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Intervention Guidelines for Attachment-Based "Parental Alienation"

(Family Pathology of Attachment Trauma Reenactment)

If the three diagnostic indicators of an attachment-based model of "parental alienation" are present in the child's symptom display (Childress, 2015a),[1] the presence of these symptoms elevates the family issues from those of child custody and visitation to prominent child protection considerations.

Inducing significant developmental pathology,[2] personality disorder pathology,[3] and psychiatric pathology[4] in a child through aberrant and distorted parenting practices involving a role-reversal relationship, in which the child is used by the parent to stabilize the parent's own emotional and psychological state, and which then results in the loss for the child of a normal-range affectionally bonded relationship with the other parent (who is a normal-range and affectionally available parent) reasonably represents a DSM-5 diagnosis of V995.51 Child Psychological Abuse, Confirmed which would warrant an immediate child protection response.

1.) Child Protection

The pathology associated with an attachment-based model of "parental alienation" (i.e., the reenactment in current family relationships of attachment trauma pathology from the childhood of the allied and supposedly "favored" pathogenic parent) represents a DSM-5 diagnosis of V995.51 Child Psychological Abuse, Confirmed, which then elevates clinical concerns from those of parent-child conflict and child visitation to those of child protection. As would be the case with all forms of confirmed child abuse, the appropriate child protection response is an immediate protective separation of the child from the pathogenic parenting of the allied and supposedly "favored" pathogenic parent (i.e., from the pathology of the narcissistic/borderline parent that is producing the child's symptomatic display).

2.) Protective Separation

The general recommended period of the child's protective separation from the pathogenic pathology of the narcissistic/borderline parent would be for nine months in order to allow for the treatment of the child's induced pathology, the restoration of the

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[1] Childress, C.A. (2015a). *An Attachment-Based Model of Parental Alienation: Foundations*. Claremont, CA: Oaksong Press

[2] An artificially induced suppression of the normal-range functioning of the child's attachment system.

[3] The presence in the child's symptom display of five a priori predicted narcissistic/borderline personality symptoms.

[4] The presence in the child's symptom display of delusional beliefs regarding the supposedly "abusive' parenting of the other parent and possible an induced phobic anxiety retarding this normal-range and affectionally available parent.

child's normal-range functioning and development, and the stabilization of the child's recovery before once again introducing the pathogenic pathology of the narcissistic/borderline parent.

The pathology of attachment-based "parental alienation" (Childress, 2015a) represents a shared delusional pathology originating in the reenactment of attachment trauma from the childhood of the allied and supposedly "favored" narcissistic/borderline parent into the current family relationships in a ***false*** pattern of "abusive parent"/"victimized child"/"protective parent." As a shared delusional belief emanating from the pathology of the narcissistic/borderline parent (i.e., the primary case) and being imposed on the child (i.e., the secondary case), the discussion of this pathology in the DSM-IV TR can be used to guide treatment related decisions:

> "If the relationship with the primary case is interrupted, the delusional beliefs of the other individual usually diminish or disappear." (Shared Psychotic Disorder; American Psychiatric Association, 2000, p. 333)[5]

Once the child's normal-range psychological development is protected, then therapy can restore the child's self-authenticity that has become pathologically distorted through the role-reversal relationship with the pathology of the narcissistic/borderline parent.

If a less than 9-month period of protective separation is attempted, it is recommended that it be done in a structured situation such as the Single Case ABAB Assessment and Remedy Protocol (Childress, 2015b)[6] which will allow for extending the period of the child's protective separation based on the evidenced return of the child's symptoms once the child is re-exposed to the pathogenic parenting of the narcissistic/borderline parent.

3.) Interventions

It is recommended that intervention begin with one of the brief and intensive psychoeducational models available (e.g., Pruter 2007-2015; *High Road to Family Reunification*).[7] This form of early intensive psychoeducational intervention can restore the child's normal-range functioning quickly when applied in the context of an adequate protective separation period. The second phase then becomes stabilizing the child's recovery with appropriate follow-up therapy between the formerly rejected parent and child, all within the context of the protective separation period. Once the child's psychological recovery has been stabilized, then the child can be re-exposed to the pathogenic parenting of the narcissistic/borderline parent through normal court orders for shared custody and visitation.

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[5] American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (Revised 4th ed.). Washington, DC: Author **.**

[6] Childress, C.A. (2015b). *An Attachment-Based Model of Parental Alienation: Single Case ABAB Assessment and Remedy Protocol*. Claremont, CA: Oaksong Press

[7] High Road to Family Reunification: www.consciouscoparentinginstitute.com/reunification

The allied and supposedly "favored" narcissistic/borderline parent should also be required to attend coordinated collateral therapy during the protective separation period, preferably with the same therapist who is doing the follow-up parent-child therapy with the child and the previously rejected parent.

Once the child's recovery stabilizes and the protective separation period is ended, if the child's symptoms reemerge upon once again being exposed to the pathogenic parenting practices of the narcissistic/borderline parent, then a return to a protective separation should be reinitiated and additional safeguards should be imposed, such as requiring monitored visitations. The central decision making imperatives are child protection considerations that ensure the child's normal-range and healthy development.

The pathology of attachment-based "parental alienation" (i.e., attachment trauma reenactment pathology within the family) represents a child protection issue regarding the child's induced pathology, and the response of the court and the mental health system should be consistent with the standard child protection response for other forms of child abuse. When a child is being physically or sexually abused by a parent, the immediate child protection response is to remove the child from that parent and place the child with the other parent. During the child's period of protective separation from the physically or sexually abusive parent, the abusive parent should receive therapy related to altering the abusive parenting practices. When the child's relationship with the abusive parent is restored, if the parent once again reinitiates the child abuse, then the child is once again immediately separated from that parent, and restrictions are then placed upon the abusive parent prior to restoring the child's relationship again, such as mandatory ongoing therapy for the abusive parent and supervised visitation.

Inducing serious developmental, personality, and psychiatric psychopathology in the child through a role-reversal relationship in order to meet the emotional and psychological needs of the parent represents a child abuse and child protection issue fully commensurate with other forms of child abuse, and would warrant a DSM-5 diagnosis of V995.51 Child Psychological Abuse, Confirmed. The legal and mental health response should be commensurate to the response provided for other forms of child abuse.

4.) The Protective Separation Transition

There are no concerns about creating psychological "trauma" for the child by removing the child from the pathogenic parenting of the allied and supposedly "favored" narcissistic/borderline parent. Within the pathology of attachment-based "parental alienation" (i.e. trauma reenactment pathology), the superficial appearance of an emotionally bonded relationship with the narcissistic/borderline parent actually represents an extremely pathological role-reversal relationship in which the child is being used to meet the emotional and psychological pathology of the narcissistic/borderline parent. The supposed "bond" between the child and the "favored" narcissistic/borderline parent is extremely pathological and is a manifestation of role-reversal pathology, which is extremely destructive to the child's

healthy psychological development (although to the outside untrained view it will appear to be a hyper-positive, hyper-bonded parent-child relationship).

Within the pathology of attachment-based "parental alienation" (Childress, 2015a), the child is being triangulated into the spousal conflict by the pathology of the allied narcissistic/borderline parent who has formed a "cross-generational coalition" (Haley, 1977; Minuchin, 1974)[8] with the child against the other parent. The addition of "splitting" pathology associated with narcissistic and borderline dynamics to the pathology of the cross-generational coalition (called a "perverse triangle" by Haley, 1977) seeks to terminate the other parent's relationship with the child, so that the ex-husband also becomes an ex-father; the ex-wife an ex-mother. The pathology of "splitting" is defined by the American Psychiatric Association (2000):

> "Splitting. The individual deals with emotional conflict or internal or external stressors by compartmentalizing opposite affect states and failing to integrate the positive and negative qualities of the self or others into cohesive images. Because ambivalent affects cannot be experienced simultaneously, more balanced views and expectations of self or others are excluded from emotional awareness. Self and object images tend to alternate between polar opposites: exclusively loving, powerful, worthy, nuturant, and kind --- or exclusively bad, hateful, angry, destructive, rejecting, or worthless." (p. 813)

As a result of the divorce, when the spouse of the narcissistic/borderline parent becomes an ex-spouse, the splitting pathology requires that this person must also become an ex-parent; the ex-husband must become an ex-father; the ex-wife an ex-mother. When the splitting pathology of the allied narcissistic/borderline personality parent is added to the pathology a cross-generational coalition with the child against other parent, the splitting pathology of the parent will transform an already pathological cross-generational coalition (a "perverse triangle") into a particularly malignant form in which the child seeks to entirely terminate the child's relationship with a normal-range and affectionally available targeted parent. On the surface, the allied relationship of the child with the pathological narcissistic/borderline parent will look like a "bonded" relationship, it is actually an extremely pathological role-reversal relationship in which the child is being used to meet the emotional and psychological needs of the narcissistic/borderline parent to turn the ex-husband into an ex-father; the ex-wife into an ex-mother, consistent with the splitting pathology of the narcissistic/borderline parent.

Within the pathology of attachment-based "parental alienation" the child is in an extremely stressful position of being triangulated into the spousal conflict by the pathology of the narcissistic/borderline parent in which the child must reject the beloved normal-range and affectionally available parent in order to stabilize the psychological functioning of the narcissistic/borderline parent. The child protection response of protectively separating the child from the severe psychopathology of the

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

Minuchin, S. (1974). *Families and Family Therapy*. Harvard University Press.

narcissistic/borderline parent acts to de-triangulate the child from the spousal conflict, thereby relieving significant stress on the child. Rather than being "traumatic" for the child, a protective separation is actually de-stressing for the child by removing the child from being triangulated into the spousal conflict by the pathogenic parenting of the narcissistic/borderline parent.

If an intensive psychoeducational intervention, such as the *High Road* protocol of Pruter (2007-2015) is used at the initial protective separation point, the psychological stress of the transition for the child is minimal (typically lasting the first hour or two at the start of the intervention) and the de-stressing that the child experiences from being removed from the triangulation into the spousal conflict is great. If an intensive psychoeducational intervention is not used at the transition point, then the child may display increased acting-out behavior for several weeks surrounding the transition as the child's psychological stress from being triangulated into the spousal conflict is more gradually released. Ongoing weekly (or bi-weekly) therapy will help relieve this transitional stress as the child returns to normal range functioning. Any acting-out behavior of the child represents the manifestation of the distorted parenting practices that the child was exposed to while with the narcissistic/borderline parent, including the child's expression of a grandiose haughty and arrogant attitude of entitlement and an absence of normal-range empathy and social cooperation with others.

Any concern for a supposed "trauma" of being separated from the allegedly "favored" narcissistic/borderline parent, however, is completely unwarranted. The role-reversal relationship with the narcissistic/borderline parent is extremely pathological by requiring that the child meet the emotional and psychological needs of the parent. Separating the child from this type of role-reversal relationship is in no way "traumatic" for the child, and actually produces significant stress relief for the child as the child can return to normal-range self-authenticity. The narcissistic/borderline parent, however, will experience considerable emotional and psychological distress at being separated from the "regulatory object" of the child, and so extreme and obsessive efforts by this parent to penetrate the protective separation should be anticipated.

5.) Guiding Principles

The pathology of attachment-based "parental alienation" (the reenactment of childhood attachment trauma patterns within the current family) elevates clinical concerns from those of parent-child conflict and visitation to child protection considerations. When the three diagnostic indicators of attachment-based "parental alienation" are present in the child's symptom display (Childress, 2015a), the appropriate DSM-5 diagnosis of the pathology is V995.51 Child Psychological Abuse, Confirmed and the principles of child protection, consistent with any form of child abuse, should take precedence over other considerations until the child's normal-range and healthy development has been restored. Child protection considerations are the preeminent consideration in responding to the severe psychopathology involved with attachment-based "parental alienation (attachment trauma reenactment pathology within the family).