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Re: Standard Recommended Assessment Protocol

I have provided professional-to-professional consultation with therapists and child custody evaluators regarding an attachment-based formulation for the pathology traditionally called "parental alienation" surrounding divorce (AB-PA: attachment-based "parental alienation"). In addition to discussing the nature and development of the family pathology of AB-PA, I recommend a specific assessment protocol of two measures for child custody evaluators and three measures for therapists.

The Family Pathology of AB-PA

The pathology traditionally called "parental alienation" involves a child's rejection of a normal-range parent surrounding divorce. A child's rejection of a parent represents an attachment-related pathology. The attachment system is the brain system that governs all aspects of love and bonding throughout the lifespan, including grief and loss. The pathology traditionally called "parental alienation" involves the artificial suppression of the child's attachment bonding motivations toward a normal-range parent as a result of "disordered mourning" surrounding the divorce (Bowlby, 1980).

> "The deactivation of attachment behavior is a key feature of certain common variants of pathological mourning." (Bowlby, 1980, p. 70; emphasis added)

The primary case of "disordered mourning" is the allied parent in a cross-generational coalition (Haley, 1977; Minuchin, 1974) with the child against the other parent (the targeted-rejected parent). The allied parent's pathological mourning is being transmitted to the child through the manipulative and distorted parenting practices of the allied parent. The reason the allied parent's mourning is pathological is because this parent has prominent narcissistic or borderline personality traits that fundamentally cannot process sadness, grief, and loss. The narcissistic and borderline personality cannot process sadness, grief, and loss because this personality style emerges from *disorganized attachment* - disorganized attachment being a defined category of attachment (Main & Hesse, 1990; van IJzendoorn, Schuengel, & Bakermans-Kranenburg, 1999).

The borderline personality has disorganized attachment with anxious-ambivalent overtones, whereas the narcissist personality has disorganized attachment with anxious-avoidant overtones. At their core, the narcissist and the borderline have the same underlying disorganized attachment networks, but they manifest differently because of the overtones. By analogy, both a violin and a trumpet can play middle C. The difference between a violin and a trumpet is not in the note they play, it's in the overtones produced by the instrument. Similarly, both the narcissistic and borderline personality emerge from the same disorganized attachment patterns. The differing external manifestations of these two personality styles is the product of their anxious-ambivalent or anxious-avoidant overtones.

These overtones develop in response to the childhood attachment trauma experienced by the narcissistic or borderline personality parent as a child. Disorganized attachment is created in response to a frightening parental attachment figure (van der Kolk, 1989).[1] In response to a frightening and dangerous attachment figure, the child who later emerges as a borderline personality style nevertheless tried to form an attachment bond to this frightening parental attachment figure, creating the anxious-ambivalent overtones to the fundamentally disorganized attachment. The borderline personality as a child sacrificed safety for intimacy. But trying to bond to a frightening and dangerous attachment figure creates intense anxiety and a hyper-vigilance for abandonment by the attachment figure because the child's psychological safety with the dangerous parent was always tentative and fragile. The intense anxiety created by trying to bond to a frightening attachment figure prevented the formation of core-stabilizing personality structures (anxiety is a fragmenting emotion; anger is a cohering emotion).

The narcissist as a child, when faced with this same dilemma of having to bond to a frightening attachment figure (which creates the core disorganized attachment), chose to avoid bonding to the frightening attachment figure, which created the anxious-avoidant overtones to the fundamentally disorganized attachment. The narcissist sacrificed intimacy for safety. This allowed the narcissistic personality to structure at a more stable level because there is less anxiety fragmenting the personality formation, but the sacrifice of intimacy leaves the core personality empty inside - there is no core self-structure to the narcissistic personality. Instead, at their core, the narcissistic personality experiences a profound emptiness created by the absence of psychological intimacy during childhood, an emptiness they try to fill through the "narcissistic supply" of social adulation and grandiose self-opinion.

The "internal working models" (the schemas) of the narcissistic and borderline parent's attachment system are triggered by the divorce to mediate the sadness, grief, and loss of the *spousal* attachment figure. But since their core attachment networks are disorganized, their personality structures collapse into immensely painful disorganization surrounding their rejection and abandonment by the spousal attachment figure in divorce. What we see as the symptoms of "alienation" are the subsequent coping strategies of the narcissistic and borderline personality trying to stave off collapse into a complete - and immensely painful - disorganization.

As a result of their differing overtones, the narcissistic and borderline styles of "parental alienation" display slightly different manifestations of symptoms. The

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[1] van der Kolk, B.A. (1989). The compulsion to repeat the trauma: Re-enactment, revictimization, and masochism. Psychiatric Clinics of North America, 12, 389-411.

"Disorganized attachment can be described as the breakdown of an otherwise consistent and organized strategy of emotion regulation… Disorganized attachment behaviors are not just bizarre and incoherent, they are considered to be indicators of an experience of stress and anxiety which the child cannot resolve because the parent is at the same time the source of fright as well as the only potential haven of safety… Maltreating parents, for example, are supposed to create disorganized attachment with their children because they confront their children with a pervasive paradox: they are potentially the only source of comfort for their children, whereas at the same time they frighten their children through their unpredictable abusive behavior. The parent is thought to be a source of fear for the child and at the same time the only attachment figure who can provide relief from distress." (p. 226-227)

narcissistic style of "parental alienation" tends toward greater child expressions of angry hostility and contemptuous judgement of the targeted-rejected parent, whereas the borderline expression of the pathology tends toward a stronger display of elevated anxiety and hyper-activated threat-perception expressed by the allied borderline parent, and this parental anxiety is then created into the child's over-anxious symptom features.

Custody Evaluation Assessment Protocol

The primary feature of prominent concern in the pathology traditionally called "parental alienation" is ***pathogenic parenting***;[2] the creation of significant psychopathology in the child through the aberrant and distorted parenting practices of the allied narcissistic/(borderline) parent.

There are three specific domains of pathology creation that are of prominent clinical concern.

1. **Developmental Pathology**: Suppression of the child's attachment bonding motivations toward a normal-range and affectionally available parent, resulting in the loss of this parent-child relationship.

2. **Personality Disorder Pathology**: The presence in the child's symptom display of specific a-priori predicted narcissistic personality traits displayed by the child that are acquired from the psychological influence and control of the child by the allied narcissistic/(borderline) personality parent.

3. **Psychiatric-Delusional Pathology**: The presence in the child's symptom display of an encapsulated persecutory delusion regarding the child's supposed "victimization" by the normal-range parenting of the targeted-rejected parent (a symptom reflecting the child's incorporation into the false *trauma reenactment narrative* created by the allied narcissistic/(borderline) parent).

In all cases of attachment-related pathology surrounding divorce, the recommended assessment and symptom documentation protocol would include two measures:

- The *Diagnostic Checklist for Pathogenic Parenting.* This symptom rating scale identifies the three diagnostic indicators of pathogenic parenting by an allied narcissistic/(borderline) parent, along with a set of 12 Associated Clinical Signs that are often present with this form of attachment-related pathology (a description of the three diagnostic indicators and 12 Associated Clinical Signs are contained in Chapter 4: Diagnostic Indicators of *Essays on Attachment-Based Parental Alienation*, a pdf of which is available on my website).

- The *Parenting Practices Rating Scale*. This rating scale documents a professional assessment of the parenting practices of the targeted parent across a range of relevant parenting dimensions.

These two symptom identification and rating scales serve to professionally **document** the relevant domains of concern regarding the attachment-related pathology of

[2] Pathogenic parenting: patho=pathology; genic=genesis, creation.

disordered mourning within the family, as expressed in the child's symptoms of rejecting a relationship with a normal-range and affectionally available parent.

Professional-to-Professional Consultation

If a custody evaluator would find it helpful to consult with me, perhaps at the suggestion of one of the clients or their attorney, then this custody evaluator can reach out to me (drcraigchildress@gmail.com) and - without disclosing confidential identifying information about the client which would require a release of information - this evaluator and I can discuss the general pathology of AB-PA, perhaps surrounding pathology-related questions of concern to the evaluator.

The key recommendation I would make to all custody evaluators is to routinely administer the *Diagnostic Checklist for Pathogenic Parenting* and the *Parenting Practices Rating Scale* for all cases involving attachment-related pathology following divorce. Routinely. These are simple and quick ways of structuring the documentation of symptoms. That's their function, to clearly document the child's symptoms and the normal-range (or abnormal-range) parenting of the targeted parent. Documentation is good.

Of note is that there is an understanding in clinical psychology that a narcissist will sometimes marry a borderline, so that both parents are emotionally problematic parents. The goal of all assessments is accuracy, without reference to a particular outcome. Once we know what the problem is, whatever it is, we can solve it. So in all assessments, the goal is accuracy not a particular agenda. We can fix anything as long as we know what it is we're treating. Assessment of pathology should be without an agenda to identify "parental alienation," and all assessments should follow the data wherever it leads.

Therapist Assessment Protocol

My recommendation to therapists is also to routinely document symptoms using the *Diagnostic Checklist for Pathogenic Parenting* and the *Parenting Practices Rating Scale* for all cases of attachment-related pathology surrounding divorce. These two instruments quickly and clearly document the child's symptoms and the parenting practices of the targeted parent.

In addition, I would also recommend that the treatment process include the ongoing use of an additional rating scale, the *Parent-Child Relationship Rating Scale* (also available on my website), from the earliest point possible. This rating of the child's behavior is made daily by the targeted parent (and perhaps also made weekly by the treating therapist as confirmation of this therapist's assessment of the parent-child relationship symptoms). This brief 4-item rating scale provides an evidence-based foundation for treatment planning and decision-making. The combined and integrated use of the three rating instruments:

- The *Diagnostic Checklist for Pathogenic Parenting*
- The *Parenting Practices Rating Scale*
- The *Parent-Child Relationship Rating Scale*

represents a strong move toward evidence-based practice and data-driven decision-making. Each measure documents a different feature of the family pathology: 1) the child's symptoms of direct clinical concern, 2) the surrounding parenting practices of the targeted parent, and 3) the ongoing outcome of the inter-relationship of these two factors in forming a healthy and normal-range parent-child bond. Documentation allows for data-driven decision-making and evidence-based practice. Data is good. Documentation is good. These three measures offer quick and efficient methods of documenting different aspects of the family situation and the pathology evident in the family.

Professional-to-Professional Consultation

If a therapist believes that a professional-to-professional consultation would be helpful, I am available for consultation on the treatment and resolution of the attachment-related pathology of AB-PA. Since the pathology is, at its core, an expression of pathological mourning within the family (with the primary case of the allied parent transferring this disordered mourning to the child's response to the divorce), the central treatment-related issue is the resolution of sadness, grief, and loss.

The treatment for disordered mourning is to mourn. The effective processing of sadness and grief through affectionate bonding with the beloved but currently rejected parent will restore the normal-range functioning of the child's attachment system. On the other hand, as long as the child remains under the distorting parental influence of the allied parent, who represents the primary case of disordered mourning, the child's own symptoms of pathological mourning will likely continue, reflected in the child's continued rejection of a normal-range and affectionally available parent (the targeted-rejected parent).

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