professional standards of practice.

### **Assessment of Attachment-Related Pathology**

Attachment-related pathology is always created by pathogenic parenting (patho=pathology; genic=genesis, creation). Pathogenic parenting is the creation of significant psychopathology in the child through aberrant and distorted parenting practices. The construct of pathogenic parenting is an established construct in both developmental and clinical psychology and is most often used regarding attachment-related pathology since the attachment system never spontaneously dysfunctions, but ONLY becomes dysfunctional in response to pathogenic parenting.

The diagnostic issue in assessing pathogenic parenting is which parent is creating the child's attachment-related pathology; is it the targeted-rejected parent through abusive parenting practices (such as physical or sexual abuse of the child), or is it the allied and supposedly "favored" parent through the formation of a cross-generational coalition with the child against the other parent (a Bowlby-Minuchin-Beck model defining "parental alienation")?

The assessment of attachment related pathology should address this specific differential diagnosis using the *Parenting Practices Rating Scale* (Appendix 2) to document the potential of abusive parenting practices by the targeted-rejected parent and the *Diagnostic Checklist for Pathogenic Parenting* (Appendix 3) to document the child symptoms created by a cross-generational coalition with an allied narcissistic/(borderline) personality parent (a Bowlby-Minuchin-Beck model of attachment-based "parental alienation"; AB-PA). A structured and standardized assessment protocol using the *Parenting Practices Rating Scale* and *Diagnostic Checklist for Pathogenic Parenting* is described in the booklet, *Assessment of Attachment-Related Pathology Surrounding Divorce* (Childress, 2017).<sup>14</sup>

In all cases of attachment-related pathology surrounding divorce, the Court should seek a structured and focused assessment for pathogenic parenting, with documentation of the assessment findings using the *Parenting Practices Rating Scale* and the *Diagnostic Checklist for Pathogenic Parenting*, with the data from these documentation instruments available to the Court for review.

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<sup>14</sup> Childress, C.A. (2017). *Assessment of attachment-related pathology surrounding divorce*. Claremont, CA: Oaksong Press.

## **Diagnosis of AB-PA**

The pathology of a cross-generational coalition with a narcissistic/(borderline) parent creating the child's rejection of the other parent reveals itself in a set of three diagnostic indicators (Childress, 2015):<sup>15</sup>

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:** The child's symptoms evidence five specific narcissistic personality traits acquired from the cross-generational coalition with a narcissistic parent.
3. **Encapsulated Persecutory Delusion:** The child evidences a fixed and false belief (an encapsulated delusion) in the child's supposed "victimization" by the normal-range parenting of the targeted parent (a persecutory delusion), acquired from the belief system and manipulative parenting of the allied narcissistic/(borderline) personality parent through the cross-generational coalition with this parent.

No other pathology other than a Bowlby-Minuchin-Beck model of AB-PA (an attachment-based definition of "parental alienation") will create this specific set of three symptoms in the child's symptom display. The presence of these three symptoms in the child's symptom display represents definitive diagnostic evidence for the pathology of AB-PA (as defined through a Bowlby-Minuchin-Beck attachment-based model of "parental alienation").

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. The pathogenic parenting of AB-PA (attachment-based "parental alienation") becomes a child protection issue.

## **Treatment Response to AB-PA**

A foundational principle of clinical psychology is that assessment leads to diagnosis, and diagnosis guides treatment. A confirmed DSM-5 diagnosis of V995.51 Child Psychological Abuse becomes a child protection issue. In all cases of child abuse, physical child abuse, sexual child abuse, and psychological child abuse, the standard of professional practice and "duty to protect" requires the child's protective separation from the abusive parent.

In all cases of child abuse, the child is then treated for the damaging effects of the prior abusive parenting and the child's healthy normal-range development is restored. Once the child's healthy development has been recovered, the child's relationship with the formerly abusive parent is reintroduced with sufficient safeguards to ensure that the abusive parenting does not resume once the relationship with the formerly abusive parent

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<sup>15</sup> Childress, C.A. (2015). An attachment-based model of parental alienation: Foundations. Claremont, CA: Oaksong Press.

is reestablished. Typically, during the period of the child's protective separation from the abusive parent, this parent is required to receive collateral individual therapy to gain and demonstrate insight into the causes of the prior abusive parenting and impulse control over the abusive parenting practices. This is the professional standard of practice for all cases of child abuse.

### **Contingent Visitation Schedule**

With regard to the attachment-related pathology of AB-PA, a Strategic family systems therapy intervention is available to address the cross-generational coalition with the allied narcissistic parent that is creating the child's attachment-related pathology with the targeted parent. There are two primary models of family systems therapy, Structural family systems therapy (principle theorist: Salvador Minuchin) and Strategic family systems therapy (principle theorist: Jay Haley). In Strategic family systems therapy the symptom confers power within the family. Strategic family systems therapy seeks to identify how the symptom is conferring power and then to develop a prescriptive intervention designed to alter how the symptom confers power within the family.

In the cross-generational coalition of AB-PA, the child's rejection of the targeted parent confers power to the allied narcissistic/(borderline) parent to nullify court orders for shared custody and visitation and to inflict suffering onto the targeted-rejected parent in revenge for the divorce. The Strategic family systems intervention of the *Contingent Visitation Schedule* (Childress, 2017)<sup>16</sup> is designed to eliminate and reverse this power dynamic created by the child's symptoms.

With a *Contingent Visitation Schedule*, the recommended custody is a shared 50-50% custody visitation schedule based on the foundational principle that children benefit from a complex relationship with both parents. As long as the child remains symptom-free, this shared 50-50% custody visitation schedule is maintained. However, if the child becomes symptomatic (as defined through the program's protocol using daily child behavior ratings) then time with the allied parent is reduced (as defined within the program's protocol) in order to limit the pathogenic influence of this parent in creating the child's symptoms, and time with the targeted parent is increased (in a systematic way defined through the program's protocol) in order to allow additional time with the targeted parent needed to restore the healthy parent-child relationship that was damaged by the pathogenic parenting of the allied parent.

Instead of the child's symptoms nullifying the custody visitation time of the targeted parent, an increase in child symptoms actually provides additional custody time to the targeted parent while reducing the custody visitation time of the allied parent who is creating the child's symptoms. This change in the custody visitation time is a treatment response to documented increases in child symptoms, based on the prior assessment that the child's symptoms are being created by the pathogenic parenting of the allied parent in a cross-generational coalition with the child against the targeted parent. The treatment response of a *Contingent Visitation Schedule* also reduces the revenge motivation of the

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<sup>16</sup> Childress, C.A. (2017). Strategic family systems intervention for AB-PA: Contingent Visitation Schedule. Claremont, CA: Oaksong Press.

allied narcissistic/(borderline) parent by “rewarding” the targeted parent with increased visitation time in response to the child’s symptomatic behavior.

An important feature of the *Contingent Visitation Schedule* is that it removes the child from the “loyalty conflict” created by the allied narcissistic/(borderline) parent. Without a *Contingent Visitation Schedule*, the child is required by the psychologically manipulative and controlling parenting practices of the allied parent to demonstrate “loyalty” to their coalition by rejecting the targeted parent. With a *Contingent Visitation Schedule*, however, the child is allowed to now show “loyalty” to the allied parent (i.e., seeking time with the allied parent) by bonding to the targeted parent, since rejecting the targeted parent reduces the child’s time with the allied parent. In addition to altering the power dynamic within the family surrounding the child’s symptoms, removing the child from the “loyalty” conflict is a principle Strategic family systems treatment goal of the *Contingent Visitation Schedule*.

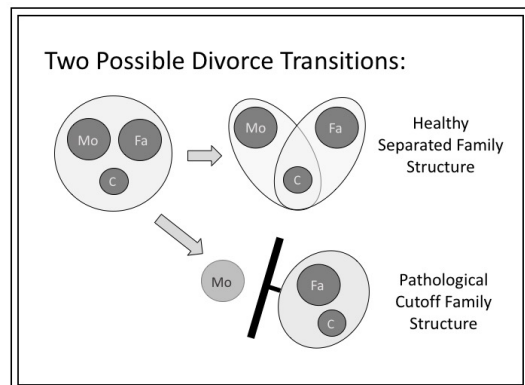
A six-month trial with the *Contingent Visitation Schedule* can be used as a Response-to-Intervention (RTI) family therapy approach prior to a protective separation period from the psychologically abusive parenting of the allied narcissistic/(borderline) parent, or it can be incorporated into the family following a protective separation period when the pathogenic parenting of the psychologically abusive allied parent is reintroduced.

### **Best Interests of the Child**

It is always in the best interests of the child for the family to make a successful transition to a healthy separated family structure following divorce, a family united by the child’s shared bonds of affection with both parents. A cutoff family structure is always pathological.

Parents should never use their child as a weapon in the spousal conflict surrounding divorce. Children are not weapons.

Children have the fundamental right to love both parents, and to receive the love of both parents in return. Parent-child conflict is a family therapy issue, not a child custody issue (except in cases of child abuse).



Professional psychology the family court system should support the family’s successful transition to a healthy separated family united by the shared bonds of affection between the child and both parents, because that is in the child’s best interests. A 50-50% shared parenting time-share schedule supports the value of each type of parent-child relationship; father-son, father-daughter, mother-son, mother-daughter. Each is unique, each is essential to healthy child development, and none is expendable.

Appendix 1: Research Studies on Parental Psychological Control of the Child Identified by  
Barber & Harmon (2002)



Table 2-1: Overview of Studies Measuring Psychological Control (p. 29-32)

From: Barber, B. K. (Ed.) (2002). *Intrusive parenting: How psychological control affects children and adolescents*. Washington, DC: American Psychological Association.

Teleki, J.K., Powell, J.A., & Claypool, P.L. (1984). Parental child rearing behavior perceived by parents and school-age children in divorced and married families. *Home Economics Research Journal*, 13, 41-51

Livotsky, V.G., & Dusek, J.B. (1985). Perceptions of child rearing and self-concept development during the early adolescent years. *Journal of Youth and Adolescence*, 14, 373-387.

Steinberg, L., Elmen, J.D., & Mounts, N.S. (1989). Authoritative parenting, psychosocial maturity, and academic success among adolescents. *Child Development*, 60, 1424-1436.

Eastburg, M., & Johnson, W.B., (1990). Shyness and perceptions of parental behavior. *Psychological Reports*, 66, 915-921.

Fauber, R., Forehand, R., Thomas, A.M., & Weirson, M. (1990). A mediational model of the impact of marital conflict on adolescent adjustment in intact and divorced families: The role of disrupted parenting. *Child Development*, 61, 1112-1123.

Barber, B.K., & Shagle, S.C. (1992). Adolescent problem behavior. A social ecological Analysis. *Family Perspective*, 26, 493-515.

Lyon, J.M., Henggeler, S., & Hall, J.A., (1992). The family relations, peer relations, and criminal activities of Caucasian and Hispanic-American gang members. *Journal of Abnormal Child Psychology*, 20, 439-449.

Forhand, R., & Nousiainen, S. (1993). Maternal and parental parenting: Critical dimensions to adolescent functioning. *Journal of Family Psychology*, 7, 213-221.

Shulman, S., Collins, W.A., & Dital, M. (1993). Parent-child relationships and peer-perceived competence during middle childhood and preadolescence in Israel. *Journal of Early Adolescence*, 13, 204-218.

Barber, B.K., Olsen, J.A., & Shagel, S. (1994). Associations between parental psychological control and behavior control and youth internalized and externalized behaviors. *Child Development*, 65, 1120-1136.

Bronstein, P. (1994). Patterns of parent-child interaction in Mexican families: A cross-cultural perspective. *International Journal of Behavioral Development*, 17, 423-446.

Comstock, D.C. (1994). Parental control and gender-specific etiology of internalized and externalized adolescent deviance. Master's thesis, Department of Sociology, Brigham Young University, Provo, Utah.

- Imbimbo, P.V. (1995). Sex differences in the identity formation of college students from divorced families. *Journal of Youth and Adolescence*, 24, 745-761.
- Barber B.K. (1996). Parental psychological control: Revisiting a neglected construct. *Child Development*, 67, 3296-3319.
- Barber, B.K., & Olsen, J.A. (1997). Socialization in context: Connection, regulation, and autonomy in the family, school, and neighborhood, and with peers. *Journal of Adolescent Research*, 12, 287-315
- Bogenschneider, K., Small, S.A., & Tsay, J.C. (1997). Child, parent, and contextual influences on perceived parenting competence among parents of adolescents. *Journal of Marriage and the Family*, 59, 345-362.
- Conger, K.J., Conger, R.D., & Scaramella, L.V. (1997). Parents, siblings, psychological control, and adolescent adjustment. *Journal of Adolescent Research*, 12, 113-138.
- Garber, J., Robinson, N.S., & Valentiner, D. (1997). The relation between parenting and adolescent depression: Self-worth as a mediator. *Journal of Adolescent Research*, 12 12-33.
- Jensen, B.S. (1997). Family interaction and adolescent female eating disorders: An analysis of family, marital, and parent-child level correlates. Master's thesis, Department of Sociology, Brigham Young University, Provo, Utah.
- Litchfield, A.W., Thomas, D.L., & Li, B.D. (1997). Dimensions of religiosity as mediators of the relations between parenting and adolescent deviant behavior. *Journal of Adolescent Research*, 12, 199-226.
- Bean, R.A. (1998). Academic grades, delinquency, and depression among ethnically diverse youth: The influences of parental support, behavioral control, and psychological control. Doctoral dissertation, Brigham Young University, Provo, Utah.
- Hart, C.H., Nelson, D.A., Robinson, C.C., Olsen, S.F., & McNeilly-Choque, M.K., (1998). Overt and relational aggression in Russian nursery-school-age children: Parenting style and marital linkages. *Developmental Psychology*, 34, 687-697.
- Knowlton, S.S. (1998). Connection, regulation, and autonomy: A comparison of nonclinical adolescents and adolescents in residential treatment. Master's thesis, Department of Family Sciences, Brigham Young University, Provo, Utah.
- Mills, R.S.L., & Rubin, K.H. (1998). Are behavioural and psychological control both differentially associated with childhood aggression and social withdrawal? *Canadian Journal of Behavioural Sciences*, 30, 132-136
- Wells, M.E.W. (1998). Psychological control and internalizing and externalizing behavior in early childhood. Master's thesis, Brigham Young University, Provo, Utah.

- Barber, B.K. (1999). Political violence, family relations, and Palestinian youth functioning. *Journal of Adolescent Research*, 14, 206-230.
- Pettit, G.S., Laird, R.D., Dodge, K.A., Bates, J.E., & Criss, M.M. (2001). Antecedents and behavior-problem outcomes of parental monitoring and psychological control. *Child Development*, 72, 583-598.
- Rodgers, K.B. (1999). Parenting processes related to sexual risk-taking behaviors of adolescent males and females. *Journal of Marriage and the Family*, 61, 99-109.
- Morris, A.S., Steinberg, F.M., Sessa, S.A., Silk, J.S., & Essex, M. (2002) Measuring children's perceptions of psychological control: Developmental and conceptual considerations.. In B. K. Barber (Ed.), *Intrusive parenting: How psychological control affects children and adolescents*. Washington, DC: American Psychological Association.
- Nelson, D.A., & Crick, N.R. (2002). Parental psychological control: Implications for childhood physical and relational aggression. In B. K. Barber (Ed.), *Intrusive parenting: How psychological control affects children and adolescents*. Washington, DC: American Psychological Association.
- Olsen, S.F., Yang, C., Hart, C.H., Robinson, C.C., Wu, P., Nelson, D.A., Nelson, L.J., Jin, S., & Wo, J. (2002). Maternal psychological control and preschool children's behavioral outcomes in China, Russia, and the United States. In B. K. Barber (Ed.), *Intrusive parenting: How psychological control affects children and adolescents*. Washington, DC: American Psychological Association.
- Pettit, G.S., & Laird, R.D. (2002). Psychological control and monitoring in early adolescence: The role of parental involvement and earlier child adjustment. In B. K. Barber (Ed.), *Intrusive parenting: How psychological control affects children and adolescents*. Washington, DC: American Psychological Association.
- Holmbeck, G.N., Shapera, W.E., & Hommeyer, J.S. (2002). Observed and perceived parenting behaviors and psychosocial adjustment in preadolescents with spina bifida. In B. K. Barber (Ed.), *Intrusive parenting: How psychological control affects children and adolescents*. Washington, DC: American Psychological Association.
- Stone, G., Buehler, C., & Barber, B. K. (2002) Interparental conflict, parental psychological control, and youth problem behaviors. In B. K. Barber (Ed.), *Intrusive parenting: How psychological control affects children and adolescents*. Washington, DC: American Psychological Association.

Table 2-2: Overview of Studies Using Constructs Similar to Psychological Control (p. 29-32)

From: Barber, B. K. (Ed.) (2002). *Intrusive parenting: How psychological control affects children and adolescents*. Washington, DC: American Psychological Association.

Hauser, S.T., Powers, S.I. Noam, G., Jacobson, A., Weiss, B., & Follansbee, D. (1984). Familial contexts of adolescent ego development. *Child Development*, 55, 195-213.

Crockenberg, S., & Litman, C. (1990). Autonomy as competence in 2-year-olds: Maternal correlates of child defiance, compliance and self-assertion. *Developmental Psychology*, 26, 961-971.

Allen, J.P., Hauser, S.T., Eickholt, C., Bell, K.L., & O'Connor, T.G. (1994). Autonomy and relatedness in family interactions as predictors of expressions of negative adolescent affect. *Journal of Research on Adolescence*, 4, 535-552.

Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. *Journal of Early Adolescence*, 11, 56-95.

Campbell, S.B., March, C.L., Pierce, W.W., & Szumowski, E.K. (1991). Hard-to-manage preschool boys: Family context and the stability of externalizing behavior. *Journal of Abnormal Child Psychology*, 19, 301-318.

Steinberg, L., & Darling, N.E., (1994). The broader context of social influence in adolescence. In R.K. Silbereisen & E. Todt (Eds.), *Adolescence in context: The interplay of family, school, peers, and work adjustment*. New York: Springer Verlag.

Kurdek, L.A., & Fine, M.A., (1993). The relation between family structure and young adolescents' appraisals of family climate and parenting behavior. *Journal of Family Issues*, 14, 279-290.

Steinberg, L., & Darling, N.E., (1994). The broader context of social influence in adolescence. In R.K. Silbereisen & E. Todt (Eds.) *Adolescence in context: The interplay of family, school, peers, and work adjustment*. New York: Springer Verlag.

Nielsen, D.M., & Metha, A. (1994). Parental behavior and adolescent self-esteem in clinical and non-clinical samples. *Adolescence*, 29, 525-542.

Kurdek, L.A., Fine, M.A., & Sinclair, R.J. (1995). School adjustment in sixth graders: Parenting transitions, family climate, and peer norm effects. *Child Development*, 66, 430-445.

Barber, B.K., & Buehler, C. (1996). Family cohesion and enmeshment: Different constructs, different effects. *Journal of Marriage and the Family*, 58, 433-441.

Mason, C.A., Cauce, A.M., Gonzales, N., & Hiraga, Y. (1996). Neither too sweet nor too sour: Problem peers, maternal control, and problem behaviors in African American adolescents. *Child Development*, 67, 2215-2130.

- Yau, J., & Smetana, J.G. (1996). Adolescent-parent conflict among Chinese adolescents in Hong Kong. *Child Development, 67*, 1262-1275.
- Best, K.M., Hauser, S.T., & Allen, J.P. (1997). Predicting young adult competencies: Adolescent era parent and individual influences. *Journal of Adolescent Research, 12*, 90-112.
- Dobkin, P.L., Tremblay, R.E., & Sacchitelle, C. (1997). Predicting boys' early-onset substance abuse from father's alcoholism, son's disruptiveness, and mother's parenting behavior. *Journal of Consulting and Clinical Psychology, 65*, 86-92.
- Eccles, J.S., Early, D., Frasier, K., Belansky, E., & McCarthy, K. (1997). The relation of connection, regulation, and support for autonomy to adolescents' functioning. *Journal of Adolescent Research, 12*, 263-286.
- Gondoli, D.M., & Silverberg, S.B. (1997). Maternal emotional distress and diminished responsiveness: the mediating role of parenting efficacy and parental perspective taking. *Developmental Psychology, 33*, 861-868.
- Herman, M.R., Dornbusch, S.M., Herron, M.C., & Herting, J.R. (1997). The influence of family regulation, connection, and psychological autonomy on six measures of adolescent functioning. *Journal of Adolescent Research, 12*, 34-67.
- Gray, M.R., & Steinberg, L. (1999). Unpacking authoritative parenting: Reassessing a multidimensional construct. *Journal of Marriage and Family Therapy*.

## Appendix 2: Parenting Practices Rating Scale

Parenting Practices Rating Scale  
C.A Childress, Psy.D. (2016)

Name of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Rater: \_\_\_\_\_

Indicate all that apply.

Child Abuse Ratings: Do not indicate child abuse is present unless allegations have been confirmed. In cases of abuse allegations that have neither been confirmed nor disconfirmed, or that are unfounded, use Allegation subheading rating not Category rating.

Level 1: Child Abuse

- 1. Sexual Abuse  
As defined by legal statute.
  - Allegation: Neither confirmed nor disconfirmed
  - Allegation: Unfounded
- 2. Physical Abuse  
Hitting the child with a closed fist; striking the child with an open hand or a closed fist around the head or shoulders; striking the child with sufficient force to leave bruises; striking the child with any instrument (weapon) such as kitchen utensils, paddles, straps, belts, or cords.
  - Allegation: Neither confirmed nor disconfirmed
  - Allegation: Unfounded
- 3. Emotional Abuse  
Frequent verbal degradation of the child as a person in a hostile and demeaning tone; frequent humiliation of the child.
  - Allegation: Neither confirmed nor disconfirmed
  - Allegation: Unfounded
- 4. Psychological Abuse  
Pathogenic parenting that creates significant psychological or developmental pathology in the child in order to meet the emotional and psychological needs of the parent, including a role-reversal use of the child as a regulatory object for the parent's emotional and psychological needs.
  - Allegation: Neither confirmed nor disconfirmed
  - Allegation: Unfounded
- 5. Neglect  
Failure to provide for the child's basic needs for food, shelter, safety, and general care.
  - Allegation: Neither confirmed nor disconfirmed
  - Allegation: Unfounded

- 6. Domestic Violence Exposure  
Repeated traumatic exposure of the child to one parent's violent physical assaults toward the other parent or to the repeated emotional degradation (emotional abuse) of the other parent.
  - Allegation: Neither confirmed nor disconfirmed
  - Allegation: Unfounded



#### Level 2: Severely Problematic Parenting

- 7. Overly Strict Discipline  
Parental discipline practices that are excessively harsh and over-controlling, such as inflicting severe physical discomfort on the child through the use of stress postures, using shaming techniques, or confining the child in an enclosed area for excessively long periods (room time-outs are not overly strict discipline).
- 8. Overly Hostile Parenting  
Frequent displays (more days than not) of excessive parental anger (a 6 or above on a 10-point subjective scale).
- 9. Overly Disengaged Parenting  
Repeated failure to provide parental supervision and/or age-appropriate limits on the child's behavior and activities; parental major depression or substance abuse problems.
- 10. Overly Involved-Intrusive Parenting  
Enmeshed, over-intrusive, and/or over-anxious parenting that violates the psychological self-integrity of the child; role-reversal use of the child as a regulatory object for the parent's anxiety or narcissistic needs.
- 11. Family Context of High Inter-Spousal Conflict  
Repeated exposure of the child to high inter-spousal conflict that includes excessive displays of inter-spousal anger.

#### Level 3: Problematic Parenting

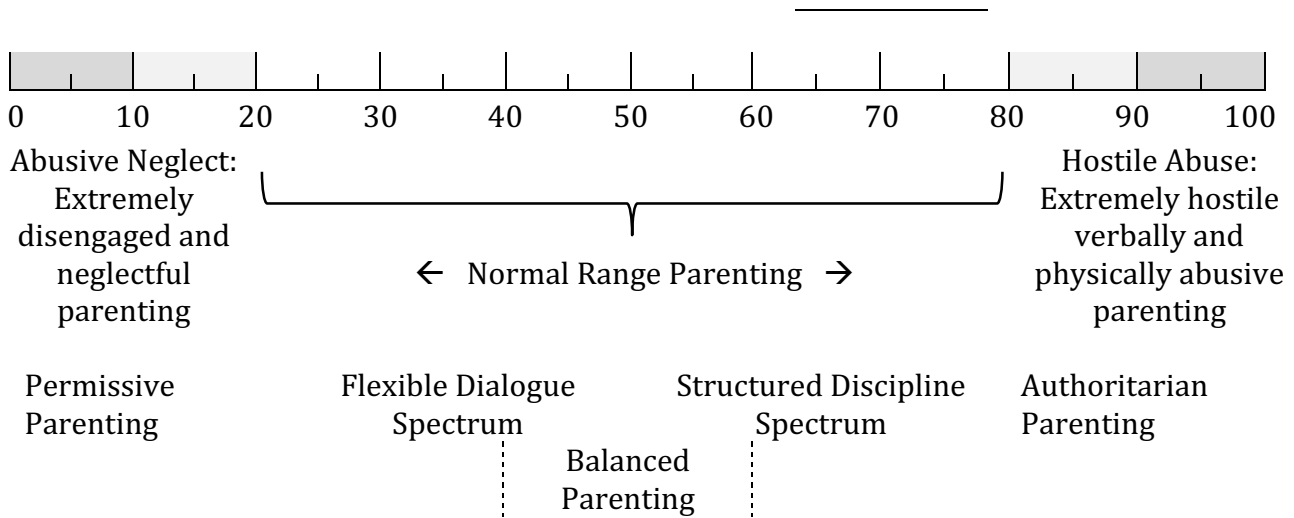
- 12. Harsh Discipline  
Excessive use of strict discipline practices in the context of limited displays of parental affection; limited use of parental praise, encouragement, and expressions of appreciation.
- 13. High-Anger Parenting  
Chronic parental irritability and anger and minimal expressions of parental affection.
- 14. Uninvolved Parenting  
Disinterested lack of involvement with the child; emotionally disengaged parenting; parental depression.
- 15. Anxious or Over-Involved Parenting  
Intrusive parenting that does not respect interpersonal boundaries.
- 16. Overwhelmed Parenting  
The parent is overwhelmed by the degree of child emotional-behavioral problems and cannot develop an effective response to the child's emotional-behavioral issues.
- 17. Family Context of Elevated Inter-Spousal Conflict  
Chronic child exposure to moderate-level inter-spousal conflict and anger or intermittent explosive episodes of highly angry inter-spousal conflict (intermittent spousal conflicts involving moderate anger that are successfully resolved are normal-range and are not elevated inter-spousal conflict).

#### Level 4: Positive Parenting

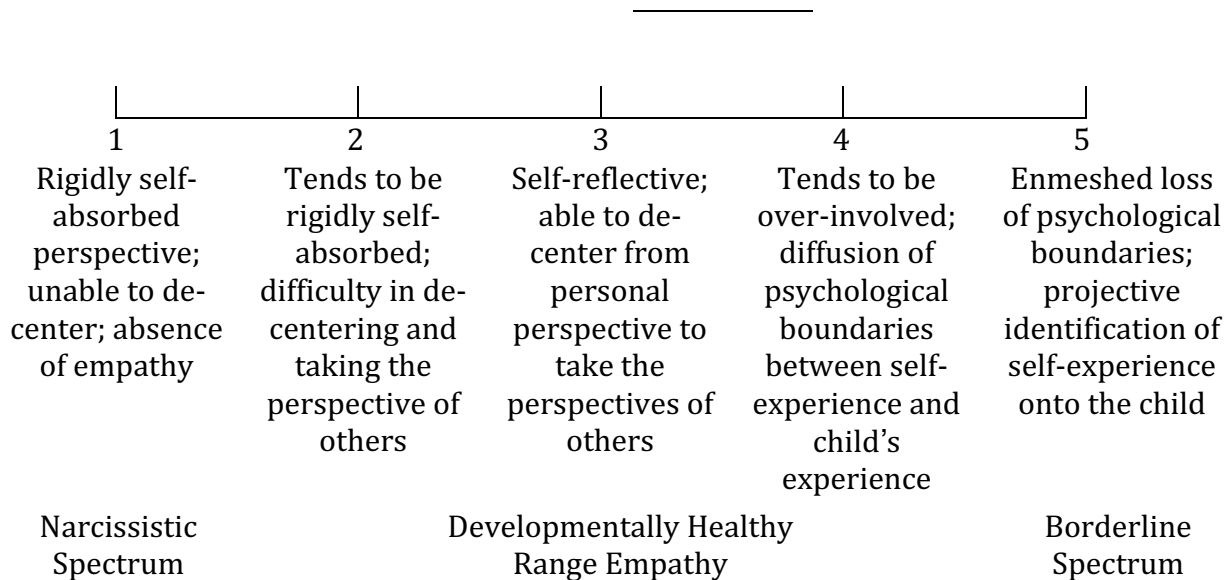
- 18. Affectionate Involvement – Structured Spectrum  
Parenting includes frequent displays of parental affection and **clearly structured** rules and expectations for the child's behavior. Appropriate discipline (loss of privileges or desired objects, or appropriate use of time-out) follows from clearly defined and appropriate rules.

- 19. Affectionate Involvement – Dialogue Spectrum  
Parenting includes frequent displays of parental affection and *flexibly negotiated* rules and expectations for the child’s behavior. Parenting emphasizes dialogue, negotiation, and flexibility.
- 20. Affectionate Involvement – Balanced  
Parenting includes frequent displays of parental affection and parenting blends clearly defined and structured rules with flexible negotiation at times. Parenting effectively balances structured discipline with flexible parent-child dialogue.

Permissive to Authoritarian Dimension Rating:



Capacity for Authentic Empathy Rating:



Parental Issues of Clinical Concern (CC)

- CC 1: Parental schizophrenia spectrum issues

- |                          |       |   |                              |                             |                                   |
|--------------------------|-------|---|------------------------------|-----------------------------|-----------------------------------|
|                          |       | Stabilized on medication?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Variable |
| <input type="checkbox"/> | CC 2: | Parental bipolar spectrum issues                                  |                              |                             |                                   |
|                          |       | Stabilized on medication?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Variable |
| <input type="checkbox"/> | CC 3: | Parental major depression spectrum issues (including suicidality) |                              |                             |                                   |
|                          |       | Stabilized by treatment?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Variable |
| <input type="checkbox"/> | CC 4: | Parental substance abuse issues                                   |                              |                             |                                   |
|                          |       | Treated and in remission (1 yr)?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Variable |
| <input type="checkbox"/> | CC 5: | Parental narcissistic or borderline personality disorder traits   |                              |                             |                                   |
|                          |       | In treatment?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Variable |
| <input type="checkbox"/> | CC 6: | Parental history of trauma  |                              |                             |                                   |
|                          |       | Treated or in treatment?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Variable |

Appendix 3: Diagnostic Checklist for Pathogenic Parenting

## Diagnostic Checklist for Pathogenic Parenting: Extended Version

C.A. Childress, Psy.D. (2015/2017)

All three of the diagnostic indicators must be present (either 2a OR 2b) for a clinical diagnosis of attachment-based “parental alienation.” Sub-threshold clinical presentations can be further evaluated using a “Response to Intervention” trial.

### **1. Attachment System Suppression**

Present	Sub-Threshold	Absent	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The child’s symptoms evidence a selective and targeted suppression of the normal-range functioning of the child’s attachment bonding motivations toward one parent, the targeted-rejected parent, in which the child seeks to entirely terminate a relationship with this parent (i.e., a child-initiated cutoff in the child’s relationship with a normal-range and affectionally available parent).

Secondary Criterion: **Normal-Range Parenting:**

yes	no	
<input type="checkbox"/>	<input type="checkbox"/>	The parenting practices of the targeted-rejected parent are assessed to be broadly normal-range, with due consideration given to the wide spectrum of acceptable parenting that is typically displayed in normal-range families. Normal-range parenting includes the legitimate exercise of parental prerogatives in establishing desired family values through parental expectations for desired child behavior and normal-range discipline practices.

### **2(a). Personality Disorder Traits**

Present	Sub-Threshold	Absent	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The child’s symptoms evidence all five of the following narcissistic/(borderline) personality disorder features displayed toward the targeted-rejected parent.

Sub-Criterion Met

yes	no	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Grandiosity:</b> The child displays a grandiose perception of occupying an inappropriately elevated status in the family hierarchy that is above the targeted-rejected parent from which the child feels empowered to sit in judgment of the targeted-rejected parent as both a parent and as a person.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Absence of Empathy:</b> The child displays a complete absence of empathy for the emotional pain being inflicted on the targeted-rejected parent by the child’s hostility and rejection of this parent.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Entitlement:</b> The child displays an over-empowered sense of entitlement in which the child expects that his or her desires will be met by the targeted-rejected parent to the child’s satisfaction, and if the rejected parent fails to meet the child’s entitled expectations to the child’s satisfaction then the child feels entitled to enact a retaliatory punishment on the rejected parent for the child’s judgment of parental failures

- Haughty and Arrogant Attitude:** The child displays an attitude of haughty arrogance and contemptuous disdain for the targeted-rejected parent.
- Splitting:** The child evidences polarized extremes of attitude toward the parents, in which the supposedly “favored” parent is idealized as the all-good and nurturing parent while the rejected parent is entirely devalued as the all-bad and entirely inadequate parent.

**2(b). Phobic Anxiety Toward a Parent**

Present	Sub-Threshold	Absent	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The child’s symptoms evidence an extreme and excessive anxiety toward the targeted-rejected parent that meets the following DSM-5 diagnostic criteria for a specific phobia:
			Criterion Met
			yes no
<input type="checkbox"/>	<input type="checkbox"/>		<b>Persistent Unwarranted Fear:</b> The child displays a persistent and unwarranted fear of the targeted-rejected parent that is cued either by the presence of the targeted parent or in anticipation of being in the presence of the targeted parent
<input type="checkbox"/>	<input type="checkbox"/>		<b>Severe Anxiety Response:</b> The presence of the targeted-rejected parent almost invariably provokes an anxiety response which can reach the levels of a situationally provoked panic attack.
<input type="checkbox"/>	<input type="checkbox"/>		<b>Avoidance of Parent:</b> The child seeks to avoid exposure to the targeted parent due to the situationally provoked anxiety or else endures the presence of the targeted parent with great distress.

**3. Fixed False Belief**

Present	Sub-Threshold	Absent	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The child’s symptoms display an intransigently held, fixed and false belief maintained despite contrary evidence (a delusion) regarding the child’s supposed “victimization” by the normal-range parenting of the targeted-rejected parent (an encapsulated persecutory delusion). The child’s beliefs carry the implication that the normal-range parenting of the targeted-rejected parent are somehow “abusive” toward the child. The parenting practices of the targeted-rejected parent are assessed to be broadly normal-range.

**DSM-5 Diagnosis**

If the three diagnostic indicators of attachment-based “parental alienation” are present in the child’s symptom display (either 2a or 2b), the appropriate DSM-5 diagnosis is:

DSM-5 Diagnosis

309.4 Adjustment Disorder with mixed disturbance of emotions and conduct

V61.20 Parent-Child Relational Problem

V61.29 Child Affected by Parental Relationship Distress

V995.51 Child Psychological Abuse, Confirmed (pathogenic parenting)

**Checklist of Associated Clinical Signs (ACS)**

evident	not evident	
<input type="checkbox"/>	<input type="checkbox"/>	ACS 1: Use of the Word “Forced”
<input type="checkbox"/>	<input type="checkbox"/>	ACS 2: Enhancing Child Empowerment to Reject the Other Parent
		evident      not evident
		<input type="checkbox"/> <input type="checkbox"/> “Child should decide on visitation”
		<input type="checkbox"/> <input type="checkbox"/> “Listen to the child”
		<input type="checkbox"/> <input type="checkbox"/> Advocating for child testimony
<input type="checkbox"/>	<input type="checkbox"/>	ACS 3: The Exclusion Demand
<input type="checkbox"/>	<input type="checkbox"/>	ACS 4: Parental Replacement
<input type="checkbox"/>	<input type="checkbox"/>	ACS 5: The Unforgivable Event
<input type="checkbox"/>	<input type="checkbox"/>	ACS 6: Liar – “Fake”
<input type="checkbox"/>	<input type="checkbox"/>	ACS 7: Themes for Rejection
		evident      not evident
		<input type="checkbox"/> <input type="checkbox"/> Too Controlling
		<input type="checkbox"/> <input type="checkbox"/> Anger management
		<input type="checkbox"/> <input type="checkbox"/> Targeted parent doesn’t take responsibility/apologize
		<input type="checkbox"/> <input type="checkbox"/> New romantic relationship neglects the child
		<input type="checkbox"/> <input type="checkbox"/> Prior neglect of the child by the parent
		<input type="checkbox"/> <input type="checkbox"/> Vague personhood of the targeted parent
		<input type="checkbox"/> <input type="checkbox"/> Non-forgivable grudge
		<input type="checkbox"/> <input type="checkbox"/> Not feeding the child
<input type="checkbox"/>	<input type="checkbox"/>	ACS 8: Unwarranted Use of the Word “Abuse”
<input type="checkbox"/>	<input type="checkbox"/>	ACS 9: Excessive Texting, Phone Calls, and Emails
<input type="checkbox"/>	<input type="checkbox"/>	ACS 10: Role-Reversal Use of the Child (“It’s not me, it’s the child who...”)
<input type="checkbox"/>	<input type="checkbox"/>	ACS 11: Targeted Parent “Deserves” to be Rejected
<input type="checkbox"/>	<input type="checkbox"/>	ACS 12: Allied Parent Disregards Court Orders and Court Authority
		evident      not evident
		<input type="checkbox"/> <input type="checkbox"/> Child disregard of court orders for custody
		<input type="checkbox"/> <input type="checkbox"/> Child runaway behavior from the targeted parent