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Consultation Report: Custody Resolution Method ([redacted])

Date: [redacted]

Psychologist: Craig Childress, Psy.D.

CRM File Reviewed: [redacted]
Father [redacted]; Mother – [redacted]; Child – John [redacted];

Scope of Report:

Dr. Childress was provided with a compiled data profile from the Custody Resolution Method (CRM), summarized in a *Diagnostic Checklist for Pathogenic Parenting* (Childress, 2015) and *Parenting Practices Rating Scales* for each parent. Dr. Childress was asked to provide his opinion on the data set submitted to him as summarized in the *Diagnostic Checklist for Pathogenic Parenting*.

Dr. Childress was provided with access to the raw data on which each tag of category was identified. Dr. Childress did not confirm the accuracy of each data tag, and instead relied on the summary of tagged data profiles provided by the Custody Resolution Method. Dr. Childress reviewed the scope of the material to develop a professional understanding for the family context surrounding the compiled data profile provided by CRM.

The opinion contained in this report is based on the accuracy of the compiled data profile provided to Dr. Childress as summarized in the *Diagnostic Checklist for Pathogenic Parenting*. If substantial alterations to the data profile provided for opinion occur, then the opinions of this report would change. Dr. Childress has not interviewed the involved family members, and has not independently confirmed the accuracy of each individual CRM data tags used in the compiled profile. The opinions of Dr. Childress rely on the accuracy of the data profiles reviewed.

Father's [redacted]

A complicating factor in this family is [redacted]

Individual background history information redacted for privacy.

[1] WebMD Celebrities With Bipolar Disorder: www.webmd.com/bipolar-disorder/ss/slideshow-celebrities-bipolar-disorder

The [redacted] family is going through a transition from an intact family structure united by the spousal marriage to a new separated family structure united by the child, and by both parents' in their continuing love for the child. Bipolar disorder in a family properly medicated will not have impact on the parent-child bond.

Of concern in the [redacted] family is that the son, John, may become triangulated into the spousal conflict surrounding the history of marital strife, and now divorce, and may be siding with his mother in the spousal conflict (called a cross-generational coalition). Under these circumstances, the mother may use the father's vulnerability of a mood-related diagnosis to turn the child against him, blaming the father for the failed marriage and divorce, and damaging the son's respect for his father.

Of concern would be that the mother might use the tensions surrounding the divorce to teach her son that our response to people's vulnerabilities is harsh judgement, condemnation, and rejection, rather than compassion, tolerance, and continuing bonds of affection for people important to us in our lives. Everyone only has one mother and one father, and a son's bond to his father represents an important source of positive influence with an emerging young man. While divorce separates the spousal relationship, there is no reason that the divorce of a husband and wife should affect the father-and-son relationship, and it is hoped that the mother will not exploit the father's vulnerability to damage the son's relationship with his father.

Oedipal Victory

Family relationships involve a continual negotiation of intimacy and boundaries, where emotional closeness is balanced by individuation and self-authenticity (Bowen, Minuchin). In conflicts and divisions within families, sides and alliances can form. One of the most destructive family alliances is a son and mother against the father, this alliance pits the son against his own father for "possession" of the mother. Often this alliance forms as the young boy enters adolescence, and he is seduced by the mother surrounding divorce into the role as his mother's *knight errant*, heroically fighting her battles for her against his own father.

The loyalty-betrayal this engenders in the son's relationship to his father will be severely damaging emotionally for the young man's psychological development. We always want a positive same-gender parent-child bond; father-son, mother-daughter. This same gender bond of affection is the source of gender self-esteem for the maturing young man or woman. When the son takes up his mother's 'favor" as her knight defender, this creates a profound violation of boundaries between the son and mother (which Freud characterized as an Oedipal victory, the son defeating the father and claiming "possession" of the mother).

Children are not weapons, they're children. Children should never be used as weapons in the spousal conflict surrounding divorce. When an adolescent young man becomes the "righteous warrior" for his mother against the father, significant damage will be created in the boy's psychological development. Encouraging the de-escalation of *anger*

and *blaming* is valuable surrounding divorce, and helping the child remain free of spousal conflict issues is important. In divorce, children are neutral.

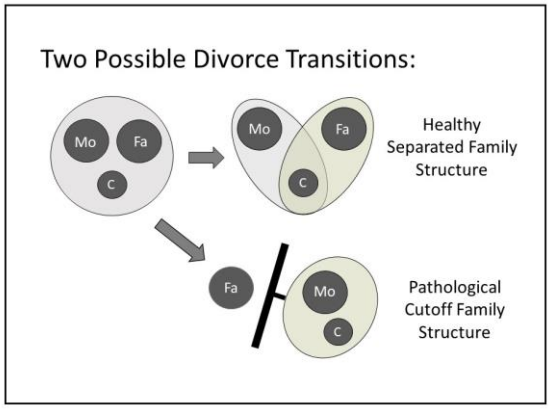
Divorce is a time of transition, which creates both anxiety and stress. It is also natural for children to vent their stress and anxiety at times through anger and behavior problems. During divorce, it is important to keep all parent-child conflict as a two-person conflict – no spousal issues. Children are neutral in divorce, and any spousal themes being expressed by the child would indicate a breach in child neutrality by the allied and supposedly "favored" parent.

Family Transitions

The father described the family history from his perspective in a letter provided to CRM. He indicated that he and his wife met when she was in high school and he was a young man in his 20s. That's a long time to be together as a team, struggling together to find their way through life's ups and downs. [redacted]

Individual background history information redacted for privacy.

The family has reached a point where a decision has been made that the parents are now going to live in different homes, because being under a single roof is not believed to be sustainable and healthy. This separation of the spouses into separate households does not eliminate the family, it just changes its configuration, from a prior intact family structure to a new separated family structure united by the child.



Sometimes under the stresses of divorce, children are *triangulated* by one parent into the spousal conflict, through a *cross-generational coalition* with one parent against the other parent, creating an *emotional cutoff* in the child's relationship to the targeted parent (Bowen, Minuchin, Haley, Madanes; family systems therapy, Appendix 1). It will be important in the days ahead for the [redacted] family, as they continue to make this transition over to a new separated family structure, that all efforts be engaged to de-escalate anger, de-escalate blaming, and de-escalate emotional cruelty, and to foster a heathy solution-focused orientation of compassion, empathy, and kindness.

Teaching the son important values of kindness and compassion, and the conflict resolution skills to repair relationships when they become damaged, become the essential developmental features surrounding family conflict and divorce. Divorce ends the marriage, not the family, and while the husband and wife become an ex-husband and ex-wife, a father and mother never become an ex-father or an ex-mother because of the divorce.

Breach-and-Repair

The formation of two households following divorce now allows the family to reorganize their complicated relationships into healthier relationships. The foundational unit of conflict is called the "breach-and-repair" sequence (Tronick). We never want to leave an un-repaired breach in the parent-child relationship, this is never healthy and always pathological. Divorce is an end to the spousal relationship, not to a child's relationship to the parent.

There are no indications of child abuse threat posed to the child in the reviewed material, and no child protection considerations exist regarding the father's parenting practices. While aspects of the father's parenting might be annoying to the child, parents being annoying to children is axiomatic to the task of parenting, and is usually called being "a parent." This is a family conflict of apparently long-standing complexity and duration, the marriage was formed many years ago and has journeyed across many events. Now the spousal relationship is ending, but not the father-son relationship, that continues forever. The only question for the father-son relationship is its quality. In clinical psychology, we always want the highest quality of parent-child relationship, with abundant love flowing from the father to his son.

An un-repaired father-son breach is a devastating developmental occurrence, and we want to fix and repair that breach as fast as possible. The son may not understand the importance, and may be caught in the "sides" of the spousal relationship, but then it will be to more mature adults to guide the child into a proper path of repair, kindness, and recovery of bonding. The son has one father, for the rest of his life. We need to help the emerging young man learn the character values and skills needed to repair damaged relationships, otherwise family trauma will continue to ripple across generations.

Diagnostic Checklist for Pathogenic Parenting:

The *Diagnostic Checklist for Pathogenic Parenting* documents child and family symptoms associated with a specific form of complex family conflict in which one parent creates severe pathology in the child in order to use the child as a spousal weapon of revenge and retaliation against the other spouse-and-parent for the failed marriage and divorce. Creating pathology in a child through distorted parenting is called "pathogenic parenting" (patho=pathology; genic=genesis, creation). Pathogenic parenting is the creation of significant psychopathology in the child through aberrant and distorted parenting practices.

Of concern in this family is that the mother is manipulatively incorporating the child, John, into a cross-generational coalition against the father, thereby inflicting emotional hurt and suffering on the (ex-spouse) father for the failed marriage and divorce, using the child as a weapon. The three diagnostic symptoms identifying the use of the child as a weapon of spousal revenge are:

Diagnostic Indicator 1: Attachment Suppression

The suppression of attachment bonding to a normal-range parent is a highly unusual symptom that is not consistent with the neuro-biological functioning of the

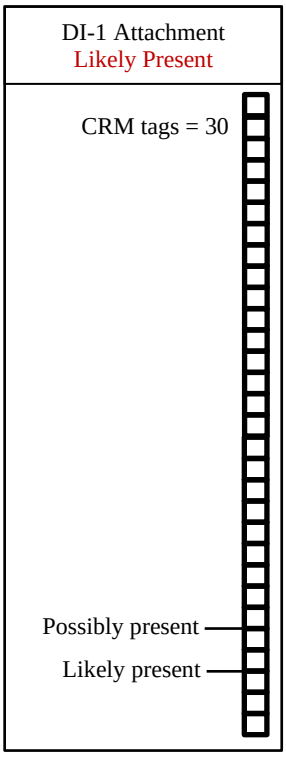
attachment system – the love and bonding system of the brain. The attachment system is a primary motivational system of the brain that strongly motivates children to bond to parents (it evolved in the context of predators and protection).

Individual background history information redacted for privacy.

The child's rejection of a normal-range parent represents a suppression of a child's normal and very powerful attachment bonding motivations toward a normal-range parent. The presence of this symptom is a strong indicator that external (pathogenic) influences are being applied to the child, and are damaging the child's relationship with the normal-range parent. In this family, the concern is that the negative parental influence of the mother is damaging the child's relationship and bonding to the father.

Criteria:

The child meets CRM tagging for criteria Diagnostic Criteria 1, attachment bond suppression toward a normal-range parent. As discussed, [redacted] is a complicating factor, but [redacted]. This symptom feature indicates that the primary concern is an attachment pathology.



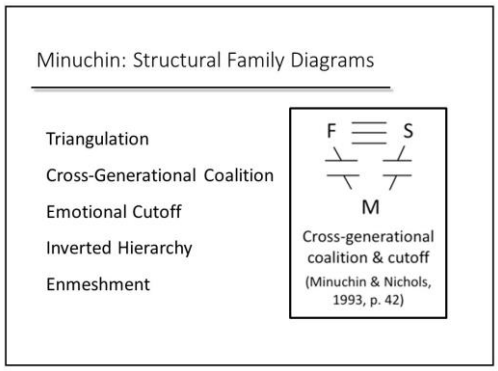
CRM Data Profile:

The CRM data profile identifies 30 separate data tags for Diagnostic Indicator 1, substantially above the cutoff criteria for this symptom being likely present.

Interpretation:

This symptom alone would represent strong clinical evidence of outside negative influence impacting the child's bonded relationship to his father, and would be fully consistent with a cross-generational coalition of the child with the mother against the father. (Minuchin, Bowen, Haley, Madanes; family systems therapy; Appendix 1))

The type of cross-generational coalition and emotional cutoff in the parent child relationship that is of concern is depicted in a structural family diagram provided by the preeminent family systems therapist, Salvador Minuchin. This diagram depicts the child's cross-generational coalition with the father, with the "enmeshed" alliance depicted by the three lines joining the son and father. The child's elevation in the family hierarchy above the mother is also depicted. This elevation is created by the empowerment of the child by the allied parent.



From this over-empowered position, the child judges the adequacy of the parent, as if the parent was the child and the child was the parent. This is called an "inverted hierarchy" and is a characteristic symptom indicator of a cross-generational coalition of the child with an allied parent, against the other parent.

The structural family diagram also depicts the emotional cutoff (the child' rejection of a parent), as the breach in the line between the child and the mother. The corresponding breach in the line from the father to the mother represents the divorce, and the child is essentially aligning with the father and is similarly "divorcing" his mother.

<u>Diagnostic Indicator 2a: Personality Disorder Traits:</u>

This symptom represents the child's display of five specific narcissistic personality disorder traits toward the targeted parent,

1) Grandiosity; judging of the parent

2) Absence of empathy; cruelty,

3) Haughty and arrogant contempt for the parent,

4) Entitlement, a belief that the child's wishes should be granted to the child's satisfaction, or else the child is entitled to punish the parent for the parent's failure to please the child.

5) Splitting, polarized judgement of people as all-good or all-bad, and black-and-white thinking, rigid and inflexible attitudes.

This symptom of five specific personality disorder traits is another strong indicator of outside negative influence on the child's relationship with the targeted parent, these are the "psychological fingerprint" evidence for the psychological control of the child by a narcissistic parent (Appendix 2: Psychological Control).

Children do not evidence narcissistic personality disorder traits. Narcissistic personality disorder traits are <u>adult</u> symptoms, not child symptoms. Narcissistic personality disorder develops in childhood attachment trauma, but during childhood the personality is still in flux, so personality disorder symptoms are not symptoms that

children display. During childhood, the attachment trauma pathology that later develops into a narcissistic personality disorder creates child symptoms of insecure attachment (bonding problems), not narcissistic personality traits (personality development is still in flux during childhood). It is only during the young adulthood developmental period (ages 18-24) that the attachment trauma of childhood constellates into the narcissistic personality disorder symptoms of the adult. Narcissistic personality symptoms are an ADULT symptom, not a child symptom. Children do not display a narcissistic personality disorder, that is an adult pathology.

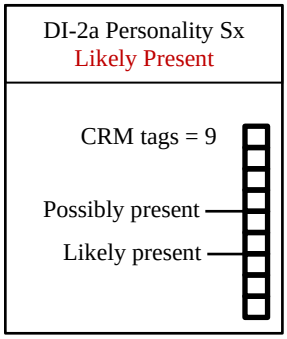
The presence of these five a-priori predicted narcissistic personality disorder traits in the child's symptom display toward the targeted parent is strong clinical evidence that the child is being psychologically influenced and psychologically controlled by an allied narcissistic parent, and is being used by this parent as a weapon of spousal revenge and retaliation against the other spouse-and-parent.

Criteria:

Narcissistic personality disorder is never displayed in childhood, it is an adult disorder. The expected prevalence of narcissistic personality disorder in children is zero. The presence of three tags in the data suggests the possible presence of this symptom, and the presence of five tags in the data represents the cutoff for likely present.

CRM Data Profile:

The CRM data profile identified 9 tags of symptom 2a, narcissistic personality traits displayed by the child. The child likely evidences specific narcissistic personality traits directed toward his father – judging his father's adequacy as both a parent and as a person, saying and doing cruel things to his father, feeling entitled that his father should please him to the child's satisfaction, John likely treats his father with disdain and contempt, and he likely sees his father as an entirely bad person, and is rigid in his rejection of his father.



Interpretation:

The CRM data for Diagnostic Indicator 2a represents an additional symptom strongly suggesting external negative influence on the child's attitudes and relationship with his father, which is damaging the child's relationship to the father. The likely source of negative influence on the child would be a cross-generational coalition with the mother, in which the mother is using the child as a weapon in the spousal conflict.

From the coalition with his mother, the child would then be adopting the mother's attitudes toward the father through the mother's manipulative influence and psychological control of the child; it is the mother who is judgmental of the father, it is the mother's absence of empathy and cruelty toward the father, it is the mother who feels entitled to exact revenge on the father for his supposed (spousal) failures, it is the mother who has a haughty attitude of contempt toward the father, and it the mother who has a rigidly negative view of the father, and the child is merely acquiring the mother's attitudes toward

the father through the mother's influence and psychological control of the child. The narcissistic symptoms in the child's symptom display represent the "psychological fingerprint" symptoms of parental psychological influence and psychological control of the child by an allied (narcissistic) parent.

Diagnostic Indicator 2b Phobic Anxiety:

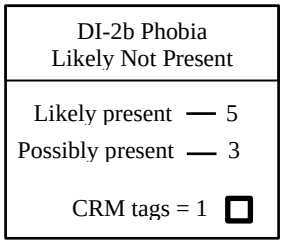
This symptom is the child's display of severe anxiety toward a parent that meets DSM-5 criteria for a Specific Phobia, but it is an unrealistic and impossible type of mother-phobia or a father-phobia. The prevalence in the general population of a mother phobia or father phobia is zero. The attachment system (a primary motivational system of the brain developed through evolution in response to the selective predation of children) would not allow for a mother-phobia or father-phobia. The attachment system always motivates children to bond to their parents. A mother-phobia or father phobia is an unrealistic child symptom, and strongly suggests the influence of a pathogenic allied parent who is creating this false anxiety in the child.

Criteria:

Mother phobias and father phobias are never displayed by children. It is an impossible symptom. The expected prevalence of a father phobia disorder in children is zero. The presence of three tags in the data suggests the possible presence of this symptom, and the presence of five tags in the data represents the cutoff for likely present.

CRM Data Profile:

The CRM data profile identified 1 tag of symptom 2b, a phobic anxiety displayed by the child toward a parent. The child likely does not display anxiety surrounding his father. In combination with Diagnostic Indicator 2a, Personality Disorder traits, this would suggest a haughty and arrogant hostility by John toward his father rather than a serve anxiety display.



Interpretation:

When interpreted in combination with Diagnostic Indicator 2a, Personality Disorder traits present in the child's symptom display, the data would suggest a symptom presentation by John of primarily haughty and arrogant hostility and critical judgement by John of his father.

Diagnostic Indicator 3 Persecutory Delusion:

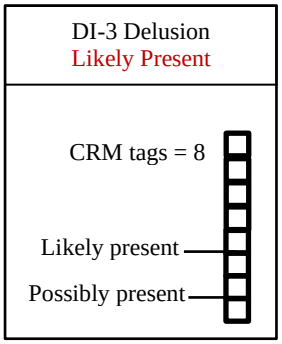
The third symptom indicator of pathogenic parenting by an allied parent, who is using the child as a spousal weapon of revenge and retaliation against the other spouse-and-parent for the failed marriage and divorce, is the presence in the child's symptom display of an encapsulated (limited-scope) fixed and false belief, that is maintained despite contrary evidence (a delusion), that the child is supposedly being "victimized" by the normal-range parenting of the targeted parent. This symptom is created by the manipulative and falsely "supportive" parenting of the allied pathogenic parent who

creates a false belief in the child regarding the child's supposed "victimization" by the normal-range parenting of the targeted parent.

Criteria:

This symptom is also impossible in children (a persecutory delusion toward a normal-range parent), so the expected prevalence rate for this symptom in the general population is zero. It never occurs. Delusional psychotic pathology is also a very difficult symptom to identify in archival documented data, and typically requires a verbal clinical interview to identify. The rarity of delusional symptoms and their unlikely appearance in documented archival data adjusts the identifying criteria for this psychotic-level delusional pathology, with one incident tagged representing possibly present, and three tags of persecutory delusional symptoms as representing likely present.

CRM Data Profile:



The CRM profile identified 8 tags of a persecutory delusional symptom displayed in the data. This would suggest that the child may have a persecutory delusion toward her mother. The CRM data would suggest that this symptom is likely present. Of particular note is an email from the father to his son (CRM tag #72) in which the father describes the variety and range of false beliefs by John, and the partial clinical notes from the therapist (CRM tag # 126) which describe unfounded fears and allegations (false beliefs) held and promulgating by the mother about the father.

Interpretation:

Identification of Diagnostic Indicator 3 as *likely present* provides additional evidence from the documented data consistent with the other symptoms indicating pathogenic parenting by an allied parent (the mother in the [redacted] family); attachment suppression toward a normal-range parent, five narcissistic personality traits displayed toward the targeted parent, and an encapsulated persecutory delusion in supposed "victimization" by a normal-range parent.

These are all the predicted symptoms when a child is used by one parent as a weapon of spousal retaliation and revenge for the failed marriage and divorce. All of these symptoms are predicted, all of these symptoms were identified as likely present in the archival data submitted for tagging.

Symptom Interpretation:

Taken individually, the presence of any one of these symptoms would strongly suggest the presence of pathogenic parenting by an allied parent, using the child as a weapon of spousal revenge for the failed marriage and divorce. The expected prevalence rate for any one of those symptoms in the general population is zero. The likely presence of all three symptoms indicative of pathogenic parenting by an allied parent would represent a preponderance of clinical evidence beyond the level of reasonable clinical

doubt regarding the pathogenic parenting by an allied parent (in the [redacted] family, the mother), who is using the child as a weapon of spousal retaliation and revenge for the failed marriage and divorce.

Diagnostic Limitation:

Symptoms and diagnostic interpretations, however, need to be confirmed by direct clinical interview. While frequency counts of symptoms in archival data can provide strong indicators of directions for addition direct clinical assessment, symptom identification and diagnosis can only be accomplished through direct clinical interview with all of the involved family members.

Archival data cannot make a diagnosis, only clinical interviews informed by data can make a diagnosis. In ADHD diagnosis, the DSM-5 diagnosis made by the mental health professional is often supported by data from behavior checklists. These checklists of child symptoms provide data that informs the clinical assessment and diagnosis. The symptoms identified by the CRM data profile are of serious professional concern and warrant confirmation through a trauma-informed clinical psychology assessment of the family.

Diagnostic Confirmation & Child Abuse:

This symptom profile, if validated by direct clinical assessment with the involved family members, would warrant a DSM-5 diagnosis of V995.51 Child Psychological Abuse (pathogenic parenting; allied parent). That a DSM-5 diagnosis of child abuse becomes active from the CRM data profile warrants immediate attention through focused clinical assessment. These symptoms of pathogenic parenting identified as being *likely present* from tagging the archival data, should receive immediate direct clinical assessment to confirm or disconfirm their presence.

The *Diagnostic Checklist for Pathogenic Parenting* documents the presence of symptoms associated with a specific type of trauma pathology in a family. It is a form of multi-generational trauma (Bowen; van der Kolk) in which unresolved parental trauma from the childhood of the allied parent is being passed on to the current family relationships. When these symptoms are present, it means that parental childhood trauma in one parent is being brought into current family relationships surrounding a divorce, and the allied parent is using the child as a **weapon of revenge** and retaliation against the other spouse (and parent) for perceived inadequacies of the marriage and for the divorce. The spousal theme of spousal inadequacy is echoed in the child's beliefs in supposed "parental inadequacy."

Pathogenic parenting that is creating significant developmental pathology in the child (attachment bond suppression toward a normal-range parent), significant personality pathology in a child (five personality disorder traits), and a persecutory delusion in the child toward the other parent; creating that degree of psychopathology in the child rises to the level of child psychological abuse and warrants a child protection response.

This diagnosis, however, cannot be made based on indicators of concern in archival data. A pressing child protection concern exists to have this symptom constellation in the

child directly assessed as soon as possible. A potential DSM-5 diagnosis of child psychological abuse elevates assessment priority substantially.

Intimate Partner Violence

In many cases, this type of family pathology represents a form of Intimate Partner Violence by proxy (IPV; domestic violence), in which one spouse is inflicting inter-spousal emotional abuse on the ex-spouse in revenge and retaliation for the divorce, using the child as a weapon. The core issues in IPV are *power*, *control*, and *domination*. In the [redacted] family, the concern is that the mother is using the father's vulnerability [redacted] to turn the son against his father in the spousal conflict surrounding the divorce. Children are neutral in spousal conflicts and divorce. When a child takes the side of one parent as a weapon of emotional abuse against the other parent, prominent IPV concerns emerge.

When these themes of power, control, and domination are present in family relationships, the possible IPV issues warrant direct assessment. The IPV themes of *power*, *control*, and *domination*, and using the child as a weapon of emotional abuse against the ex-spouse, should receive proper attention in any assessment of complex family conflict surrounding divorce.

Additional Diagnostic Confirmation

While not directly diagnostic symptoms, there are set of 12 specific Associated Clinical Signs (ACS) that frequently co-occur with this type of multi-generational trauma pathology and don't appear with any other pathology. A guide to understanding the frequency of these symptoms for providing support is offered below:

Frequency	Category
3-to-4 ACS Symptoms	Some Support,
5-to-6 ACS Symptoms	Moderate Support
7-to-8 ACS Symptoms	Strong Support
9-to-12 ACS Symptoms	Extremely Strong Support

The CRM data profile reported 9 ACS Symptoms, including ACS-3 the Exclusion Demand. When it appears in the symptom display, ACS-3 the Exclusion Demand is almost 100% diagnostic of this multi-generational trauma pathology. The presence of 9 ACS symptoms including ACS-3 Exclusion Demand represents Extremely Strong Support for the diagnostic identification of the primary Diagnostic Indicators.

Recommendations

1. **Assessment:** A trauma-informed assessment of the family conflict and child's symptoms is warranted based on the CRM data. The assessment should specifically

assess for the presence or absence of the diagnostic indicators identified in the CRM data, 1

1.) Attachment system suppression toward a normal-range parent,

2.) Five specific narcissistic personality disorder traits in the child's symptom display,

3.) An encapsulated persecutory delusion in supposed "victimization" from the normal-range parenting of the father.

IPV: The trauma informed family assessment should include a professional assessment for IPV (Intimate Partner Violence) factors of using the child as an instrument of spousal (ex-spousal) retaliation, revenge, and domination, emotionally abusing the ex-spouse using the child as the weapon.

2. **Diagnosis:** If these symptom are confirmed by a professional mental health assessment, the DSM-5 diagnosis for the child would likely be:

   Child: 309.4 Adjustment Disorder

   V61.20 Parent-Child Relational Problem

   V61.29 Child Affected by Parental Relationship Distress

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

3. **Treatment:** If the symptoms identified through the CRM data tagging are <u>not</u> confirmed in clinical interview, then the clinical assessment findings will describe treatment. If the symptoms identified by CRM <u>are</u> confirmed by clinical assessment, then the DSM-5 diagnosis is Child Psychological Abuse.

   Assessment leads to diagnosis, diagnosis guides treatment.

   In all cases of a DSM-5 diagnosis of child abuse, the professional standard of practice and duty to protect requires the child's protective separation from the abusive parent.

   - The damage to the child caused by the child abuse is then repaired, the healthy authenticity of the child is recovered.
   - During this protective separation period, the abusive parent is typically required to attend collateral individual therapy to gain insight and self-control regarding the prior abusive parenting.
   - When the child's healthy development has been recovered and stabilized, the child's relationship with the abusive parent is reestablished, with sufficient safeguards to ensure that the abuse does not resume once contact is restored.

- Oftentimes, the active cooperation or absence of cooperation from the abusive parent with therapy is a consideration on what safeguard factors are needed for the child's continuing protection.

4. **Treatment Plan:** Family therapy should be guided by a written treatment plan. The treatment plan should include:
    - Short- and long-term goals, identified in measurable ways
    - Specified interventions to achieve those goals
    - Time frames for achieving the treatment goals, with measurable benchmarks
    - Treatment outcome data collection on symptom and recovery
5. **Trauma-Informed Family Therapy:** If the three symptoms of pathogenic parenting by an allied parent are confirmed to be present by clinical assessment, then the pathology creating that set of symptoms is a trans-generational transmission of trauma (van der Kolk), also called multi-generational family trauma (Bowen).

    Family systems therapy is the appropriate school of psychotherapy to resolve family conflict, the addition of Solution-Focused therapy (Berg) will provide an important trauma recovery addition. Trauma pathology pulls toward an unsolvable past. The present and future orientation of solution-focused family therapy can act to counteract the pull of trauma toward a fixation on the past.

6. **Attachment Bonds:** Restoration of parental attachment bonds are an <u>immediate</u> priority. There are four relationship-types; mother-son, mother-daughter, father-son, father-daughter. Each is unique, none is more valuable than another, <u>none</u> are expendable. Mothers are not expendable from the lives of their children, fathers are not expendable from the lives of their children.

    Children benefit immensely from receiving parental love. A father's love for his son will be a vital developmental experience for the son throughout childhood, and particularly during the emotional and social development of the son into young manhood. A positive and healthy father-son relationship is vital to the son's healthy emotional and psychological development.

    Childhood only happens once, and children have only one childhood. Lost relationships during periods of development are lost forever. Life too, is fragile and bonds of affection should be recovered as soon as possible, the future sometimes has unforeseen turns, and leaving an un-repaired father-son bond risks so much if tragedies should arise. We should not rely on having time, and we should value fully the importance of a child receiving love – being loved – by a parent.

    Restoring healthy parent-child attachment bonds of shared affections should be of the highest treatment priority.

Craig Childress, Psy.D.
Clinical Psychologist, PSY 18857

Appendix 1: Family Systems Therapy Constructs

Family Systems Therapy

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. Individual focus to therapy.

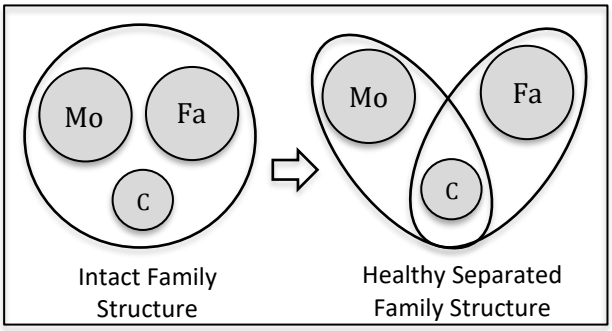
Cognitive-Behavioral Therapy: Emerged from laboratory experiments with animals on the Learning Theory and behavior change principles of reward and punishment. Individual focus to therapy.

Humanistic-Existential Therapy: Emerged from philosophical roots of existentialism, personal growth, and self-actualization. Individual focus to therapy.

Family Systems Therapy: Describes the interpersonal processes of both healthy and pathological family relationships. Interpersonal focus.

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 co-parenting responsibilities and by the continuing bonds of shared affection between the children and both parents.

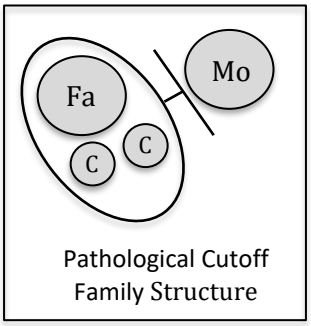


Families must adapt to various transitions over the developmental course of the family. A central tenet of family systems therapy is that when a family is unable to successfully adapt to a transition (such as a divorce and the transition to a new separated family structure), symptoms emerge within the 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. 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).[2]

Within the principles of family systems therapy (one of the four primary schools of psychotherapy and the applicable therapy approach for resolving family conflict), 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.



Pathological Cutoff
Family Structure

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 "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.

Cross-Generational Coalition

A cross-generational coalition is when an emotionally fragile parent creates an alliance with the child against the other spouse (and parent). This coalition between the parent and child provides additional power to the allied parent in the spousal relationship (two against one). However, a cross-generational coalition is also very damaging to the child, who is being used by one parent as a weapon against the other parent in the spousal conflict. In mild cases, the arguing and conflict between the child and targeted parent is high, but they maintain their relationship. In severe cases, the allied parent requires the child to terminate (cutoff) the child's relationship with the other parent out of "loyalty" to the allied parent in their coalition. When this occurs, the emotional and psychological damage to the child is severe.

Children are not weapons, and children should never be used as weapons by one parent against the other parent in their marital-spousal disputes.

The renowned family systems therapist, Jay Haley (co-founder of the *Strategic* school of family systems therapy), provides the professional definition of a cross-generational coalition:

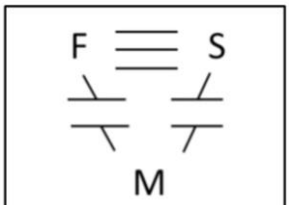
> **From Haley:** "The people responding to each other in the triangle are not peers, but one of them is of a different generation from the other two… In the process of their interaction together, the person of one generation forms a coalition with the person of the other generation against his peer. By 'coalition' is meant a process of joint action which is *against* the third person… The coalition between the two persons is

[2] 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.

> 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)[3]

Most mental health professionals consider Salvador Minuchin or Murray Bowen to be the preeminent family systems therapists. Salvador Minuchin (the founder of *Structural* family systems therapy) provides a *structural* family diagram for the pathology of concern, in his book with Michael Nichols, Family Healing.[4] In this diagram, the triangular pattern to the family relationships is evident, with the child being "***triangulated***" into the spousal conflict.



Cross-generational coalition & cutoff
(Minuchin & Nichols, 1993, p. 42)

Also evident is a symptom feature called the "inverted hierarchy" in which the child becomes empowered by the coalition with the allied parent into an elevated position in the family hierarchy, from which the child is empowered to judge the parent (as if the parent were the child). In the diagram by Minuchin, this symptom feature of the ***inverted heirarchy*** is reflected in the child's elevated position above the hierarchy line with the father, above the mother who is being "judged" by the child.

The ***emotional cutoff*** caused by the ***cross-generation coalition*** is reflected in the broken lines from the child to the mother, and from the father to the mother; but that spousal break is divorce. The break in the spousal line reflects the divorce, the break in the mother-son line represents the influence on the child by the allied parent; the cross-generational coalition.

The three lines between the father and son represent the violation of the child's self-autonmy and psychological integrity (psychologial boundary violations; called "enmeshment"). This is a very destructive psychologial relationship for a child to have with a parent. It's why Haley calls it the "perverse triangle." Psychological boundaries and self-autonomy in a child should always be respected by the parent. Many times, the parent experienced this type of "boundary violation" in their own childhood relationships, and the current psychological violation of the child's autonomy and psychological integrity represents the "trans-generational transmission" of the parent's attachment trauma.

In her 2018 book, Changing Relationships: Strategies for Therapists and Coaches, the famed family therapist Cloe Manades provides a description of the cross-generational coaltion at the start of Chapter 3 on Hierarchies.

From: Madanes, C. (2018). Changing relationships: Strategies for therapists and coaches. Phoenix, AZ: Zeig, Tucker, & Theisen, Inc.

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

[4] Minuchin. S. & Nichols, M.P. (1993). Family healing: Strategies for hope and understanding. New York: Touchstone.

Cross-Generational Coalition

In most organizations, families, and relationships, there is hierarchy: one person has more power and responsibility than another. Whenever there is hierarchy, there is the possibility of cross-generational coalitions. The husband and wife may argue over how the wife spends money. At a certain point, the wife might enlist the older son into a coalition against the husband. Mother and son may talk disparagingly about the father and to the father, and secretly plot about how to influence or deceive him. The wife's coalition with the son gives her power in relation to the husband and limits the husband's power over how she spends money. The wife now has an ally in her battle with her husband, and the husband now runs the risk of alienating his son. Such a cross-generational coalition can stabilize a marriage, but it creates a triangle that weakens the position of both husband and wife. Now the son has the source of power over both of them.

Cross-generational coalitions take different forms in different families (Madanes, 2009). The grandparent may side the grandchild against a parent. An aunt might side with the niece against her mother. A husband might join his mother against the wife. These alliances are most often covert and are rarely expressed verbally. They involve painful conflicts that can continue for years

Sometimes cross-generational coalitions are overt. A wife might confide her marital problems to her child and in this way antagonize the child against the father. Parents may criticize a grandparent and create a conflict in the child who loves both the grandparent and the parents. This child may feel conflicted as a result, suffering because his or her loyalties are divided.

Appendix 2: Parental Psychological Control of the Child

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*,[5] 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:

> "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)[6]

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)[7]

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

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

[6] 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.

[7] 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.

constraining of the child's spontaneous expression of thoughts and feelings." (Soenens & Vansteenkiste, 2010, p. 75)[8]

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 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)

[8] 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.

Appendix 3 Imagine

A transcript of a video interaction (CRM tag #30) contains the following statements by the mother:

[redacted]: "[redacted]"

Dr. Childress Comment:

Imagine if John had a brother with a medical disability, and who was in a wheelchair for mobility, or perhaps John's brother had an autism-spectrum disorder and would say and do things that were socially annoying. Imagine the mother telling this brother that if he ever wanted to have a relationship with John, he would need to change, not be disabled anymore, not be autistic, because only then would he be lovable to John.

That would be amazingly cruel and bad parenting, to teach John only to love his brother if his bother wasn't in a wheelchair needed for mobility, or wasn't annoying sometimes because of his autism-spectrum symptoms. A medical condition is a medical condition, it's not a condition of a person's value, it doesn't determine our worthiness to be loved.

That the mother would suggest that John "will never talk to you again" – and that this is an acceptable outcome for the mother, is stunning in its cruelty to the father, and has no conception for the importance of a son's relationship to his father, or perhaps for a daughter to her father. The absence of empathy is associated with the capacity for human cruelty (Baron-Cohen). The emotional cruelty to a loving father of never seeing his son again because he divorced his wife, the mother, is brutal and beyond comprehension, except to the mother, who appears to view this as a reasonable outcome, "deserved" by the father – as a brother with a medical diagnosis, or a brother with autism would "deserve" to be rejected by John.

A moment later in the transcript the mother reports on some wording changes for a proposed resolution, "[redacted]." From a clinical psychology perspective, the only justification for limiting a parent's access and involvement with the child is child protection concerns. If, in the view of a treating family therapist, the father's [redacted] required a period of protective separation, this would be warranted. But it is unclear how normal-range variations [redacted] cross the boundaries of "[redacted]" and a danger to the child.

Also of note is that the mother added the condition, [redacted]" Essentially, with these two conditions she can ensure the child does not see the father. The child will claim that the father is "[redacted]" out of loyalty to his mother, as her knight errant fighting her battles against his father, and that he does <u>not</u> "agree" to visitation with his father until his father "changes," yet no matter what his father does it will never be enough, because he's being punished, and he "deserves" to suffer. Done. That's all it would take, those two conditions, for the father never to see his son again, because he divorced his wife.