

# The Strategic-Behavioral-Systems Intervention: Theoretical Foundations and Implementation Guidelines

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The Strategic-Behavioral-Systems Intervention (SBS Intervention) is a multifaceted intervention integrating three theoretical frameworks,

- 1) Strategic family systems therapy,
- 2) Behavioral therapy
- 3) Structural family systems therapy.

## Strategic Family Systems Framework

The primary model organizing the SBS Intervention is a Strategic family systems framework which recognizes symptoms as being an expression of power dynamics within the family. Within a Strategic family systems framework, symptoms act to confer power.

A Strategic family systems approach analyzes the power dynamics within the family in order to develop a prescriptive intervention that, if followed, will alter the meaning of the symptoms regarding how power is being acquired and manifested within the family's relationships.

In high-conflict divorce, when the child expresses a symptomatic rejection of a relationship with a normal-range and affectionally available parent, this typically reflects the child's having been "triangulated" into the spousal conflict by the allied and supposedly favored parent through the formation of a cross-generational coalition with this parent against the other parent. One of the premier family systems theorists, Jay Haley, describes the cross-generational coalition:

"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 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)<sup>1</sup>

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<sup>1</sup> Haley, J. (1977). Toward a theory of pathological systems. In P. Watzlawick & J. Weakland (Eds.), *The interactional view* (pp. 31-48). New York: Norton.

Salvador Minuchin, another premier family systems theorist, also describes the triangulation of the child into the spousal coalition through the formation of a cross-generational coalition of the child with one parent against the other,

“The rigid triangle can also take the form of a stable coalition. One of the parents joins the child in a rigidly bounded cross-generational coalition against the other parent.” (Minuchin, 1974. 102)<sup>2</sup>

Minuchin also provides a clinical example of how the formation of a cross-generational coalition of the parent and child against the other parent can manifest in the family,

“An inappropriately rigid cross-generational subsystem of mother and son versus father appears, and the boundary around this coalition of mother and son excludes the father. A cross-generational dysfunctional transactional pattern has developed.” (pp. 61-62)

“The parents were divorced six months earlier and the father is now living alone... Two of the children who were very attached to their father, now refuse any contact with him. The younger children visit their father but express great unhappiness with the situation.” (p. 101)

The triangulation of the child into the spousal conflict that is created when one parent forms a cross-generational coalition with the child against the other parent acts to confer power to the allied and supposedly favored parent. When the allied and supposedly favored parent uses this cross-generational coalition with the child to elicit and induce the child’s rejection of the other parent following the divorce, the child’s symptomatic hostility and rejection of other parent can be exploited by the allied and supposedly favored parent to effectively nullify the parental rights of the targeted-rejected parent, including parental rights conferred by Court orders regarding shared custody and visitation.

The induced suppression of the child’s attachment bonding motivations toward a normal-range and affectionally available parent, and the child’s symptomatic hostility and/or supposed anxiety about being with the targeted-rejected parent, confers power to the allied and supposedly favored parent to effectively nullify the other parent’s rights to custody and visitation, including the power to nullify Court orders granting custody and visitation rights to the targeted parent. The child’s induced symptomatology confers absolute power to the allied and supposedly favored parent needed to take full possession of the child, and so will be actively supported and maintained by the allied and supposedly favored parent as long as these child symptoms confer this power to the allied parent. Treatment will therefore require altering the power conferred to the allied and supposedly favored parent by the child’s symptomatic rejection of the targeted parent.

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<sup>2</sup> Minuchin, S. (1974). *Families and Family Therapy*. Harvard University Press.

## Parental Pathology Expressed in Pathogenic Parenting

When the allied and supposedly favored parent uses the cross-generational coalition which this parent creates by triangulating the child into the spousal conflict to then induce the child into rejecting a relationship with the other parent, the underlying psychological origins of the allied parent's willingness to manipulate and exploit the child's induced rejection of the other parent likely resides in prominent narcissistic and/or borderline personality disorder traits in the parent, that are manifesting as a desire for revenge and retaliation against the other spouse for the divorce. These narcissistic attitudes and attributes of the allied parent become displayed in the child's symptom manifestation as a specific set of five narcissistic symptoms directed toward the targeted-rejected parent:

**Grandiosity:** The child will display a grandiose self-perception in which the child occupies an elevated status in the family hierarchy above that of the targeted-rejected parent. As a consequence of this believed elevated status, the child feels entitled to sit in judgment of the targeted parent, both as a parent and as a person, and from this elevated position the child judges the targeted parent to be inadequate and as "deserving" of the punishment inflicted by the child's hostility and rejection.

Parental Origin: This child symptom is a reflection of the parental attitude of the allied and supposedly favored parent of judging the other **spouse** as "deserving" to be punished for the divorce. The child is acquiring this parental attitude toward the other **spouse** through the influence of the allied parent on the child's attitudes toward the other parent (the other **spouse**). In the child's relationship with the allied narcissistic parent, the child is required by the narcissistic pathology of the allied parent to hold the same attitude toward the other parent as the allied narcissistic parent has toward the other **spouse**.

**Entitlement:** The child will display a prominent sense of entitlement toward the targeted-rejected parent in which the child feels entitled to have his or her every desire met immediately to the child's satisfaction. If the targeted parent does not meet the child's entitled expectations to the child's satisfaction, then the child feels justified in exacting a retaliatory revenge on the targeted-rejected parent for this parent's supposed inadequacy and failure as a parent and as a person.

Parental Origin: This child symptom is a reflection of the parental attitude of narcissistic entitlement held by the allied and supposedly favored parent that his or her every need should have been attended to and met by the other **spouse**. In the mind of the narcissistic spouse (who is now the allied and supposedly favored parent within the parent-child coalition), the other **spouse** (who is now the targeted-rejected parent) "deserves to be punished" for divorcing (rejecting) the narcissistic spouse, and for the inadequacy and failure of the other spouse during the marriage in meeting the emotional and psychological needs of the narcissistic parent/spouse.

**Lack of Empathy:** The child will display a prominent absence of empathy for the emotional experience of the targeted-rejected parent, particularly for the emotional pain caused to this parent by the child's hostility and rejection.

Parental Origin: The incapacity for empathy is a characteristic feature of a narcissistic personality. This child symptom is a reflection of the allied and supposedly favored parent's absence of empathy for the feelings and experience of the other **spouse**. The narcissistic spouse (i.e., the allied and supposedly favored parent in the cross-generational coalition) fully believes the other **spouse** (i.e., the targeted-rejected parent) "deserves" to suffer for the supposed inadequacy of this **spouse** during the marriage, and for divorcing (rejecting) the narcissistic spouse. The narcissistic spouse feels no empathy for the experience and suffering of the other **spouse**.

**Haughty and Arrogant Attitude:** The child displays a haughty and arrogant attitude of contempt directed toward the targeted-rejected parent.

Parental Origin: This child symptom is a reflection of the parental attitude of narcissistic contempt and dismissive disdain felt by the allied and supposedly favored parent toward the other **spouse**.

**Splitting:** The term "splitting" refers to a characteristic symptom of narcissistic and borderline personality process of rigid perceptions that are "split" into polarized extremes of idealization and devaluation, where people are perceived to be either all-good and idealized or all-bad and demonized. In the child's symptom display, the child will express an idealized perception of the allied parent, whereas the targeted-rejected parent will be perceived as an entirely bad and demonized parent.

Splitting is also characterized by rigidly maintained rejection of the other person for past failures. Marsha Linehan (1993)<sup>3</sup> describes this feature of splitting:

"They tend to see reality in polarized categories of "either-or," rather than "all," and within a very fixed frame of reference. For example, it is not uncommon for such individuals to believe that the smallest fault makes it impossible for the person to be "good" inside. Their rigid cognitive style further limits their abilities to entertain ideas of future change and transition, resulting in feelings of being in an interminable painful situation. Things once defined do not change. Once a person is "flawed," for instance, that person will remain flawed forever." (p. 35)

Parental Origin: This child symptom is a reflection of the black-and-white polarized thinking and perception of the allied and supposedly favored parent who blames the other **spouse** for supposedly causing all of their

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<sup>3</sup> Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford

marital problems and their subsequent divorce because of the personal inadequacy of the other **spouse**.

### The Power to Exact Revenge

The child's hostile-rejecting symptoms directed toward the targeted parent confer power to the allied and supposedly favored parent to exact a retaliatory revenge against the other spouse for the supposed injuries done to the allied parent by the other spouse during their marriage. The allied and supposedly favored parent is triangulating the child into the spousal conflict through the formation of a cross-generational coalition as a means to redirect through the child the **spousal anger** of the allied parent toward the other spouse. The allied and supposedly favored parent is essentially using the child as a weapon in the spousal conflict to inflict suffering on the other spouse.

In some cases involving a more borderline-style parental personality, the allied and supposedly favored parent might also be using the child to allay parental fears of abandonment that are provoked by the divorce and family's dissolution. If the allied and supposedly favored parent has fears of abandonment, then the child's "total devotion" to this parent, and the child's rejection of the other parent, will act to calm these parental fears of abandonment that are triggered by the divorce. The child's (induced) rejection of the other parent acts to define the targeted-rejected parent as the "entirely abandoned" parent, and the child's corresponding "total devotion" to the allied and supposedly favored parent acts to define the allied parent as the "never-to-be-abandoned" parent. The child is being used by the allied parent to meet the emotional and psychological needs of the parent.

The allied and supposedly favored narcissistic parent is afraid that if the child was allowed to develop a normal and healthy relationship with the other parent, then the child would also abandon the currently allied parent just like the other spouse did. By preventing the child from forming a relationship with the other parent, the allied narcissistic parent seeks to prevent his or her further abandonment by the child. The child's (induced) rejection of the other parent also serves to define the other parent as being the "abandoned" person in the divorce. The psychological and developmental damage being inflicted on the child by having to reject a relationship with a normal-range and affectionally available parent is of little concern or consequence to the narcissistic/borderline parent, who is using the child to meet this parent's own emotional and psychological needs.

### Taking Sides

Because of the "splitting" dynamic, the allied narcissistic parent sees family relationships following the divorce as polarized sides in the spousal conflict. In the mind of the allied narcissistic parent, if the child is on the side of the other spouse, then the child will also reject the allied parent just like the other spouse did. To prevent being entirely abandoned, by both the child as well as by the other spouse, the allied parent recruits the child into joining the allied parent's side against the other parent, thereby triangulating the child into the spousal conflict through the formation of loyalty conflicts and side-taking

within the spousal conflict. If the child shows any affection or bonding motivations toward the other parent, or even fails to sufficiently reject the other parent, then the allied narcissistic parent subtly but clearly communicates parental disfavor and rejection of the child for failing to remain loyal to the allied parent's side in the spousal conflict. The love and approval of the allied narcissistic parent is made conditional upon the child's hostility toward and rejection of the other parent. The need to take sides in the spousal conflict, imposed on the child by the fixed and polarized attitude of the allied narcissistic parent, creates a loyalty conflict for the child by subtly but clearly demanding from the child that the child choose a side in the spousal conflict. Only one parent needs to believe there are sides to be taken in order for the child to be put in the position of having to take sides.

The allied and supposedly favored narcissistic parent places the child directly into the middle of the spousal conflict by forcing the child into choosing a side in the spousal/parental conflict.

In response to this false-choice imposed on the child by the distorted parenting of the narcissistically focused parent, if the child tries to remain neutral, or sides with the psychologically healthier targeted parent by refusing to reject a relationship with this parent, then the child's custody and visitation will be shared between the parents. Shared custody and visitation means that the child will continually be subjected to the subtle manipulation, the painful psychological retaliation, the coercive parental hostility, the withdrawal of affection, the overt rejection, and the psychological control tactics of the narcissistic parent as this parent continues to try to induce the child into taking the narcissistic parent's side in the spousal conflict. The child's continual exposure to the subtly coercive control and psychologically retaliatory hostility and rejection of the narcissistic parent will continue to place the child squarely in the middle of the spousal conflict as long as the child does not take the narcissistic parent's side in the spousal conflict by rejecting a relationship with the other parent.

**Neutrality:** If the child doesn't take a "side" in the spousal conflict and tries to remain neutral, then the child is continually placed in the middle of the spousal conflict by the distorted parenting of the narcissistic/borderline parent that seeks to induce the child into siding with the narcissistic parent against the other spouse and parent. Continually being in the middle of the spousal conflict increases the child's psychological suffering. Neutrality is not a psychological option for the child.

**Siding with the Healthy Parent:** If the child takes the side of the healthy targeted parent, then this will only increase the psychological retaliation inflicted on the child by the narcissistic parent, thereby increasing the child's psychological suffering. This parentally inflicted retaliation may be in the form of increased parental anger, hostility, and overt rejection expressed toward the child while the child is in the care of the narcissistic parent, or by parental withdrawal of affection and cold-rejection of the child, or through guilt-inducing manipulative displays of parental sadness, hurt, and emotional vulnerability, which elicit a child desire to nurture the seemingly fragile parent.

If, in response to the forced choice of having to take sides in the spousal conflict that is being imposed on the child by the distorted parenting of the narcissistic parent, the child chooses to remain loyal to the affectional bond with the healthier targeted parent, then this choice by the child to not reject the targeted parent will only increase the child's suffering as a result of the continuing distorted, manipulative, and retaliatory parenting of the narcissistic parent. Choosing the side of the healthier targeted parent will only result in the increased psychological suffering of the child, and so is not an option for the child.

**Siding with the Narcissistic Parent:** If the child surrenders to the psychological control tactics and influence of the narcissistic parent, and chooses this parent's side in the spousal conflict by rejecting a relationship with the other parent, then the child is freed from being in the middle of the spousal conflict by choosing a side, and the child escapes from the psychological retaliation of the narcissistic parent that is inflicted on the child if the child is not demonstrably on this parent's side.

Once the child surrenders to the narcissistic parent and chooses this parent's side in the spousal conflict by rejecting the other parent, the child is then granted indulgences of gifts or adult-like privileges, or hyper-affectionate displays of parental nurture by the narcissistic parent as a reward for the child's psychological surrender in choosing this parent's side in the spousal conflict. This is the only option that reduces the child's immediate psychological suffering. This is the option the child takes.

## **Grief & Guilt**

In siding with the now allied and supposedly favored narcissistic parent, the child is freed from continually being placed in the middle of the spousal conflict by the distorted parenting practices of the narcissistic parent, and the child is freed from the subtly manipulative but powerful psychological control tactics and psychological retaliation by narcissistic parent. However, this relief from immediate psychological suffering comes at the price of increased deep emotional suffering created from the loss of an affectionally bonded relationship with the beloved-but-now-rejected targeted parent.

The child is forced into rejecting a relationship with a beloved parent. This creates an immense grief for the child at the loss of an affectionally bonded relationship with the beloved-but-now-rejected targeted parent. In addition, by choosing the side of the narcissistic parent and rejecting the targeted parent, the child feels as if he or she has betrayed the love and affection the child feels for the beloved-but-now-rejected targeted parent. This creates an immense sense of guilt for the child at what the child perceives as his or her betrayal of the child's affectional bond with the beloved targeted parent.

In escaping the immediate psychological suffering of being placed in the middle of the spousal conflict by the distorted parenting of the narcissistic parent, the child has only increased his or her deeper psychological suffering in grief and guilt, so that the child must now find a way of establishing psychological defenses against the experience of this new psychological suffering of grief and guilt.

In a normal grief and loss experience, the parent dies and the child grieves. In the current situation, however, this normal grieving process is reversed; the child first grieves, and must then psychologically “kill off” the lost parent in order to process and resolve the child’s grief experience. Otherwise, the child’s grief will remain active and continually experienced. Unless the child psychologically “kills off” the beloved-but-now-rejected targeted parent, the child simply exchanges the reduced psychological suffering from escaping the spousal conflict for an increased psychological suffering from grief and loss. In order to process and resolve the child’s grief at the lost relationship with the beloved-but-now-rejected targeted parent, the child must eliminate this beloved-but-rejected parent from the child’s life.

- As long as the child has no contact with the beloved-but-now-rejected parent, the child is able to maintain a psychological defense against experiencing the grief created by the lost relationship with this parent. However, whenever the child is with the beloved-but-now-rejected targeted parent, the child experiences once more the deep desire for an affectionally bonded relationship with this parent, which only reactivates the deep psychological suffering of grief and loss experienced by the child. For the child, it authentically hurts to be with the rejected parent because the child loves this parent and feels an immense grief at the lost relationship with this parent.
- As long as the child has no contact with the beloved-but-now-rejected targeted parent, the child is better able to maintain a psychological defense against the experience of immense guilt the child feels at betraying this parent’s love and affection for the child. Being with the targeted parent presents the child with an ongoing reminder of the child’s betrayal of the love felt for this parent created by the child’s choice to align with the narcissistic parent in the spousal conflict.
- Completely avoiding being with the beloved-but-now-rejected targeted parent allows the child to avoid the experience of grief and guilt. If, however, the child is required to maintain contact with the beloved-but-now-rejected targeted parent, then the child’s defenses against grief and guilt begin to crumble. The child must maintain these defenses. This leads the child into not feeling empathy, warmth, or compassion for the beloved-but-now-rejected parent. In order to maintain the psychological defense against the experience of grief and loss, the child distorts reality into making this parent somehow “deserve” the child’s rejection. This makes it easier for the child to maintain his or her psychological defenses against the experience of deep and profound grief and painful guilt at rejecting a beloved parent.

## **Releasing the Child from the Spousal Conflict**

### Protect the Child

Any intervention into this complex family dynamic must first PROTECT THE CHILD from being triangulated into the middle of the spousal conflict. The child cannot be asked to show authenticity until we have been able to effectively remove the child from the



middle of the spousal conflict and until we can protect the child's display of authenticity from parental retaliation by the narcissistic allied parent.

- The child **MUST** be given “**permission**” by the intervention to show bonding motivations toward the targeted-rejected parent without appearing to betray the child's loyalty to the alliance with the narcissistic parent. The narcissistic parent will create and maintain the supposed sides in the family conflict. The child must be given a way out, an avenue of escape, from having to choose sides in the spousal conflict.

### Altering Power Dynamics

The intervention must also alter the power dynamics within the family that are currently being conferred by the child's symptomatic rejection of the targeted parent.

- Currently the child's symptomatic rejection of the targeted parent is conferring absolute power to the allied and supposedly favored narcissistic parent that allows this parent to effectively nullify both the parental rights of the other parent and Court orders for joint custody and visitation.
- As long as the child's symptomatic rejection of the targeted parent confers such tremendous power to the allied and supposedly favored narcissistic parent, the child's symptoms will be supported and maintained by the allied narcissistic parent. In order to be effective in changing the child's symptoms and restoring healthy child development, the intervention **MUST** alter and eliminate the power that is currently being conferred to the allied narcissistic parent by the child's symptomatic rejection of the other parent.

### Resolution of the Child's Symptoms

The intervention must return the child to a normal-range parent-child relationship with the currently targeted-rejected parent.

- The intervention must act to resolve the child's symptoms of narcissistic judgment of the targeted parent, the child's sense of unwarranted grandiose entitlement, the child's absence of empathy, and the child expressions of haughty arrogance.
- The intervention must also restore the child's balanced and normal-range perceptions of interpersonal relationships and normal-range child cooperation with parental authority.

## **The Strategic-Behavioral-Systems Intervention**

The SBS Intervention effectively frees the child from the spousal conflict and gives the child permission to bond to **BOTH** parents by altering the meaning of the child's bonding with the currently targeted-rejected parent.

- Currently, rejecting the targeted parent is a demonstration of the child's loyalty to the alliance with the narcissistic parent. If the child fails to adequately reject the targeted parent, then this failure-to-reject would represent the child's betrayal of the child's alliance with the narcissistic parent.
- The SBS Intervention reverses this meaning, so that within the SBS Intervention the child's cooperation and bonding with the targeted parent represents an act of the child's loyalty to the narcissistic parent.
- The key to enacting this release of the child from having to take sides in the spousal conflict is to establish a family context in which the child's display of cooperation and bonding with the targeted parent are required behaviors necessary for the child to spend time with the allied and supposedly favored narcissistic parent. The child is then bonding with the targeted parent as a means to be with the allied narcissistic parent.

### Altering the Power Dynamic

The SBS Intervention also alters the power dynamic being conferred by the child's symptomatic rejection of the targeted parent.

- Currently, the child's symptoms confer increased power to the allied narcissistic parent to nullify both the parental rights of the other parent and all Court orders for joint custody and visitation.
- The SBS Intervention reverses this by making the child's symptomatic hostility and rejection of the targeted parent confer more power to the targeted parent and less to the allied narcissistic parent. By eliminating the power conferred by the child's symptoms to the allied narcissistic parent, the SBS Intervention removes this parent's motivation for triangulating the child into the spousal conflict.
- The key to enacting this reversal in the power dynamic is that the MORE the child is symptomatically rejecting of the targeted parent; the MORE time the child is required to spend with the targeted parent and the LESS time the child spends with the allied narcissistic parent. Instead of conferring power to the allied narcissistic parent, the child's symptoms confer power to the targeted-rejected parent.

Within the structure created by the SBS Intervention, the child's symptom of hostile-rejection of the targeted parent will result in the child spending LESS time with the allied narcissistic parent and MORE time with the other parent. The child's symptoms no longer confer power to the allied narcissistic parent. From a Strategic family systems framework, when the symptom no longer confers power within the family structure, the symptom drops away because it is no longer serving a function. The sole purpose of the symptom within a Strategic family systems framework is to confer power. No power; no symptom.

## Behavior Therapy Framework

A secondary model employed by the SBS Intervention is drawn from behavioral psychology and addresses the cuing of the child's symptomatic behavior. Within a behavioral systems framework, behavior is elicited by the cue or trigger. In order to alter a child's behavior it is important to identify the cue that is eliciting the child's behavior in order to alter the process by which the unwanted behavior is being triggered. The technical term for achieving control over the cue (i.e., over the "stimulus" that elicits the behavior) is called achieving "stimulus control" over the behavior.

In the family dynamics surrounding the child's induced symptomatic rejection of a relationship with a normal-range and affectionally available parent because of a cross-generational coalition with one parent against the other parent, the child's behavior is NOT under the stimulus control of the targeted-rejected parent (i.e., the child's behavior is not being cued by the behavior of the targeted parent). It doesn't matter what the targeted parent does, the child's hostile-rejecting behavior remains the same. Instead, the child's behavior is under the stimulus control of the narcissistic and allied parent's motivation to inflict suffering (revenge) on the targeted parent (i.e., the child's behavior is cued by the function it serves within the parent-child relationship with the allied and supposedly favored parent). Changing the child's behavior requires intervening on the correct locus of stimulus control (the cue that is eliciting the child's hostile-rejecting behavior toward the targeted parent).

Since the child's behavior is NOT under the stimulus control of the targeted parent, we can intervene with the targeted parent-child relationship forever and it won't have any effect, because the child's behavior is not being cued by the behavior of the targeted parent but is instead being cued by the function this child behavior serves for the allied and supposedly favored narcissistic parent. In order to alter the child's hostile-rejecting behavior toward the targeted parent we must intervene on the correct locus of stimulus control; which is the motivational set of the alienating parent.

The SBS Intervention targets the allied parent's motivational set by altering the function that the child's hostile-rejection has within the allied parent's relationship with child. Instead of serving to inflict suffering on the targeted parent which then satisfies the allied parent's motivational goal of revenge against the other spouse, the SBS Intervention alters the outcome achieved by the child's hostile-rejection of the target parent by "rewarding" the targeted parent with MORE time and "punishing" the allied narcissistic parent with LESS time as a consequence for the child's symptomatic displays.

This alteration in the functional outcome of the child's hostile-rejecting behavior is focused on the correct source of stimulus control for the child's symptomatic behavior; the motivational set of the controlling allied parent within the parent-child coalition. Once the motivational set of the alienating parent is correctly targeted by the intervention, the child's hostile rejecting behavior will no longer be cued by the function it serves within the alienating parent-child relationship. Once we disrupt the cue that triggers the behavior, the behavior will no longer be elicited.

## Structural Family Systems Framework

Finally, the SBS Intervention incorporates an interventions derived from a Structural family systems framework (Salvador Minuchin) by re-establishing an appropriate and healthy parent-child hierarchy within the family. According to the Structural family systems model, an appropriate family hierarchy involves parents as the leadership authority within the family, with children accepting and cooperating with the legitimate leadership authority of the parents.

Within an appropriate and healthy family hierarchy, parents judge children's behavior as being either appropriate or inappropriate, and parents provide either guidance or discipline to children based on these parental judgments. Within an inverted and unhealthy family hierarchy, however, children become over-empowered into being able to judge their parents, resulting in the child "punishing" the parent for the child's judgment of the parent's behavior as appropriate or inappropriate. Restoration of an appropriate parent-child family hierarchy is necessary for reestablishing healthy family functioning.

Minuchin discusses a number of ways that this appropriate family hierarchy structure can be disrupted, principle among these is when the child becomes "triangulated" into the marital conflict. When a split develops within the integrity of the marital unit, the child can find a relationship seam along which to elevate in the family hierarchy. This elevation can occur when parents cannot agree on a response to the child's behavior, or when one parent forms an inappropriate alliance with the child, thereby elevating the child in the hierarchy over the other parent. The formation of a cross-generational coalition of the child with the one parent against the other parent provides the child with access to parental power derived from the coalition the child has with one parent. The parental support provided by the cross-generational coalition provides the child with sufficient power to challenge the authority of the other parent.

In the child's rejection of a relationship with a normal-range and affectionally available parent, the disruption to a healthy and appropriate family hierarchy becomes clearly evident in the child's self-perceived ability to sit in judgment on the personal and parental adequacy of the targeted-rejected parent. When the targeted parent does not meet the child's standards of acceptability, the child feels entitled to retaliate against the targeted parent by delivering "deserved" punishment to the parent in the form of hostile rejection, verbal abuse, and behavioral non-compliance.

The SBS Intervention acts to re-establish an appropriate family hierarchy by supporting the legitimate parental authority of the targeted parent to judge the appropriateness of the child's behavior, and by disrupting the triangulating alliance with the allied and supposedly favored parent.

- Within the SBS Intervention, the targeted parent completes a quick behavior rating scale each day regarding the child's behavior during that day (i.e., the parent is judging the appropriateness of the child's behavior, not vice versa). This rating scale, and the power it confers within the SBS Intervention, re-establishes the legitimate parent-child hierarchy structure within the family. The parental

authority of the targeted parent within the family is reestablished by the structure of the SBS Intervention

## **Resolution**

As the intervention progresses, the child and targeted parent are allowed to have repeated positive relationship exchanges with each other and the child's behavior is gradually allowed to come under the authentic stimulus control of the targeted parent's behavior. This allows the child to gradually begin questioning the child's inauthentic belief that the targeted parent is somehow "abusive" and so "deserves" to suffer for their inadequacy as a parent.

As a positive relationship develops with the targeted parent, the child's grief at the loss of this parent resolves. In addition, as the child achieves an affectionally bonded relationship with the targeted parent, the child's guilt at betraying the child's affectional bond with this parent also dissipates as the child begins to express and receive affection from this beloved parent.

Through the Strategic-Behavioral-Systems Intervention, the child is gradually freed from being triangulated into the spousal conflict, and the child is given "permission" by the structure of the intervention to love BOTH parents. The SBS Intervention gradually restores healthy psychological balance to the child's psychological functioning. When this process is also supported by appropriate parent-child relationship therapy, the psychological healing and restoration of balanced family relationships can be accelerated.

## Program Structure

### Strategic-Behavioral-Systems Intervention for Restoring Parent-Child Bonding in High-Conflict Divorce

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- Goal 1: To assess the parental capacity and treatment cooperation potential of the allied and supposedly favored parent who is responsible for creating and maintaining the child's pathology.
- Goal 2: To alter the family power and relationship dynamics sufficiently to allow for gradual resolution of the child's pathological suppression of attachment bonding motivations toward the currently targeted-rejected parent.
- Goal 3: To provide a potential compromise alternative to removing the child completely from the pathogenic influence of the allied and supposedly favored parent who is responsible for creating and maintaining the child's pathology.

#### **Introducing the Program:**

The supervising therapist describes the program to the parents individually and to the children as a group. The supervising therapist provides a description of the conceptual framework for program in a way appropriate to the parents' roles in the intervention, and appropriate to the developmental level of the children.

The SBS Intervention alters the meaning for the child's symptoms within the family. The surface framework for this program is a behavioral intervention of rewarding the child's positive behavior and punishing the child's inappropriate behavior. Beneath this behavioral framework is a Systemic family systems intervention of the altering power dynamics conferred by the child's symptomatic rejection of a relationship with a normal-range and affectionally available parent.

The altered meaning within the family structure that is provided to the child's symptoms within the SBS Intervention gives the child "permission" to respond positively to the currently targeted-rejected parent, and to move gradually toward resolution of the child's pathological response to the targeted parent.

#### **Assessing Parental Pathology**

The child's symptoms are serving the function of conferring power to the allied and supposedly favored parent,

1. To nullify the parental rights of the other parent and Court orders for shared custody and visitation.

2. To inflict retaliatory revenge on the other spouse for perceived injuries supposedly inflicted on the allied parent during the spousal relationship and divorce.

Normal-range and psychologically healthy parents understand the importance for a child of having a healthy and affectionally bonded relationship with both parents following a divorce. Parents who are normal-range and psychologically healthy will cooperate with treatment interventions designed to eliminate child pathology, and that foster the child's healthy emotionally bonded relationships with both parents.

Narcissistic parents, on the other hand, place their own emotional and psychological needs ahead of the child's needs. Narcissistic parents use and exploit the child. The narcissistic parent will induce child symptoms so that these child symptoms can be exploited by the narcissistic parent to meet the emotional and psychological need of the narcissistic parent.

The SBS Intervention provides an opportunity to assess the normal-range or narcissistic parenting orientation of the allied and supposedly favored parent by proposing an organized and structured plan for eliminating the child's pathology and restoring the child's normal-range and healthy emotional bonding to both parents.

- If the allied and supposedly favored parent accepts and cooperates with the implementation of the SBS intervention, then this is an indicator that this parent's approach to parenting is more normal-range and supports the healthy development of the child.
- If the allied and supposedly favored parent is resistant and uncooperative with the implementation of the SBS intervention, then this is a potential indicator of a narcissistic approach to parenting that is inducing and exploiting the child's symptomatic rejection of the other parent following the divorce as a means to meet the emotional and psychological needs of the allied parent at the cost of the emotional and psychological development of the child.

Resistance by the allied and supposedly favored parent to the implementation of the SBS intervention provides a prominent indication that this parent is **not** supportive of restoring the child's normal-range and healthy relationship with the other parent. In this case, the child's treatment may then require protectively separating the child from the distorting and pathogenic parental influence of the currently allied and supposedly favored parent during the active phase of the child's treatment and recovery stabilization in order to restore the child's normal-range and healthy functioning.

## **Step 1: Altering the Rejection Narrative**

### The Current Rejection Narrative

The currently proffered narrative of both the allied and supposedly favored parent and the child that is being used to justify the child's rejection of the other parent (of the targeted parent) is that,

1. The targeted parent has somehow been emotionally or psychologically “abusive” of the child (there may be additional unsubstantiated allegations of other types of “abusive” parenting – careful and thorough prior evaluation of all abuse allegations is needed to rule-out the possibility of authentic parental abuse of the child. Ensuring child safety is of paramount importance).
2. Based on these allegations regarding the “abusive” parental inadequacy of the targeted parent, the child (and allied parent) assert that the targeted parent therefore “deserves” to be rejected by the child.
3. The child (and allied parent) assert that the targeted parent must endure the child’s supposedly “justified” rejection in order to atone for past parental inadequacy that supposedly caused the child’s rejection.

#### SBS Intervention Reframing of Meaning:

The mental health professional in charge of supervising the SBS Intervention should reframe the meaning of the child’s rejection of the targeted parent as:

#### **SBS Reframe 1: Child Oppositional-Defiant Behavior**

The current and distorted “rejection-narrative” seeks to place blame and responsibility for the child’s behavior onto the targeted parent. The SBS Intervention restores responsibility for the child’s behavior back onto the child with an expectation that the child is to demonstrate appropriate behavior to all adults at all times. The SBS Intervention rejects efforts to justify child pathology as acceptable behavior.

The child is exhibiting unacceptable defiance of the legitimate adult/parental authority of the targeted parent.

When this reframe is offered to the allied and supposedly favored parent (who is responsible for creating and maintaining the child’s pathology), the allied parent may respond by initially (superficially) accepting of this part of the reframed narrative, but may then immediately try to justify the child’s oppositional behavior and defiance of authority as a supposedly “understandable” and therefore as a “justified” response to the alleged problematic parenting of the targeted parent.

The therapist should reject this justification by the allied and supposedly favored parent and continue to steadfastly maintain that all children are expected to display appropriate behavior with the legitimate authority of all adults at all times, whether those adults are teachers, coaches, store clerks, or parents, and that the child is being unacceptably oppositional and defiant of the legitimate adult-parental authority of the targeted parent. Any concerns that may exist regarding parenting behavior can be appropriately addressed in therapy, but the child is expected to display appropriate cooperation and respect for all adults; teachers, coaches, store clerks, and parents.

Responsibility for the child’s behavior needs to remain fully located with the child, so that the child must learn appropriate behavior. Responsibility for the child’s behavior



should not be allowed to be transferred to the supposedly “bad” parenting of the targeted parent. Any possible problematic parenting that may exist can be fully addressed in therapy.

Appropriate parenting teaches children to cooperate with and respond appropriately to adult authority, whether the adult is a teacher, a coach, a store clerk, or the parent.

Therapist Extension:

The child is also expected to cooperate fully with the legitimate authority of the supervising therapist, including attending therapy sessions and behaving appropriately during therapy sessions.

Court Authority Extension:

The child is also expected to cooperate fully with all Court orders governing visitation and child behavior.

If the allied and supposedly favored parent attempts to minimize, justify, or rationalize the child’s opposition to, and defiance of, legitimate adult authority, whether of the other parent, the therapist, or the Court, the supervising therapist should dismiss the minimization, justification, and rationalization as inadequate. Appropriate parenting teaches children to accept, cooperate with, and respond appropriately to adult authority.

Allied Parent Extension:

The supervising therapist then explains that the child’s cooperation with adult authority extends to cooperating with the directives of the allied and supposedly favored parent. If the allied and supposedly favored parent directs the child to cooperatively attend visitations with the other parent and to behave appropriately while on visitations with this parent, then the child is expected to be fully cooperative with this directive from the allied and supposedly favored parent.

The supervising therapist then seeks the agreement of the allied and supposedly favored parent that this directive has been given to the child in the past, in which case the child is also being disobedient with the allied and supposedly favored parent.

If the allied and supposedly favored parent indicates that this parental directive has not been provided to the child in the past, then this clearly indicates the lack of parental support from this parent for the child’s ability to form a normal-range and affectionally bonded relationship with the other parent. The supervising therapist should then seek the agreement of the allied and supposedly favored parent to provide the child with this parental directive now and in the future.

If the allied and supposedly favored parent refuses to agree to provide the child with the parental directive to cooperatively attend visitations with the other parent and

to behave appropriately while on visitations with the other parent, then this clearly indicates the lack of parental support for the child's formation of a normal-range relationship with the other parent, which may mean that the child needs to be protectively separated from the distorting pathogenic influence of the allied and supposedly favored parent during the active phase of the child's treatment and recovery stabilization.

The extension of the expectation for the child's cooperation with the directives of the allied and supposedly favored parent is an important part of the narrative reframe process, and this expectation should be clearly established with the allied and supposedly favored parent. When the allied and supposedly favored parent directs the child to go on visitations and to be cooperative with the other parent, then the child is expected to cooperate FULLY with these parental directives from the allied and supposedly favored parent.

### **Establish the "Premise" of Restoring the Parent-Child Relationship**

The supervising therapist should obtain from the allied and supposedly favored parent an assertion that this parent is NOT supporting the child's rejection of the other parent. This is typically a fairly easy assertion to elicit from the allied and supposedly favored parent since this parent wants to make it appear that the child is acting "independently" and is NOT being influenced by the attitudes and directives of the allied and supposedly favored parent.

The allied and supposedly favored parent is motivated to be seen as the "all-good" parent and to present the child's rejection of the other parent as the child's "independent" choice. The child's appearance of "independence" is essential to demonstrating the inadequacy of the other parent. If it was overtly apparent that the child's rejection of the other parent was at the urging and negative influence of the allied and supposedly favored parent, then the child's behavior would obviously be the result of bad and destructive parenting by the allied and supposedly favored parent. So the allied and supposedly favored parent will generally present as if he or she WANTS the child to go on visitations and cooperate with the other parent, but that it is the child who is "independently" rejecting the other parent (for supposedly "justified" reasons).

The supervising therapist should clearly establish during the discussion with the allied and supposedly favored parent that this parents WANTS the child to have an affectionally bonded relationship with the other parent. If the allied and supposedly favored parent overtly reports NOT wanting the child to have an affectionately bonded relationship with the other parent, then this is an indicator that the child may need to be protectively separated from the pathogenic parenting of the allied and supposedly favored parent during the active phase of the child's treatment and recovery stabilization.

### **SBS Reframe 2: Establish Extent of Child Non-Compliance**

If the allied and supposedly parent has instructed (or will instruct) the child to go on visitations and cooperate with the other parent, and the child then refuses to cooperate

with this parental directive from the allied and supposedly favored parent, then the child is being disobedient and defiant of the directives of the allied and supposedly favored parent as well.

This is a critical reframing of the allied parent's attempt to avoid responsibility for eliciting and supporting the child's rejection of the other parent; that if the child rejects the other parent then the child is ASLO being disobedient to the allied and supposedly favored parent as well.

The allied parent will likely offer an myriad of reasons justifying and excusing the child's rejection of the other parent, because the child's symptomatic rejection of the other parent is conferring power to the allied and supposedly favored parent, who therefore DOES NOT WANT the child to form a normal-range relationship with the other parent. But the allied and supposedly favored parent wants to make it APPEAR as if the child is acting "independently" of any influence by the allied parent.

Achieving clarity on this issue is important. When the allied and supposedly favored parent directs the child to cooperate with visitations and to behave appropriately while on visitations with the other parent, then the child is EXPECTED to cooperate with this parental directive of the allied and supposedly favored parent OR ELSE the child is being disobedient and defiant of the allied and supposedly favored parent.

The allied parent will flee from this reframe, asserting that the child is very well-behaved with the allied parent in other contexts, and is not at all oppositional and defiant. The therapist, however, should continue to clarify the logical simplicity of the reframe:

- A. The allied and supposedly favored parent is directing the child to be cooperative in attending visitations with the other parent and to behave appropriately with the other parent;
- B. The child is currently not being cooperative in attending visitations with the other parent, nor is the child behaving appropriately with the other parent;
- C. Therefore the child is being disobedient and defiant of the allied and supposedly favored parent's directive given to the child in A.

The supervising therapist should continue in establishing the clarity of this sequence, writing it out if necessary, so that the allied and supposedly favored parent acknowledges the accuracy that the child is also being disobedient of the parental directives of the allied parent to be cooperative with the targeted parent.

Once this acknowledgment is achieved, the therapist should conclude this section of the SBS Intervention reframe with a clear assertion that the child is being inappropriately oppositional and defiant of the legitimate adult authority of the targeted parent, of the therapist (if applicable by the behavior of the child in the joint parent-child reunification sessions), of Court orders (if applicable), and of the parental directives of the allied and

supposedly favored parent that instruct the child to be cooperative with the targeted parent.

## **Step 2: Defiance Warrants Discipline**

The next phase in the reframing of the “rejection-narrative” is that oppositional and defiant child behavior warrants discipline.

The supervising therapist should enlist the allied and supposedly favored parent’s desire to appear as being the “good parent” to first acknowledge the general principle that good parenting involves disciplining children who are oppositional and defiant of legitimate adult authority. This will likely be readily acknowledged by the allied and supposedly favored parent who is typically motivated to present as the “all good” parent.

Next, the supervising therapist should propose to the allied and supposedly favored parent that the child’s defiance of this parent’s directives to the child to be cooperative with the other parent warrants discipline. The child should not be allowed to defy the authority of the allied and supposedly favored parent. In actuality, the child is NOT defying this parent’s authority but is actually doing EXACTLY what this parent wants in rejecting the other parent, but the SBS Intervention is forcing the allied and supposedly favored parent to either acknowledge that the child is actually cooperating with the desires of the allied parent in rejecting the other parent, OR the SBS Intervention is going to reframe the child’s rejection of the other parent as being defiant of the allied and supposedly favored parent, which would then warrant a discipline response from the allied and supposedly favored parent. In its relentless pursuit of clarity, the SBS Intervention is exposing the pathology.

Child disobedience and defiance warrant discipline. The child’s defiance of the allied and supposedly favored parent warrants a discipline response from the allied parent. The allied parent is likely to offer at this point that prior efforts to discipline the child and “make the child” go on visitations or be cooperative with the other parent have failed, with the likely explanation that the parenting practices of the other parent are simply too horrible for the child to experience, so that disciplining the child for rejecting the other parent has no effect.

If the allied parent offers this dodge, the supervising therapist should accept it. This dodge will later be used by the supervising therapist as an indicator that we need to find a more effective discipline strategy, which will then be proposed by the SBS Intervention. If the allied parent does not offer this dodge, then the supervising therapist should simply proceed.

The supervising therapist should note that, up to this point, the child has not been responsive to any form of discipline (punishments and rewards) regarding the child’s disobedience and defiance of legitimate adult authority involving cooperation with the targeted-rejected parent. The allied parent will likely agree with the obvious, and may offer that he or she has urged the child to cooperate but these urgings have been rejected by the child. This offering by the allied and supposedly favored parent is an effort to make

it appear that the child is acting “independently” and that there is nothing the allied parent can do about the child’s behavior.

The supervising therapist then offers that the intervention goal becomes to find the right set of punishments and rewards that will motivate the child to become obedient to, and cooperative with, legitimate adult authority.

The supervising therapist should allow the allied parent to consider the situation for a moment or two. The allied parent may offer punishment approaches tried in the past, such as taking away television time from the child, or some other discipline approach, which were ineffective. The allied parent may try to appear as being the concerned and good parent, who is simply made helpless by how horrible the other parent is with the child, so that the child is “independently” rejecting the other parent. The supervising therapist should allow these offers of the allied parent as being a good and involved parent who simply has not found a way of influencing the child.

The therapist then offers the SBS Intervention Plan

### **Step 3: The SBS Intervention Plan**

#### The Punishment & the Reward

The therapist then provides the proposed punishment and reward plan to address the child’s continuing defiance and non-cooperation with the targeted parent. The therapist should walk the allied parent (and the children during a separate session with just the children) through the following six steps:

1. **Punishment Principle:** Punishments need to be something the child does not like. Obtain the agreement of the allied parent to this principle.
2. **Targeted Parent:** The child does not like the targeted parent. Obtain the agreement of the allied parent to this apparent fact.
3. **Targeted Parent as Punishment:** Therefore, the punishment for the child’s inappropriate and non-cooperative behavior with the targeted parent is for the child to spend **MORE** time with the targeted parent as a punishment. At this point, the allied parent will likely begin to strenuously object.
4. **Reward Principle:** Rewards need to be something the child likes. Obtain the agreement of the allied parent to this principle.
5. **Allied Parent:** The child likes to be with the allied and supposedly favored parent. Obtain the agreement of the allied parent to this apparent fact.
6. **Allied Parent as Reward:** Therefore, the reward for the child’s appropriate behavior and cooperation with the targeted parent is for the child to have MORE time with the allied parent.

# SBS Intervention Reward & Punishment Schematic

C.A. Childress, Psy.D.

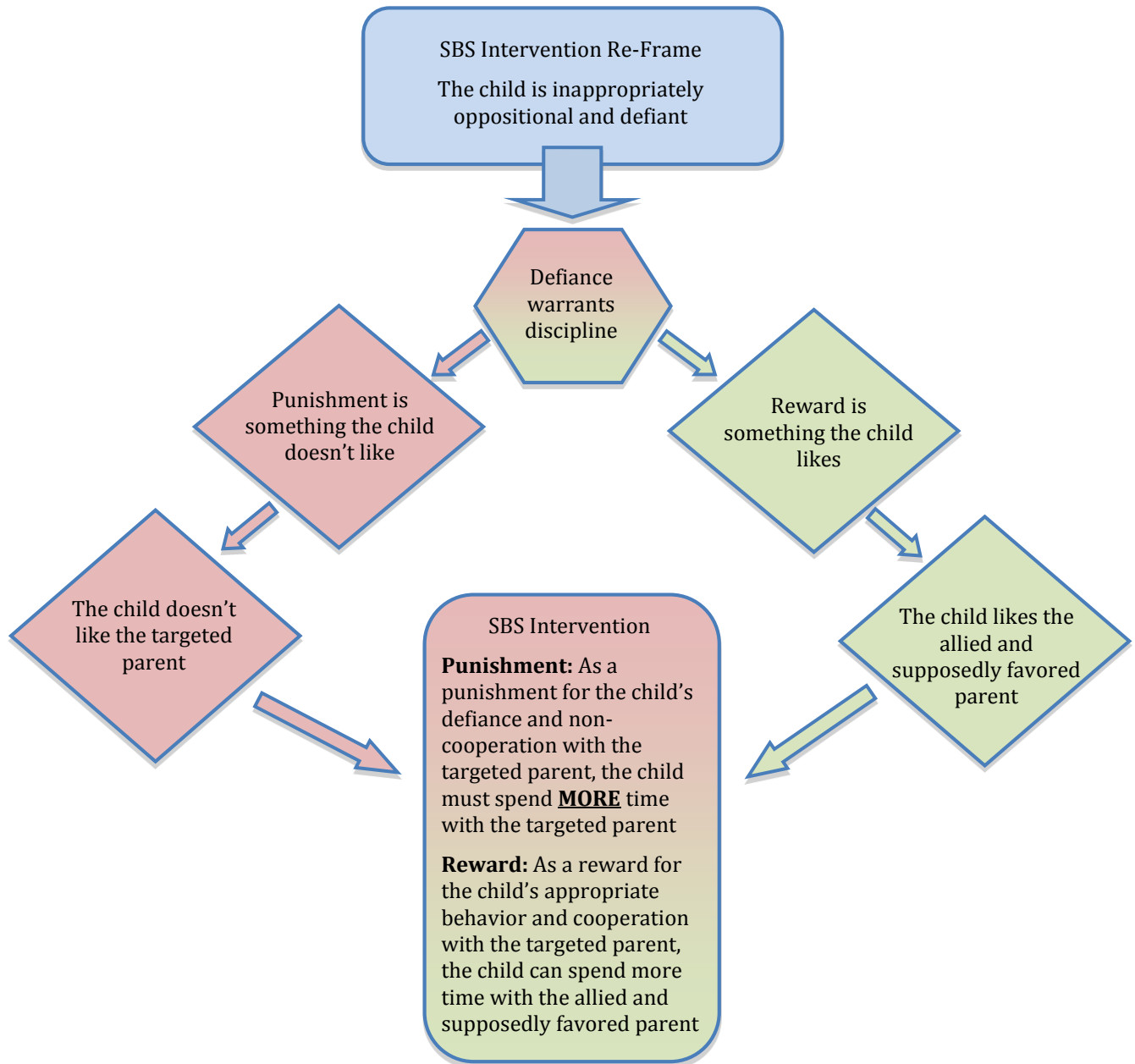


Diagram 1: Strategic-Behavioral-Systems Intervention Schematic

## Foundations for the Intervention:

The SBS Intervention operates on multiple levels. It begins by altering the meaning of the child's rejection of the targeted parent.

- Currently, the child's rejection of the targeted parent confers power to the allied parent to entirely nullify both the parental rights of the targeted parent and all Court orders for shared custody and visitation. The SBS Intervention entirely eliminates the power conferred to the allied parent from the child's rejection of the other parent. Instead of getting less time with the child because of the child's symptoms, the targeted parent now gets MORE time with the child as a result of the child's symptomatic behavior, so that power is instead being conferred to the targeted-rejected parent by the child's symptoms.
- Currently, the child must choose sides in the spousal conflict. The SBS Intervention reframes the child's bonding to the targeted parent as an act of "loyalty" to the allied parent, i.e., that the child must cooperate and be appropriate with the targeted parent in order to spend time with the allied and supposedly favored parent. This frees the child from loyalty conflicts and from having to choose sides as a result of being triangulated into spousal conflict by the distorted psychological needs of the allied and supposedly favored parent.

The altered relationship meaning provided by the SBS Intervention allows the child to become accepting and affectionate with the targeted parent as an expression of allegiance to the allied parent. The child is allowed to "present" the justification for showing an improved relationship with the targeted parent as being a supposed desire to spend more time with the allied parent (i.e., child: "I still don't like the targeted parent. I'm just being nice to him/her because I want to spend more time with the favored parent."). The reframed meaning of the SBS intervention gives the child "permission" to bond to the targeted parent, and removes the child from being triangulated into the spousal conflict, which then allows the child to develop positive relationships with BOTH parents without betraying either parent.

- Currently, the child's rejection of the targeted parent communicates a negative about the targeted parent, i.e., bad parenting which is supposedly responsible for the child's rejection. With the SBS Intervention, however, the child's rejection of the targeted parent now communicates a negative quality about the child (i.e., disobedience and defiance) rather than a negative quality of the targeted parent.
- Currently, the child presents as being the "victim" of the supposedly "abusive" parenting of the targeted parent. Within the reframed meaning of the SBS Intervention, the targeted parent now is defined as the "victim" of the child's oppositional and defiant behavior.
- Currently, the allied parent is allowed to present to others as the "all-wonderful" nurturing and "protective" parent by supporting the child's rejection of the other

parent. The SBS Intervention disrupts the ability of the allied parent to play the role as the child's protector and savior in supporting the child's rejection of the other parent, and instead requires that the allied and supposedly favored parent demonstrate good parenting by cooperating with appropriate discipline of the child's oppositional and defiant behavior.

Children's disobedience warrants discipline.

A good parent would discipline a child's disobedience.

The child is being disobedient.

A good parent would discipline the child's disobedience.

When the allied parent objects to providing more time to the targeted parent as the form of punishment for the child's defiance and non-cooperation, the therapist can draw on the possibility of previously expressed helplessness by the allied parent regarding altering the child's disobedient and defiant behavior (Previously: "What can I do, I can't make the child cooperate with the other parent"), possibly reminding the allied parent of previous statements regarding how other punishment approaches employed by the allied parent had been ineffective.

- Currently, the child's rejection of the targeted parent induces suffering in the targeted parent, and so serves the function of enacting the allied parent's desire for spousal revenge upon the other spouse for their troubled marriage and divorce, The SBS intervention inverts the suffering function of the child's rejection of the targeted parent. Instead of inflicting suffering on the targeted parent, the child's rejection of the targeted parent now rewards the targeted parent with more time and inflicts suffering on the allied parent with less time.
- Currently, there is an inverted parent-child hierarchy in which the child is judging the parent. By asking the targeted parent to provide daily ratings of the child's behavior as being appropriate or inappropriate, a healthy and appropriate parent-child hierarchy is reestablished.

#### Assessment of the Allied Parent's Pathogenic Pathology:

The SBS Intervention also provides a Response-to-Intervention probe regarding the extent of pathogenic pathology inherent to the parenting practices of the allied and supposedly favored parent. The two central assessments in this RTI probe are

- 1) **Child Needs vs. Parental Needs:** Parental acceptance or rejection of the SBS Intervention provides an assessment of the degree to which the allied parent gives primacy to the needs of the child to form a healthy bonded relationship with BOTH parents, or gives primacy to the parent's own emotional and psychological needs to exploit the child's rejection of the other parent



- 2) **Cooperation with Treatment:** Parental acceptance or rejection of the SBS Intervention provides an assessment of the degree to which the allied parent can be influenced by the professional mental health judgment of the supervising therapist regarding what is best for the child's healthy development, or whether the allied parent disregards the professional judgment of the supervising therapist in order to maintain the child's symptoms and pathology,

In a normal-range parent-child relationship, the parent loves the child sufficiently to place the needs of the child ahead of the needs of the parent. During the SBS Intervention, the supervising therapist can present to the allied parent the child's emotional and psychological needs for a healthy relationship with the targeted parent, and the destructive psychological and emotional implications of the child's continuing hostile rejection of the targeted parent. Parental acceptance or resistance during this discussion will provide a gauge of how well the allied parent is able to recognize the authentic emotional and psychological needs of the child rather than the parent's own emotional and psychological needs served by the child's rejection of the other parent.

To the extent that the allied parent rejects a professional recommendation that will resolve the child's pathological rejection of a normal-range and affectionally available parent, the SBS Intervention can assess for parenting capacity of the allied parent to put the child's emotional and psychological needs ahead of the parent's needs.

**RTI Probes:** As a "Response-to-Intervention" probe, the supervising therapist can emphasize the professional judgment regarding the severely negative long-term psychological and emotional consequences for the child of continued hostility and rejection by the child of the targeted parent, and the important long-term positive psychological and emotional consequences of successfully resolving the child's relationship with the targeted-rejected parent.

The supervising therapist can continue this RTI probe by indicating the importance of the child being with the targeted parent for extended periods of time in order to resolve their relationship conflict, irrespective of how this conflict originally developed, and that the SBS Intervention will strongly motivate the child to resolve the parent-child conflict in order to be with the allied and supposedly favored parent. Any possible concerns raised about problematic parenting can be fully addressed in therapy. If the child continues to remain hostile and rejecting toward the targeted parent, then spending more time with the targeted parent will be the means to provide the child with effective treatment that avoids the long-term destructive impact on the child of continuing symptoms.

A parent who places primacy on the child's emotional and psychological needs should voluntarily cooperate with the SBS Intervention. Even though the parent may not like having less time with the child, the healthy parent can understand the emotional and psychological importance to the child of a successful and supportive parent-child relationship with the other parent.

If the SBS Intervention is needed to resolve the intense hostility and rejection of the child toward the other parent, then a healthy allied and favored parent will cooperate with the professional recommendation of the therapist to establish the SBS Intervention. Besides, if the child truly wants to avoid the targeted parent and be with the allied parent, then the child will quickly learn to cooperate with the targeted parent. This will resolve the parent-child relationship problems within a relatively short period of time and the SBS Intervention can be ended because no further problems exist.

If, on the other hand, the allied parent actively resists implementation of the SBS Intervention, then this strongly suggests that the emotional and psychological needs of the allied parent are superseding this parent's ability to respond to the authentic emotional and psychological needs of the child. Parental resistance to implementing the SBS Intervention also indicates that the allied parent will resist any other therapeutic efforts that are likely to restore the child's healthy relationship with the other parent. In this case, NO alternative therapeutic approach is likely to be effective, so that a period of protective separation from the pathogenic influence of the allied and supposedly favored parent during the active period of the child's treatment and recovery will likely be necessary to restore the normal-range healthy development of the child.

## **Structure of the SBS Intervention**

### Daily Ratings and Successful Days

1. The targeted parent provides daily ratings of the child's behavior on the SBS Intervention Relationship Rating Scale.
2. For Period 1, a "Successful Day" is defined as all ratings on the Relationship Rating Scale at 3 or above.
3. The targeted parent provides these ratings to the allied parent and supervising therapist (through email or a telephone call) daily, before 12:00 midnight. These daily ratings can also be sent to other designees, such as attorneys or other involved therapists. If the daily ratings are provided after 12:00 midnight for any given day, then the child is considered to have had a "Successful Day" for that rating period no matter what the actual ratings may have been.
4. The daily ratings are at the sole discretion of the targeted parent. The reliability and validity of the daily rating process will be monitored by the supervising therapist during weekly sessions.

### Custody Structure

5. A schedule for shared custody days will be pre-established.
6. For every three "Successful Days" achieved by the child, three days from the pre-established schedule will be granted to the allied and supposedly favored parent.

Which pre-established days are granted to the allied parent from the pre-established schedule is at the sole decision of the allied parent.

7. Until the child achieves three “Successful Days” the child will remain in the custody of the targeted parent.
8. One 20 minute phone call or Skype session between the child and the allied parent is allowed during any three-day period.

#### Expectations for Improvement

9. The SBS Intervention is divided into three “Expectation Periods”

Period 1 – the initial period when a “Successful Day” is defined as the child earning ratings of 3 or higher on all scales of the Relationship Rating Scale.

Period 2 – once the child has achieved 12 “Successful Days” during Period 1, then the definition of a “Successful Day” is redefined as earning ratings of 4 or higher on all scales of the Relationship Rating Scale, with at least one rating of 5.

Period 3 – once the child has achieved 12 “Successful Days” during Period 2, then the definition of a “Successful Day” is redefined as all ratings of 4 or higher, and at least one rating of 6. In addition, if the child earns a rating of 7 on any scale, this allows one additional visitation day with the allied parent from the pre-arranged schedule.

#### Caveat: The SBS Intervention as a Compromise Solution

In the professional opinion of Dr. Childress, the role-reversal pathology inherent to the pathogenic parenting of a narcissistic/borderline parent, in which the child is induced into acting as a “regulatory object” for the psychopathology of the narcissistic/borderline parent, represents a severe form of psychological child abuse whose successful treatment requires that the child be protectively separated from the severely pathogenic parenting of the narcissistic/borderline parent during the active phase of the child’s treatment and recovery (typically recommended as at least a 9-month period of no contact between the child and the pathogenic narcissistic/borderline parent).

However, there may arise clinical or legal situations that would benefit from having a potential compromise solution. The SBS Intervention offers this compromise solution. It allows the child to self-regulate contact with the pathology of the narcissistic/borderline parent while promoting an improved relationship with the healthy and normal-range targeted parent. It removes the child from being triangulated into the spousal conflict by providing the child with “permission” to develop positive relationships with both parents without “betraying” either. It gradually builds expectations for an increasingly improved relationship with the targeted parent. It supports a realignment of the family hierarchy by reasserting the targeted parent’s authority to evaluate the child’s behavior.

As a possible compromise solution, parents and attorneys may wish to voluntarily adopt the SBS Intervention program prior to extensive litigation, or they may request the Court to order it. For example, in some situations the Court may be reluctant to order the complete change in custody and the restrictions on contact between the child and the narcissistic/borderline parent that are needed to resolve the child's pathology. In these cases, the Court may wish to order a compromise solution as a preliminary "Response-to-Intervention" evaluation step toward the resolution of the child's symptomatology. If the SBS Intervention has not resolved the child's symptom display after six months of implementation, then the next step may be to order a period of protective separation from the pathogenic pathology of the allied and supposedly favored parent as necessary for the treatment and recovery of the child's normal-range and healthy development. The SBS Intervention offers parents and the legal system an opportunity for a compromise prior to protectively separating the child from the pathogenic parenting of the allied and supposedly favored parent.

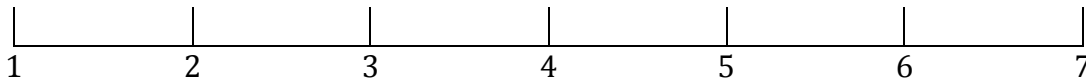
If a Response-to-Intervention compromise approach is initiated, a six-month Court review of the child's symptom state should be established. If the child's symptoms have not substantially resolved during this six-month period, then a more complete protective separation of the child from the pathogenic parental influence of the allied and supposedly favored parent may be warranted to resolve the child's symptoms.

In the view of Dr. Childress, however, the pathogenic role-reversal pathology of a narcissistic/borderline parent that results in the suppression of the child's attachment bonding motivations toward a normal-range and affectionally available parent represents a severe form of psychological child abuse that would warrant a child protection response. A protective separation of the child from the pathogenic parental influence of the allied and supposedly favored parent during the active period of the child's treatment and recovery stabilization would represent an appropriate child protection response.

# SBS Relationship Rating Scale

C.A. Childress, Psy.D.

## **Hostile to Pleasant Attitude**

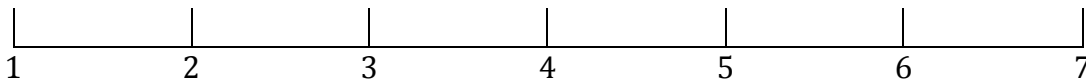


Openly hostile, mean, rude, disrespectful comments

Attitude is generally respectful. No openly hostile, mean, rude, or disrespectful comments. Child accepts displays of affection

Positive, warm, affectionate attitude. Child volunteers displays of affection.

## **Behavioral Defiance to Cooperation**

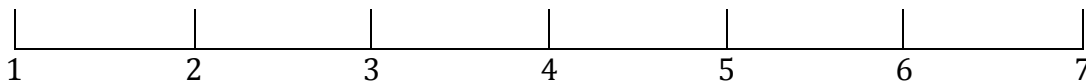


Openly defiant of parental directives.

May complain and argue but is behaviorally compliant with parental directives within 2-3 additional prompts

Cooperative. Minimal to no argument.

## **Withdrawn to Social**



Withdrawn, sullen, non-communicative. Offers only one-word responses to questions

Is generally responsive to questions, offering elaborated responses. May become withdrawn when upset or angry.

Smiles easily and fairly often. Volunteers self-disclosures of his or her personal experiences.