

# Parental Alienation Processes Pathogenic Parenting Concern Scale

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High Degree of Concern Regarding Pathogenic Parenting: Child Protection Status	
<p><b>Features of Parent Presentation:</b></p> <p>The degree of parental psychopathology represents a high degree of concern regarding the negative impact on the child’s emotional and psychological well-being. The parental psychopathology may include:</p> <p><input type="checkbox"/> <b>Delusional false beliefs</b> regarding the abuse potential of the other parent (persecutory delusions), or vaguely conceptualized but persistently held beliefs in the basic parental inadequacy of the other parent that are used to justify and excuse the child’s severe symptom expressions toward the targeted “normal-range” parent</p> <p><input type="checkbox"/> Prominent <b>Personality Disorder traits</b> involving a variable constellation of Personality Disorder features that may include some, but not necessarily all, of the following:</p> <ul style="list-style-type: none"> <li>○ Narcissistic features involving an <b>absence of empathy</b></li> <li>○ Narcissistic features of a grandiose presentation as a parent – wonderful parent, wonderful child, no discipline ever needed</li> <li>○ Narcissistic/antisocial disregard of court orders regarding custody and visitation</li> <li>○ Antisocial features involving a pervasive pattern of disregard for and violation of the rights of others (i.e., the other parent)</li> <li>○ Borderline features of “splitting” into all-good and all-bad</li> <li>○ Borderline features of emotional instability and behavioral impulsivity</li> </ul>	<p><b>Features of Child Presentation:</b></p> <p>The child is presenting with significant behaviors of concern that may include:</p> <p><input type="checkbox"/> Severely disrupted attachment bonding or <b>inauthentic attachment presentation</b> involving the selective rejection-abandonment of the “normal-range” parent while remainder of attachment presentation is normal-range</p> <p><input type="checkbox"/> Evidence of <b>splitting dynamic</b> expressed through the child’s differential relationship with parents involving an excessive idealization of pathogenic parent and excessive rejection-abandonment of “normal-range” parent</p> <p><input type="checkbox"/> Excessive and inappropriate anxiety expressions or evidence of unprovoked and <b>virulently hostile-aggressive</b> responses selectively expressed toward the “normal-range” parent</p> <p><input type="checkbox"/> Evidence of <b>shared delusional processes</b> involving the child’s expression of false persecutory beliefs about the “normal-range” parent being abusive or inadequate as a parent</p> <p><input type="checkbox"/> Evidence in the child’s symptom display of the <b>transmission of Personality Disorder features</b> from the pathogenic parent, possibly including:</p> <ul style="list-style-type: none"> <li>○ Narcissistic/antisocial <b>absence of empathy</b> <input type="checkbox"/> toward the “normal-range” parent</li> <li>○ Narcissistic sense of entitlement</li> <li>○ Narcissistic grandiosity expressed as the child’s expectation and assertion of an elevated status in family authority hierarchy above the “normal-range” parent</li> <li>○ Borderline episodic emotional instability and volatility involving intense and inappropriate anger</li> <li>○ Antisocial conduct disorder features possibly involving runaway behavior and defiance of court orders</li> </ul>
<p><b>Recommendation:</b> Protection of the child is of paramount concern. The immediate removal of the child from the pathogenic parenting and placement of the child with the “normal-range” parent, in kinship care with the family of the “normal-range” parent, or in foster care, should be seriously considered relative to the initial phases of the child’s therapy and recovery. Mandated individual therapy for the pathogenic parent as a required component of re-integration therapy for the child with the pathogenic parent should receive serious consideration.</p>	

Moderate Degree of Concern Regarding Pathogenic Parenting– Treat and Watch Status:	
Features of Parent Presentation:	Features of Child Presentation:
<p>The degree of parental psychopathology is unclear regarding the impact on the child’s emotional and psychological well-being.</p> <p>The absence of clarity may be a function of the following parental features:</p> <ul style="list-style-type: none"> <li>▪ The nature or degree of parental psychopathology cannot be determined based on the available information – <b>a treat-and-watch period is necessary to acquire the additional information needed to make a determination regarding the level of concern.</b></li> <li>▪ The nature or degree of parental narcissistic and Personality Disorder psychopathology is relatively mild.</li> <li>▪ The nature or degree of parental psychopathology may be of significant concern, but the child is not yet evidencing symptoms of commensurate concern.</li> <li>▪ Both parents evidence problematic parenting so that it is impossible to determine if negative views of one parent toward the other represent a relatively realistic appraisal or a false belief system - <b>a period of therapeutic intervention is necessary, targeting the improvement of parenting skills for both parents and a response-to-intervention assessment, in order to acquire the additional information needed to make a determination regarding the level of concern.</b></li> </ul>	<p>The child is presenting with moderate behaviors of concern that may include:</p> <ul style="list-style-type: none"> <li>▪ Oppositional-angry parent child interactions occur differentially with one parent but remain responsive to appropriate parental intervention</li> <li>▪ Elevated expressions of anger are present differentially with one parent but are usually reasonably understandable relative to the situation and to the apparent parent-child relationship and communication processes. Anger expressions do not become virulent or abusive and are typically responsive to parental intervention.</li> <li>▪ Some evidence of a splitting dynamic is being expressed through the child’s differential relationship with parents, although the child continues to maintain an intermittently positive relationship with the targeted parent; limited rejection behaviors.</li> <li>▪ The child displays a normal-range capacity for <b>empathy with both parents.</b> Minimal evidence of detachment behavior relative to either parent; the child appears capable of emotionally warm and positive relationship with both parents, although frequency may vary between parents.</li> </ul>
<p>Recommendation: Initiate treatment of child symptoms and parenting behavior – monitor for non-responsiveness to treatment intervention or continuing exacerbation of symptoms despite treatment.</p> <ul style="list-style-type: none"> <li>▪ A treatment trial with a moderated alienation treatment intervention, such as the Strategic-Behavioral-Systems intervention, may be indicated. <ul style="list-style-type: none"> <li>○ monitoring of response to intervention at 6-week intervals</li> <li>○ exacerbation in child symptoms would elevate degree of concern</li> <li>○ non-response to intervention at 12 or 24 weeks would elevate degree of concern</li> </ul> </li> </ul>	

Minimal to Non-Existent Degree of Concern Regarding Pathogenic Parenting	
<p>Features of Parent Presentation:</p> <p>The degree of parental psychopathology is of minimal to non-existent concern regarding the impact on the child’s emotional and psychological well-being.</p> <p>The absence of concern may be related to the following parental features:</p> <ul style="list-style-type: none"> <li>▪ Parents may express animosity toward one another, and there may be communication and relationship dysfunctions between the parents, but there is no evidence of delusional processes or narcissistic personality disorder processes with either parent.</li> <li>▪ Parents may evidence problematic emotional or psychological issues, but these issues do not represent entrenched psychopathological processes.</li> <li>▪ Both parents appear capable of de-centering and perspective taking required for empathy – while each parent may hold their own viewpoints, <b>there is no evidence for a pathological absence of empathy</b> suggestive of personality disorder processes.</li> <li>▪ The parenting of both parents appears relatively normal-range.</li> </ul>	<p>Features of Child Presentation:</p> <p>The child is presenting with mild to moderate behaviors of concern that may include:</p> <ul style="list-style-type: none"> <li>▪ Oppositional-angry parent child interactions occur in <b>both</b> parental relationships, although there may be a difference in degree and frequency across situations.</li> <li>▪ Expressions of anger are reasonable to the situation and the apparent parent-child relationship.</li> <li>▪ <b>No</b> evidence of <b>splitting dynamic</b> being expressed through the child’s differential relationship with parents, child’s relationship with both parents evidences complexity of both good-and-bad representations.</li> <li>▪ The child displays a normal-range capacity for <b>empathy with both parents</b>. Minimal evidence of detachment behavior relative to either parent; emotionally warm and positive relationship with both parents appear reasonably common and available.</li> </ul>
<p>Recommendation: Initiate treatment of child symptoms and parenting behavior</p>	