Parental Alienation Processes
Pathogenic Parenting Concern Scale

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Instructions:

The Pathogenic Parenting Concern Scale is designed to document the clinical judgment of the assessor regarding a set of features that are associated with pathogenic parental caregiving. The areas of clinical concern regarding the potential for pathogenic parental caregiving associated with parental alienation processes focus on three factors,

1) the DSM-IV TR Axis I psychopathology of the parent related to delusional processes;
2) the DSM-IV Axis II psychopathology of the parent involving prominent Personality Disorder traits;
3) the symptom expressions of the child reflecting the induced delusional and personality disorder psychopathology of the parent.

Clinical interviews with all of the relevant participants should be conducted in order to gather sufficiently valid and reliable clinical evidence regarding the symptom constellations.

The following terminology will be used to identify the parents:

Beta parent: the parent with whom the child expresses a positive relationship; alleged to be the parent who is initiating the alienation process as a consequence of his or her psychopathology and so the primary focus of concern regarding the potential for DSM-IV TR Axis I and Axis II psychopathology and pathogenic parenting. (The Beta parent is commonly referred to as the "alienating parent")

Delta Parent: the parent with whom the child expresses a negative-rejecting relationship; alleged to be the target of the other parent's alienation efforts. An assessment of DSM-IV TR Axis I and Axis II psychopathology of the Delta parent, as well as the potential of aberrant versus normal-range parenting behavior of the Delta parent, is required to evaluate potential delusional processes with Beta parent. (The Delta parent is commonly referred to as the "targeted parent")

The key areas of clinical concern relative to the potential for pathogenic parenting that are being expressed through the child's symptoms include the following:

1. A parental delusional belief system

   A delusion is a false belief that continues to be held despite contrary evidence. The common delusional belief system of the Beta parent within a parental alienation

dynamic is that the Delta parent is abusive or inadequate as a parent, thereby justifying the child's symptom expressions toward that parent. In order to assess the belief system of the Beta parent regarding the abusive-inadequate parenting of the Delta parent, it is important to independently evaluate the parenting of the Delta parent. Careful consideration should be given during the clinical interviews with the Delta parent, the child, and joint Delta parent-child sessions to evaluate whether the parenting behavior of the Delta parent is of concern. Additional evaluation of this issue may be warranted following clinical interviews with the Beta parent to evaluate the specific concerns discussed by the Beta parent. This process may require multiple interviews with the participants.

A delusional process cannot be identified unless the evaluator is able to make an independent evaluation regarding the quality of the parenting provided by the Delta parent. The parenting behavior of the Delta parent need not be exceptionally good, but in order to identify a delusional process with the Beta parent the parenting behavior of the Delta parent must be within the broad spectrum of normal-range parenting. If the parenting behavior of the Delta parent is significantly problematic is some ways, then this may lower the degree of clinical concern to the "Moderate – Treat and Watch" range, in which treatment interventions are initiated with both the child symptoms and the parenting behavior of the Delta parent, and the participants' response to intervention is evaluated. Information from collateral sources regarding the Delta parent's parenting behavior may be helpful.

In addition to making an independent assessment regarding the parenting quality of the Delta parent, the clinical assessor should evaluate the belief system and meaning constructions of the Beta parent relative to the attributions made regarding the child's reported rejection of the Delta parent. A particular focus should be paid to potential persecutory ideations regarding the emotional, psychological, or physical abuse potential of the Delta parent toward the child that reportedly require the Beta parent's protection of the child prior-to, during, and following visitations with the Delta parent.

If the clinical assessor determines that the parenting behavior of the Delta parent is broadly normal-range and without concern, and the Beta parent holds a belief that the Delta parent is emotionally, psychologically, or physically abusive toward the child, then this would represent a false belief system of the Beta parent. The Beta parent should be presented with the clinical evidence that the parenting behavior of the Delta parent is normal-range and that contradicts the Beta parent's false belief system to determine if this false belief system is available for change based on the presentation of contrary evidence.

An additional possible delusional belief system of the Beta parent within a potential parental alienation process is that the Delta parent is a fundamentally inadequate parent, and that this fundamental inadequacy of the Delta parent justifies the child's rejection of that parent. This belief system is sometimes expressed by the Beta parent (and by the child) as being that the poor parenting of the Delta parent does not necessarily involve specific parenting actions taken by the Delta parent, but that it is

who the Delta parent is as a person that is problematic; it is something about the personhood of the Delta parent (i.e., their inadequacy as a person) that is interpersonally distasteful and problematic. This delusional belief system may represent a projection onto the Delta parent of a Narcissistic Personality Disorder dynamic involving the experience of core self-inadequacy, whereby the narcissistic sense of core-self inadequacy is psychologically expelled from the Beta parent's experience onto the image-representation of the Delta parent where its psychological expulsion is maintained by the child's rejection of the Delta parent, allowing the Beta parent to maintain the psychological serenity of a narcissistic-grandiose inflation of self-as-parent that is confirmed by outside "evidence" (i.e., the child's differential responses to the Beta parent as the all-good parent and the Delta parent as the all-bad parent).

An independent clinical assessment of the reasonableness of the child's and the Beta parent's concerns is necessary to assess for possible delusional processes. The potential presence of a delusional belief in the abusive or fundamentally inadequate parenting of the Delta parent can be clinically rejected on three grounds:

1) The Beta parent does not believe that the parenting of the Delta parent is abusive or fundamentally inadequate.

   If this is the case, the Beta parent will offer no justification for the child's hostile rejection-abandonment of the Delta parent, and without justification for the child's behavior toward the Delta parent, the Beta parent should be significantly concerned about the child's degree of aberrant psychopathology and should be highly motivated to resolve the child's psychopathology for the benefit of the child.

2) The Beta parent maintains a belief that the Delta parent is abusive toward the child or is fundamentally inadequate as a parent, thereby justifying the child's rejection-abandonment of the Delta parent.

   However, there is reasonable supportive evidence to suggest that this belief system may be true, which would mean that it does not qualify as a delusion because it is not clearly a false belief.

3) The Beta parent maintains a belief that the Delta parent is abusive toward the child or is fundamentally inadequate as a parent, thereby justifying the child's rejection-abandonment of the Delta parent.

   However, this belief system is responsive to change based on the presentation of contrary evidence, therefore it does not qualify as delusional.

2. Prominent personality disorder features

The organizing core diagnosis of the Beta parent within a parental alienation dynamic is a Personality Disorder, or prominent Personality Disorder traits, that reflect Narcissistic and Borderline Personality Disorder processes. This personality disorder dynamic with the Beta parent gives rise to the delusional belief system that is

subsequently "gradually imposed" (DSM-IV TR; Shared Psychotic Disorder) onto the child, resulting in the Shared Psychotic (delusional) Disorder of the child in which the Axis I and Axis II psychopathology of the Beta parent is transferred to and expressed by the child.

The Beta parent will likely not present with the full features associated with any single Personality Disorder category, but will instead express features of several Personality Disorder categories. The primary presentation will likely be narcissistic, although borderline, antisocial, and paranoid personality disorder features may be present.

The narcissistic presentation of the Beta parent will tend to be one of assured self-confidence, pleasant and agreeable disposition, and possibly guarded in disclosing personal information. The Beta parent expressing a narcissistic presentation will likely offer a presentation of the child as entirely wonderful (i.e., the idealized child) who never displays any behavior problems with the Beta parent (i.e., the child's perfect behavior thereby defines the Beta parent as a wonderful parent), and of the Beta parent's own parenting of the child as being warm, communicative, and supportive (i.e., the idealized parent).

The "splitting" dynamic which is characteristic of borderline Personality Disorder processes will be more difficult to discern from the clinical interview with the Beta parent and involves the dichotomy of the Beta parent's own self-presentation as the "wonderful" idealized parent, confirmed by the child's reportedly "perfect" behavior with the Beta parent (i.e., the all-good parental "split" blended with narcissistic self-inflation), and the characterization of the Delta parent as abusive and fundamentally inadequate as a parent (i.e., the all-bad parental "split" blended with the Beta parent's projected narcissistic core-self inadequacy). The "splitting" dynamic may also be evident in the Beta parent's assessment of prior therapists whereby those therapists who agreed with the Beta parent's constructions of meaning are characterized as idealized all-good professionals whereas therapists who disagreed with the Beta parent's constructions of meaning are vilified and characterized as unprofessional (i.e., the all-bad "split").

The primary diagnostic feature of the "splitting" dynamic is the person's psychological inability to maintain complex representations blending both positive and negative features. The clinical presentation of this feature will be a pronounced tendency toward black-and-white thinking and characterizations of others, and a certainty in assertions that lacks normal psychological ambivalence.

The other narcissistic feature that is likely to be displayed in a clinical interview is the Beta parent's narcissistic lack of empathy for the Delta parent relative to the child's hostile rejection and abandonment of the Delta parent. This lack of empathy will likely be displayed in several ways, 1) by the Beta parent's calm assertions that the Delta parent somehow deserves the rejection-abandonment by the child because of the Delta parent's fundamental inadequacy as a parent, 2) that the child's hostile-angry defiance toward the Delta parent is justified, 2) in the Beta parent's calm assertions that there is

nothing that the Beta parent can do to intervene or stop the child (after all, the child is justified in the hostile defiance, and the Delta parent deserves the rejection-abandonment of the child), and 4) in the Beta parent's advocacy that the child's wishes with regard to rejecting-abandoning the Delta parent should be respected. This group of responses evidences the lack of normal-range empathy for the tremendous emotional suffering being inflicted on the Delta parent by the absolute cruelty of the child's complete rejection and abandonment of the parent-child relationship with the Delta parent, as well as a total lack of empathy for the profound psychological conflict occurring within a child who is actively rejecting-abandoning a parent.

Exploratory clinical questions probing for empathy, such as "what if the child ever acted that way toward you, what would you feel?" will tend to elicit no empathic resonance from the Beta parent for the emotional-psychological state of the Delta parent. Similarly, exploratory clinical questions probing the Beta parent's empathy for the child's emotional and psychological experience regarding the divorce and subsequent loss of a parent-child relationship with the Delta parent, a loss that is being initiated by the child's own actions, will elicit no empathic resonance for the difficult emotional and psychological experience of the child in this situation. Instead, the Beta parent will likely assert that the child is fine and that the Delta parent deserves the rejection-abandonment from the child because of the Delta parent's abuse and fundamental inadequacy as a parent. The lack of parental empathy displayed for the child's inner experience of conflict is of extreme clinical concern within the context of the child's symptom expressions.

Other Personality Disorder features are likely to be hidden from view by the guardedness and tendency toward grandiose self-presentation associated with narcissistic personality disorder processes. In some cases, a history indicative of Borderline Personality Disorder processes of emotional dysregulation and impulsivity may be evident, but this information will typically emerge from collateral sources rather than through the direct report of the Beta parent.

Another Narcissistic/Antisocial Personality Disorder feature may be evident in the Beta parent's apparently nonchalant and persistent disregard of court orders regarding visitation and custody. The persistent disregard of court orders by the Beta parent can represent a narcissistic failure to recognize/perceive the authority of the Court relative to the narcissist's own grandiose self-inflation, or it can represent an antisocial process involving the failure to conform to social norms regarding lawful behavior. A third alternative explanation is that the Beta parent's nonchalant disregard of court orders may represent primitive "primary process" thinking associated with psychotic cognitive processes (consistent with the presence of delusional cognitive processes) in which the Beta parent believes "the world is as I wish it to be – I don't like the court order so it is just not there."

Documenting the possible Personality Disorder processes with the Beta parent may benefit from including a standardized assessment instrument, such as the Millon Clinical Multiaxial Inventory-III (MCMI-III), into the overall assessment process. It is

unlikely that the presentation of the Beta parent will fit with the specific diagnostic categories of the DSM-IV TR but will instead reveal a mixed pattern of traits involving Narcissistic and Borderline features along with possible Antisocial, Paranoid, and Histrionic features. However, the interpersonal guardedness associated with Narcissistic and Paranoid/persecutory processes, as well as the context for the evaluation will likely prevent a full clinical display of Axis II psychopathology. A diagnosis of a Personality Disorder with the Beta parent is not necessary relative to understanding the child's symptom expression of the Axis II Personality Disorder features of the parent, although the diagnosis of a Personality Disorder Not Otherwise Specified is usually warranted based on the mixed presentation of Narcissistic and Borderline Personality Disorder traits. However, prominent features of Axis II Personality Disorder features should be evident with the Beta parent within the context of parental alienation processes.

The absence of Axis II Personality Disorder traits with the Beta parent in the context of the child's symptom presentation of significant Axis II psychopathology would suggest that the Personality Disorder features of the child's symptoms are arising indigenously from the child. This would suggest a different diagnostic line of inquiry regarding the origins of Personality Disorder dynamics in a child, but one that would be equally focused on the potential for pathogenic parental caregiving involving more directly aberrant parenting practices. In this case, the child's symptom presentation of Axis II psychopathology would be broadly spread out across situations and relationships since the pathology is indigenous to the child's neurological and characterological structure.

3. Child symptom expression evidencing symptoms of prominent concern:

Within a parental alienation dynamic, the child's symptom presentation will evidence the following symptoms of significant clinical concern.

- Aberrant Attachment System: The presentation of the child's attachment system is inauthentic in that it displays as being simultaneously fully functional, secure, and normal-range with the Beta parent (and in most relationship settings generally) and as extremely dysfunctional, aberrant-rejecting, and atypically distorted with the Delta parent. Since severe disruptions to the functioning of the attachment system require persistent "pathogenic care" (DSM-IV TR; Reactive Attachment Disorder), the child's aberrant attachment system presentation strongly suggests the presence of pathogenic parental care within the family, either with the Delta parent or with the Beta parent.

- Persecutory Delusion: The child expresses a fixed-false belief that the Delta parent is abusive or fundamentally inadequate as a parent, and this fixed-false belief is non-responsive to change from contrary evidence (i.e., a delusion).

- Lack of Empathy: The child's relationship interactions with the Delta parent display a disturbing absence of empathy for the emotional experience of the Delta parent. A lack of empathy is a severe symptom of extreme clinical concern.

A lack of empathy is diagnostic of only two disorders within the DSM-IV TR, both of which are Personality Disorders; Antisocial Personality Disorder (commonly referred to as the "sociopath") and Narcissistic Personality Disorder. The diagnosis of an Antisocial Personality Disorder in childhood is specifically precluded by the diagnostic criteria of the DSM-IV TR, and a diagnosis of a Narcissistic Personality Disorder in childhood would be extremely rare and unusual.

- Borderline Personality Disorder "Splitting" Dynamic: The child's relationship patterns with the parents display a "splitting" dynamic associated with Borderline Personality Disorder processes in which the Beta parent is the over-idealized all-good parent with whom the child wishes to spend 100% of his or her time (i.e., the never-to-be-abandoned parent), as contrasted with the Delta parent who is the demonized all-bad parent with whom the child wishes to spend zero percent of his or her time (i.e., the completely abandoned parent). The presence of a "splitting" dynamic within the child's symptomatology, expressed differentially between the two parents, suggests either Borderline Personality Disorder processes inherent to the child's psychological functioning, which would be suggestive of significant pathogenic parental caregiving within the family that would create the personality disorder processes in the child, or the presence of Borderline Personality Disorder processes in a family member that are being transferred to and expressed by the child, which would be consistent with a child diagnosis of a Shared Psychotic Disorder in which the child's symptoms are being induced by the primary case of the parent.

- Borderline Personality Disorder Emotional Dysregulation: The child displays episodes of extreme emotional dysregulation with the Delta parent that may include episodes of excessive anxiety, particularly around visitation transfers, and episodes of excessive anger expression and dyscontrol, that may include virulently hostile-aggressive and demeaning insults directed toward the Delta parent.

- Additional Personality Disorder Features: The child's symptom presentation may include additional features associated with Personality Disorder processes, such as a narcissistic sense of entitlement, narcissistic grandiosity and judgment of the Delta parent as inadequate from an elevated status position of self-perceived superiority over the Delta parent, and a Narcissistic or Antisocial Personality Disorder disregard for societal authority structures, including a disregard for court orders related to visitation and custody with the Delta parent.