

Response to Karen Woodall's Critique of Foundations

C.A. Childress, Psy.D.

Thank you Dr. Woodall for your accurate critique of Foundations. I agree with all the points you raise. Except one. I believe Foundations does offer the solution. Let me explain.

I am only talking about a specific type of "parental alienation" pathology – what you would call "pure alienation," and I am not talking about "hybrid cases." I'm not trying to solve everything under the sun. I'm just trying to solve this one specific type of pathology. In the Introduction to Foundations I acknowledged that Gardner's model of PAS and an attachment-based model cover slightly different pathologies. I am only addressing the pathologies at the upper end of the spectrum. I acknowledge that in the Introduction to Foundations.

From what I'm seeing as a clinical psychologist, the pathology that everyone is describing as "parental alienation" simply represents the standard family systems construct of a child's triangulation into the spousal conflict through a cross-generational coalition with one parent against the other parent (if someone can explain for me under what circumstances a cross-generational coalition as described by Minuchin and Haley DOESN'T represent a mild to severe form of "parental alienation" I'd appreciate it). I actually don't see what all the fuss is about. It seems like pretty standard family systems pathology.

So all the "hybrid cases" I would simply classify as the child's triangulation into the spousal conflict through the formation of a cross-generational coalition with one parent against the other parent, and I would approach these cases exactly as you're approaching them, with an individualized assessment of the family processes. In my view, this is all just sort of standard family systems stuff. It's not a "new syndrome" unique in all of psychology. Murray Bowen, Jay Haley, Salvador Minuchin, Virginia Satir, Boszormenyi-Nagy have all covered this ground. Standard family systems stuff.

But there is one significant wrinkle to the pathology of the child's triangulation into the spousal conflict through the formation of a cross-generational coalition with one parent against the other parent, and that's when the allied parent has a narcissistic/borderline personality disorder. Then all bets are off. Then the child is used (manipulated and exploited) as an external "regulatory object" to stabilize the pathology of the narcissistic/borderline personality. Then the pathology becomes really nasty, and the child is induced into seeking to entirely terminate the child's relationship with a normal-range and affectionally available parent. The targeted parent has no contribution to this pathology. None. It is being driven entirely by the severe psychopathology of the narcissistic/borderline personality pathology of the "alienating parent." That is the pathology I'm addressing – and that is the ONLY pathology I am addressing.

I'm not trying to solve everything under the sun. Just this one thing.

Let that sink in. I'm not trying to solve everything under the sun. Just this one thing.

The other forms of “parental alienation,” what you’re calling “hybrid cases,” are in my view simply manifestations of the child’s triangulation into the spousal conflict thorough the formation of a cross-generational coalition with one parent against the other parent. Standard family systems stuff. Individualized assessment, determine what the family pathology entails, treat it, solve it.

But when the pathology of a narcissistic/borderline personality parent becomes involved, all bets are off. The pathology of a narcissistic/borderline parent transforms an already pathological cross-generational coalition (Haley: “the perverse triangle”) into a particularly virulent and malignant form that seeks to entirely terminate the other parent’s relationship with the child. I’m not trying to solve everything under the sun. Just this pathology.

But let me explain why this solution to just this pathology represents the solution to “parental alienation.” There are about eight reasons, but I’ll describe just two for now.

Synthesis

While this “pure alienation” pathology that I’m tackling is only a small component of the overall triangulation/cross-generational coalition pathology which is called “parental alienation” by advocates for the “parental alienation” construct, the splitting pathology of the narcissistic/borderline process contained in this “pure alienation” has infected the professional dialogue surrounding the overall pathology of “parental alienation” by introducing the parallel process of splitting into the professional discussion. Whenever we are dealing with borderline personality processes, we need to be exceedingly careful of the parallel process of “staff splitting.” Masha Linehan discusses this:

“Staff splitting,” as mentioned earlier, is a much-discussed phenomenon in which professionals treating borderline patients begin arguing and fighting about a patient, the treatment plan, or the behavior of the other professionals with the patient... arguments among staff members and differences in points of view, traditionally associated with staff splitting, are seen as failures in synthesis and interpersonal process among the staff rather than as a patient’s problem... Therapist disagreements over a patient are treated as potentially equally valid poles of a dialectic. Thus, the starting point for dialogue is the recognition that a polarity has arisen, together with an implicit (if not explicit) assumption that resolution will require working toward synthesis.” (p. 432)

Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford

I’m actually surprised that no one is recognizing this parallel process in the professional dialogue surrounding “parental alienation.” Establishment mental health is polarized in its response to the pathology of “parental alienation.” We only need to look at the official APA position statement on Parental Alienation Syndrome (available online) to realize just how far

apart the two sides are. The polarized professional dialogue regarding the pathology of “parental alienation” reflects the parallel process of staff splitting which has split the mental health field into opposing camps and has immobilized the professional response to the pathology.

So we first need to end the splitting within professional mental health by working toward synthesis – “resolution will require working toward synthesis,” Linehan (1993). How do we accomplish this? Establishment mental health will never accept a “new syndrome” proposal of Gardnerian PAS. After 30 years and the most recent DSM-5 attempt to have “parental alienation” recognized by establishment mental health, this should be abundantly obvious.

So to achieve a “synthesis” of the “equally valid poles of a dialectic” we must define the pathology from entirely within standard and established professional constructs and principles. No “new syndrome” proposal. No eight unique symptom identifiers. Everything – everything – must be defined within standard and established psychological principles and constructs. To achieve synthesis, we must give up the Gardnerian PAS definition of the pathology. That paradigm is a poison pill to any proposal for compromise and synthesis. I know this will be hard for Gardnerian PAS advocates to accept, but it is true. Establishment mental health will never accept a Gardnerian PAS model.

An attachment-based model of the pathology offers establishment mental health a more limited description of the pathology, defined entirely within standard and established psychological principles and constructs, which will form the basis, the foundation, for a compromise synthesis of positions.

The entirety of the pathology subsumed under the construct of “parental alienation” is too broad to solve in one fell swoop. So I took it just above the cutoff point when the pathology of a narcissistic/borderline parent is added to the cross-generational coalition, which then transforms the pathology of the “perverse triangle” into a particularly virulent and malignant form that seeks to entirely terminate the child’s relationship with the targeted parent. In this limited domain of the pathology, I then defined this limited domain of the pathology from entirely within standard and established psychological constructs and principles, in great detail for establishment mental health and not using one drop of the Gardnerian PAS “new syndrome” proposal.

This is my offering to establishment mental health as a compromise solution that can bring synthesis: We stop rigidly insisting that establishment mental health accept the Gardnerian PAS “new syndrome” proposal that they absolutely will not accept, and in return they acknowledge the existence (even if in limited form) of the pathology. Yay. Synthesis.

If they object to the term “parental alienation” then we offer the term “pathogenic parenting.” Compromise. Synthesis. Even if it is only around a small core of the pathology, that’s fine. I’m not trying to solve everything under the sun. Just this. Let’s just start with this.

Then, once we achieve this compromise, once we achieve formal recognition that the pathology of “parental alienation” exists, we have achieved a breakthrough. We now have defined domains of expertise to which we can hold mental health professionals *accountable* in their assessment, diagnosis, and treatment (personality disorder pathology, family systems pathology, attachment trauma pathology). If others want to then argue for additional domains of professional competence, fine by me. But at least we have a solid foundation of established and accepted forms of pathology on which to stand. Then you and others can begin to enlarge this breakthrough by discussing “hybrid cases” and different variants. Totally fine by me. But we will have repaired the rift, the split, in mental health so that mental health can begin to speak with a single voice.

I’m not trying to solve everything under the sun. Just this one thing.

Disruption of Homeostatic Balance

The second reason Foundations provides the solution to “parental alienation” has to do with the family systems construct of homeostasis. Dysfunctional systems are in homeostatic balance *with the symptom present*. The current response of the mental health and legal systems to the pathology of “parental alienation” is severely dysfunctional, and the symptom (i.e., the internecine conflict within mental health) is serving to maintain the dysfunctional homeostasis within the system(s). What’s the solution? Salvador Minuchin describes it well. We must first disrupt the homeostatic balance of the system in order to allow structural changes in the system to occur. That’s what a structural family systems therapist does; disrupt the dysfunctional homeostatic balance in the system that is being stabilized by the symptom. Standard family systems stuff.

So we’re faced with a dysfunctional homeostatic balance in the mental health and legal systems. What do we need to do to create change? Disrupt the homeostatic balance of these systems. How do we do this? By challenging the status quo. Big systems need strong challenges.

When I state that Foundations offers the solution to “parental alienation,” this represents a challenge to the impacted homeostatic balance on the Gardnerian PAS side of the dysfunctionally polarized debate. You say no it doesn’t. I reply, that’s because you don’t get what the solution entails at a meta level. You’re not seeing the solution. The solution will come from synthesis with the other side, not from forcing the other side to capitulate. This opportunity for synthesis will arise from the disruption to the dysfunctional homeostatic balance in the mental health system that Foundations and my strong assertions will create:

The correct clinical term for this pathology is not “parental alienation” it’s “pathogenic parenting,” i.e., the creation of significant psychopathology in the child thorough highly aberrant and distorted parenting practices. This wording change, in itself, creates a new perspective on the pathology, and in doing so it begins to disrupt the dysfunctional

homeostatic balance surrounding the construct of “parental alienation.” It’s like the Gestalt therapy intervention of changing the patient’s use of the word “can’t” to “won’t,” or from changing the word “but” to the word “and.” Simple wording changes can create major changes in perspective – pathogenic parenting.

The presence in the child’s symptom display of severe developmental pathology (Diagnostic Indicator 1), personality disorder pathology (Diagnostic Indicator 2), and psychiatric pathology (Diagnostic Indicator 3) represents a DSM-5 diagnosis of V995.51 Child Psychological Abuse, Confirmed. This represents a huge challenge to the dysfunctional homeostatic balance surrounding “parental alienation.” Instead of seeking a diagnosis of “parental alienation” that doesn’t exist in the DSM-5, we’re seeking a diagnosis of V995.51 Child Psychological Abuse that DOES appear in the DSM-5. And once we switch to the construct of “pathogenic parenting” I think we have an exceedingly strong argument for this legitimate DSM-5 diagnosis.

If this legitimate DSM-5 diagnosis is not made when the three diagnostic indicators of severe “pathogenic parenting” are present (do you see the leverage point that relies on the switch to the accepted professional term pathogenic parenting?), then the mental health professional may be facing a licensing board complaint or malpractice lawsuit filed by the targeted parent for possible violations of Standards 2.10a, 9.01a, and 3.04 of the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association and for a failure in their “duty to protect.” This represents another huge disruption to the current dysfunctional homeostatic balance surrounding the pathology of “parental alienation.” The mental health system is going to need to respond to this challenge which is based entirely on its own ethical standards of practice. You don’t see the solution this is offering? Really?

If the mental health professional DOES make the correct DSM-5 diagnosis of the severe pathogenic parenting as representing V995.51 Child Psychological Abuse, Confirmed when the three diagnostic indicators of pathogenic parenting are present, then this activates the mental health professional’s “duty to protect” which must then be discharged by taking an affirmative protective action that is documented in the patient’s medical record (such as by filing a suspected child abuse report with Child Protective Services). Failure to take an affirmative protective action that is then **documented** in the patient’s medical record after making a DSM-5 diagnosis of V995.51 Child Psychological Abuse, Confirmed may result in a licensing board complaint or malpractice lawsuit filed by the targeted parent for failure in the mental health professional’s “duty to protect.”

Notice the major challenges being created to the dysfunctional homeostatic stability of the “mental health family” system.

I'm playing hardball with establishment mental health. Gandhi provoked. Martin Luther King and the civil rights movement provoked. The gay and lesbian movement provoked. The feminist movement provoked. Gandhi was imprisoned. Civil rights protesters were beaten and killed. It's not pretty. I am exposing myself professionally to severe backlash from establishment mental health. But creating systems change requires that we disrupt the dysfunctional homeostatic balance.

I suspect that the reason you don't think Foundations offers the solution is because you're not seeing the bigger picture – the meta picture of creating systems change. Your analysis of Foundations only looked at the pathology level, and at that level you're right. I'm not trying to solve everything under the sun, just this thing, just the severe form involving parental narcissistic/borderline pathology. I'm only talking about what I'm talking about. But in doing this, I am disrupting the dysfunctional homeostatic balance within the mental health system as a necessary prelude to systems change.

I am making strong statements. If you don't think inducing delusional beliefs and personality disorder traits in a child warrants the child's protective separation from the pathogenic parent, and you want to leave the child in the care of a severely narcissistic/borderline parent who is inducing delusions and personality disorder traits in the child in order for this parent to exploit the child as an external regulatory object to stabilize the pathology of the parent, fine. I would tend to disagree with that decision. I would tend to want to place the child in the care of a parent who is NOT inducing delusions and a personality disorder in the child.

I'm only talking about what I'm talking about. If you want to talk about something different, we can do that later. But for right now, we're talking about Foundations, so we're just talking about what I'm talking about. Are there other things? Yes. But we're not talking about those other things. I'm not trying to solve everything under the sun. Just the thing I'm talking about.

The thing I'm talking about can be reliably recognized by the presence in the child's symptom display of three definitive diagnostic indicators, 1) attachment system suppression, 2) five specific narcissistic/borderline personality traits in the child's symptom display, and 3) a delusional belief regarding the "abusive" inadequacy of a normal-range and affectionally available targeted parent. If these three diagnostic indicators are not present in the child's symptom display, then I'm not talking about that thing. If, on the other hand, these three diagnostic indicators ARE present in the child symptom display, then I AM talking about that thing.

There is a checklist up on my website for the three diagnostic indicators. What you're calling "hybrid cases" will not meet the three diagnostic criteria for an attachment-based model of the pathology. Simple. If, however, the client does meet the three diagnostic indicators for

an attachment-based model, then no other pathology in all of mental health can explain the presence in the child's symptom display of this specific set of three symptoms except the pathology I describe in Foundations.

Try it. Try to find any other pathology that will meet all three diagnostic criteria. Try it with your supposedly "hybrid cases." In these "hybrid cases," does the child evidence the five narcissistic/borderline personality traits? If so, how does a child acquire narcissistic/borderline personality traits? From an enmeshed relationship with a narcissistic/borderline parent. Is this enmeshed narcissistic/borderline parent the targeted parent? No. So it must be the allied and supposedly favored parent who is the narcissistic/borderline parent. In these supposedly "hybrid cases," if the targeted parent is responsible for the child's hostility and rejection then the child's belief in the "abusive" inadequacy of the targeted parent is not delusional because it has a reality basis to it, so the child does not meet Diagnostic Criteria 3. If the child, however, does have a delusional belief in the "abusive" inadequacy of the targeted parent, then how is the child acquiring this delusional belief? From an enmeshed relationship with the allied narcissistic/borderline parent (Diagnostic Indicator 2). It's actually pretty simple. Try it with your clients.

If you think that some targeted parent clients are mis-adopting my work, simply use the Diagnostic Checklist for Pathogenic Parenting that's up on my website. Go through the three diagnostic indicators. Identify which criteria are not met, and explain this to the targeted parent; "What's happening in your family isn't what Dr. Childress is talking about because your child is not displaying all five of the narcissistic/borderline symptoms. Your child is not displaying such-and-such..." Or, "Your family is not what Dr. Childress is talking about because your child's beliefs regarding your problematic parenting are accurate and have a foundation in reality, and so are not delusional. The problem with your parenting is such-and-such..." and then fix the targeted parent's parenting and the child's symptoms will go away.

It's not all that complex. If the three diagnostic indicators are present, that's the pathology I'm talking about because no other pathology other than that described in Foundations can account for that specific set of symptoms in the child's symptom display other than an attachment-based model of the pathology as I describe in Foundations. If the three diagnostic indicators are not present, then I'm not talking about that type of pathology. I'm not trying to solve everything under the sun. I'm just trying to solve this one thing.

For targeted parents who are misapplying my work in Foundations to their particular family situation that does not involve the presence of all three diagnostic indicators, just administer the Diagnostic Checklist of Pathogenic Parenting available on my website and explain to them why they don't meet the three diagnostic criteria for an attachment-based model of the pathology. Pretty simple. I'll try to help you out with this by posting a blog on this topic.

However the solution will not come from individual case by individual case efforts. The solution requires fundamental systems change within the dysfunctional mental health system. I understand that my work may present challenges to the efforts at your clinic regarding individual cases. However, there are tens of thousands of targeted parents that don't have access to your clinic, that don't have access to any appropriate therapeutic support. And there are tens of thousands of targeted parents who don't have the money to fight this pathology through the legal system. In order to reach them, in order to provide them with a solution, we must create fundamental systems change within mental health. My goal is to create this systems change for them, to bring solutions to these children and families.

It is in creating this fundamental systems change within mental health that Foundations and an attachment-based model of "parental alienation" provides THE solution. Foundations and the attachment-based model disrupt the dysfunctional homeostatic balance within the mental health system by **requiring** a DSM-5 diagnosis of V995.51 Child Psychological Abuse, Confirmed when the three diagnostic indicators of the pathology I'm describing are present. I am provoking establishment mental health and challenging the profound degree of professional incompetence in mental health to be competent. Three diagnostic indicators using standard and fully accepted clinical symptomatology. If those three diagnostic indicators are present, then the DSM-5 diagnosis of V995.51 Child Psychological Abuse, Confirmed is required, or else the mental health professional must argue that inducing severe developmental pathology (Diagnostic Indicator 1), personality disorder pathology (Diagnostic Indicator 2), and delusional pathology (Diagnostic Indicator 3) in a child in order to meet the emotional and psychological needs of the parent does NOT represent child psychological abuse. I suspect that would be a tough argument to make.

I am also provoking the Gardnerian PAS advocates to reach compromise with establishment mental health by recognizing the legitimate concerns of establishment mental health regarding a "new syndrome" proposal. In order to achieve synthesis, we must give up our inflexible insistence on the acceptance of the Gardnerian PAS model and the eight symptoms of Gardnerian PAS. In order to achieve synthesis with establishment mental health, all of our descriptions of the pathology, whether it is of the "pure alienation" cases that I address or the "hybrid alienation" cases you discuss, must be defined entirely from within standard and established psychological principles and constructs. No "new syndrome" proposals. Proposals of "new syndromes" represents weak professional rigor. Do the work. Describe the pathology you want to describe using standard and established psychological principles and constructs. Otherwise, we simply continue the split within mental health by inflexibly demanding that establishment mental health accept a "new syndrome" which we assert is unique in all of professional psychology. We must seek compromise. Synthesis.

"Thus, the starting point for dialogue is the recognition that a polarity has arisen, together with an implicit (if not explicit) assumption that resolution will require working toward synthesis." (Linehan, 1993)

The pathogenic parenting of an attachment-based model of the pathology gives us a DSM-5 diagnosis of V995.51 Child Psychological Abuse, Confirmed. A Gardnerian PAS model doesn't. Establishment mental health cannot deny the existence of narcissistic and borderline personality pathology. An attachment-based model of the pathology will effectively challenge the current dysfunctional homeostatic balance within the mental health system. Three diagnostic indicators = V995.51 Child Psychological Abuse, Confirmed. This will be true at your clinic. This will be true at the office of the mental health professional down the road. This will be true in the U.S., this will be true in South Africa. Three diagnostic indicators = V995.51 Child Psychological Abuse, Confirmed. You don't see how this provides the solution? Really?

Disrupting the homeostatic balance of dysfunctional family systems, whether it's with an individual family or with the "family" of mental health professionals, is all just standard family systems stuff. I'm a clinical psychologist. That's what I do. My job is to create change. When I'm presented with a family system in dysfunctional homeostatic balance, I begin the systems change by disrupting the dysfunctional homeostatic balance to allow for structural changes to occur as the system seeks to realign itself in response to its disrupted homeostasis. Foundations disrupts the homeostatic balance within the dysfunctional "mental health family" system, which will lead to disruptions to the dysfunctional homeostatic balance in the "legal family" system.

Will targeted parents become too strident? Unfortunately yes. Did it annoy Southern bigots when Black civil rights protesters violated the laws and drank from Whites-only drinking fountains and when Blacks sat at Whites-only lunch counters? Yep. Being annoying is part of "protest behavior." Gandhi specifically said that his goal was to provoke a response from the British government. My goal is to be as annoying as possible to the complacent and incompetent mental health providers and the dysfunctional mental health and legal systems. Being cooperative is getting these targeted parents nowhere and is only resulting in the permanent loss of their children. How much worse for them can it be? Oooo, now their children are alienated AND the therapist doesn't like them, whereas if they were just cooperative and pleasant - then their children would still be alienated but at least the therapist wouldn't dislike them.

While your analysis of Foundations is correct, I would suggest that you're thinking small frame individual family and are lost in the vast array of family pathology that exists rather than remaining focused on the more limited domain pathology I'm addressing in Foundations and that will be evidenced by three definitive diagnostic indicators in the child's symptom display. The supposedly "hybrid cases" you discuss won't display these three diagnostic indicators. I'm going for broad systems changes. Meta level. When we solve the situation for all families, we will be able to solve it for each individual family as well. I'm not trying to solve everything under the sun, just the thing I'm talking about. Are there other things? Yep. But I'm not talking about them. I'm just talking about this one thing. If the three diagnostic indicators are present,

that's the thing I'm talking about. If the three diagnostic indicators are not present, I'm not talking about that thing.

But in solving this one thing, a number of additional forces will emerge in which Foundations is going to effect the systemic changes needed to solve the pathology of "parental alienation" generally. I understand that you and others don't see it yet. But there are those of us who do – the diagnosis of V995.51 Child Psychological Abuse, Confirmed when the three diagnostic indicators are present in the child's symptom display provides this solution. That's the solution. A DSM-5 diagnosis of V995.51 Child Psychological Abuse, Confirmed leveraged by the term "pathogenic parenting" and APA ethical code Standards 9.01a, 2.01a, 3.04 and the duty to protect. Seems pretty obvious to me. An attachment-based model of the pathology provides this DSM-5 diagnosis, a Gardnerian PAS model doesn't. But I guess that there is no way that you and others will want to see the solution this offers except by showing it to you once we enact it.

Diagnostic Checklist, three diagnostic indicators present = DSM-5 diagnosis of V995.51 Child Psychological Abuse, Confirmed. If no child abuse diagnosis is given when the three diagnostic indicators are present in the child's symptom display, then this failure by the mental health professional will result in a possible licensing board complaint against this mental health professional under Standards 9.01a, 2.01a, and 3.04 of the APA ethics code and for a failure in the mental health professional's "duty to protect."

That seems like a solution to me. But somehow that doesn't seem like a solution to you. So your proposed solution is what then? Battling out each individual case in a non-responsive legal system?

And if you want to advocate that we don't protectively separate children from the pathogenic parent when the three diagnostic indicators are present, and that we leave children with a narcissistic/borderline parent who is inducing severe developmental pathology (Diagnostic Indicator 1), personality disorder pathology (Diagnostic Indicator 2), and psychiatric (delusional) pathology (Diagnostic Indicator 3) in the child that warrants a DSM-5 diagnosis of Child Psychological Abuse, Confirmed, well I guess that's up to you. But I am going to advocate that we immediately protectively separate this child from the psychologically abusive pathogenic parenting of the narcissistic/borderline parent during the active period of the child's recovery and stabilization.

Fundamental to systems change is that we must first disrupt the dysfunctional homeostatic balance that keeps the problematic system locked in its dysfunction, and then as the disrupted homeostasis seeks to re-balance itself we must move toward structural synthesis of the two sides that ends the split within mental health. Standard family systems stuff.

And that's exactly what I'm doing. My goal isn't to solve everything under the sun, just this one thing. And in solving just this one thing, we will ultimately be able to solve everything under the sun.

Craig Childress, Psy.D.

Clinical Psychologist, PSY 18857