

# Therapy Framework for the Treatment of the Parental Alienation Dynamic

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- The child has a DSM-IV TR diagnosis of a Shared Psychotic Disorder.
- Treatment of the Shared Psychotic Disorder will require the psychological separation of the child from the source-origin of the delusion (i.e., the psychopathology of the Beta Parent) for a period of approximately 12-24 months (dependent on case specifics; estimated at 18 months).
  - Re-engagement of the child with the source-origin of the delusion might be accomplished earlier dependent upon several treatment conditions:
    - The speed at which the child develops authentic self-structure capable of withstanding a return to psychological fusion with the psychopathology of the Beta Parent. Treatment progress in this regard can be measured by periodic supervised visitations (supervised by the treatment team) and monitoring of the child's response following these visitations regarding a relapse in symptoms with the Delta Parent.
    - The participation of the Beta Parent in alienation reunification therapy with the Beta Therapist, who would coordinate the Beta Parent's individual therapy with the overall alienation treatment team. Treatment progress of the Beta Parent may allow for earlier reunification, depending on the response of the child and the absence of child relapse of symptoms with the Delta Parent.
- To achieve the treatment context necessary for the resolution of the Shared Psychotic Disorder (i.e., separation of the child from the source-origin of the delusion for a period of approximately 12-18 months) will require court support through a court order.
- The focus of the legal team representing the Delta Parent should be on the child's treatment needs relative to treating the Shared Psychotic Disorder that requires separating the child from the source-origin of the delusion (i.e., the psychopathology of the Beta Parent).
  - Separation may be made in stages, with the initial stage involving placement of the child into kinship care with a family member of the Delta Parent (or foster care if appropriate), incorporating a gradual transition of care to the Delta Parent. Return of the child to the Beta Parent should not be a considered option until a full resolution of the child's participation in the delusional disorder is achieved.
- The treatment of the child's Shared Psychotic Disorder, and the child's expression of the Beta Parent's Axis II psychopathology secondary to the Shared Psychotic Disorder, should utilize three components:
  1. Child Individual Therapy:

Treatment Goals: Provide emotional and psychological support to the child through the separation period; challenge delusional constructions of meaning; challenge expressions of Axis II psychopathology (e.g., narcissistic rage, narcissistic entitlement, narcissistic lack of empathy, borderline abandonment projections); support child's development of authentic self-structure.

## 2. Dyadic Delta Parent/Child Therapy

Treatment Goals: De-triangulate the child from the “spousal” conflict; challenge the delusional constructions of meaning and Axis II psychopathology; develop authentic problem-solving relationship communication; support authentic breach-and-repair sequences and the development of authentic child self-experience/self-expression; support healthy developmentally supportive parenting and legitimate parental authority.

## 3. Beta Parent Individual Therapy

Treatment Goals: Address trans-generational transmission of trauma features centering on anxiety management and construction of meaning; provide Beta Parent with emotional and psychological support during separation phase and with focus for directing anxiety management; systematic desensitization therapy as indicated to address anxiety management issues relative to separation from the child and persecutory delusional disorder; support authentic self-structure development and expression through breach-and-repair sequences within therapy; reframe the meaning of experienced anxiety and address persecutory delusional disorder; coordinate Beta Parent therapy with overall alienation treatment team to ensure coordinated treatment plan and monitoring of efforts toward Beta Parent and child reunification.

### Negotiated Agreement

- Prior to seeking court ordered support for treatment of the child’s Shared Psychotic Disorder, the child’s parents and legal representatives may seek a negotiated treatment agreement involving a Moderated Treatment Framework, such as the Strategic-Behavioral-Systems Intervention, in which the child’s visitations with the Beta Parent are contingent upon successful completion of pre-defined “successful” days with the Delta Parent (based on a rating scale completed by the Delta Parent for this purpose).
- A Moderated Treatment Framework should also include the three treatment components outlined above (i.e., individual child therapy, dyadic Delta Parent-child therapy, and individual Beta Parent therapy that are coordinated as to treatment goals, treatment plan, and treatment implementation). The treatment team should monitor implementation of the Moderated Treatment Framework.
- Behavioral-relationship goals for the child should be systematically increased toward resolution of the Shared Psychotic Disorder and restoration of authentic self-experience and self-expression of the child with the Delta Parent. A Moderated Treatment Framework should be maintained for approximately 18 months, with at least 6 months of full recovery noted before discontinuation. A relapse in child symptom expression following discontinuation may necessitate a return to the Moderated Treatment Framework or full treatment of the Shared Psychotic Disorder requiring child separation from the source-origin of the delusion for a period of 12-24 months.
- Failure of the Moderated Treatment Framework to achieve resolution of the Shared Psychotic Disorder would necessitate the full treatment of the Shared Psychotic Disorder requiring a separation of the child from the source-origin of the delusion (i.e., the psychopathology of the Beta Parent) for a period of approximately 12-24 months.