

Treatment of Attachment-Based Parental Alienation
California Southern University Master Lecture Series

Video Transcript

C.A. Childress, Psy.D. (11/24/14)

<https://vimeopro.com/calsouthern/calsouthern-lectures/video/113572265>

Barbara: Today, we're very pleased to have Dr. Childress speak about the topic of attachment and parental alienation in a revolutionary way. Just very briefly, according to ..., I was reading Helen Fisher, who is a professor at Rutgers University, and she's a biological anthropologist. She talks about having three brain systems, one for lust, a system for romantic love, and a system or a drive towards attachment. As young children, when they're growing up, that secure bond between a parent is correlated with emotional well-being. Doctor Childress is here today because what happens when that is ruptured? What happens when there's a divorce? So without further ado, let's ... I'll turn it over to Dr. Childress.

Dr. Craig A. Childress: Thank you. Thank you, Barbara. Let me start by thanking California Southern University for the opportunity to talk today about an issue that I believe is very important to a set of children and families going through what's called high conflict divorce that involves ...

Traditionally, it's been called parental alienation, and it involves a child's rejection of a relationship with a normal range in an affectionately available parent, because of the distorting practices of the other parent during the high conflict divorce. It's a very tragic situation, and it's a situation that's not particularly well understood at this point.

This is a companion lecture to my previous talk on the theoretical foundations for an attachment-based model of the construct of parental alienation. In this particular talk today, I'm going to be addressing diagnostic issues and treatment issues related to an attachment-based model of parental alienation, but to begin with, here I'd like to just review some of the theoretical foundations. For a more thorough discussion of that, you can go back to my other previous talk.

With grateful acknowledgement to Black Fox Philanthropy for transcription of this lecture.



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PAS Paradigm:

- 1980s Richard Gardner identified a clinical phenomena he called “Parental Alienation Syndrome” (PAS)
- Gardner identified a set of 8 anecdotal clinical signs that he proposed may or may not be present as diagnostic indicators for PAS
- The construct of PAS generated considerable controversy in both the mental health and legal professions

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The construct of parental alienation was first put forward by a psychiatrist Richard Gardner back in the 1980s, who identified this process involved in family dynamic involved in high conflict divorce that he called "Parental Alienation Syndrome". It was a set of anecdotal clinical indicators that he identified related to one parent inducing the child's rejection of the other parent.

Since the time that Gardner put forth the idea of Parental Alienation Syndrome, it's received a lot of controversies. There are supporters for it, but there's also a number of detractors.

It was labeled junk science; it didn't have a scientific foundation to it. He also put forward some ideas about false allegations of sexual abuse that also generated considerable controversy.

PAS is a Failed Paradigm:

- In the 30 years since its proposal, Gardner's PAS model of “parental alienation” has failed to solve the family tragedy of “parental alienation”
- Gardner too quickly abandoned the professional rigor needed to define the family processes within standard and established psychological principles and constructs

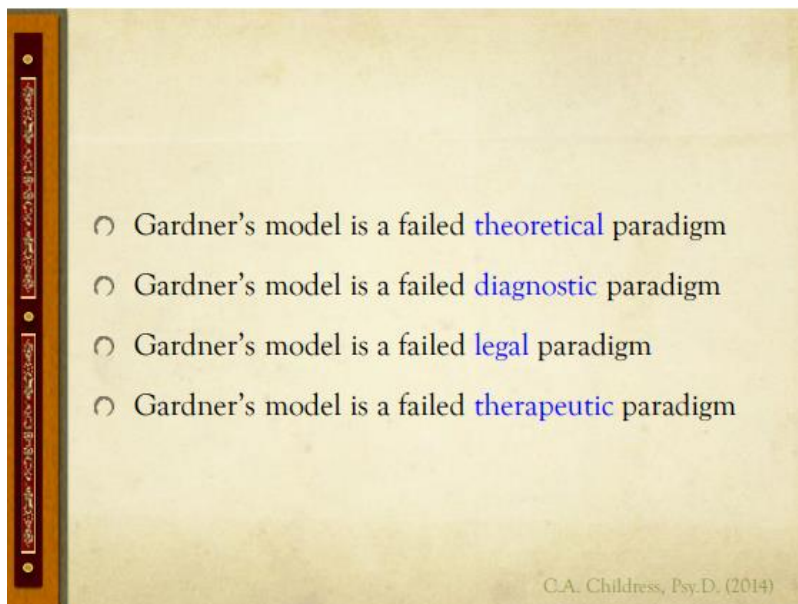
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The construct of Parental Alienation Syndrome, from my perspective, is a failed paradigm.

In the thirty years since its first been introduced, it has failed to solve the problem associated with parental alienation in high conflict divorce, and from my perspective, while Gardner was accurate in identifying a clinical construct, he too quickly abandoned established psychological principles and constructs in defining what was going on.

He proposed, in my view, too quickly this idea of a new syndrome out there that was not based in any established psychological principles, and because of that, we have been unable to leverage the construct of Parental Alienation Syndrome to solve the problem.

Over thirty years, we are still mired in a lot of controversy, and a lot of difficulty for the targeted parents who are rejected by their children.



Gardner's model for Parental Alienation Syndrome, is in my view, a failed theoretical paradigm because it does not establish what the processes are within established and accepted psychological principles and constructs that we can then use to understand what's happening in the family.

It's a failed diagnostic paradigm because his anecdotal set of eight clinical indicators, things like a campaign of denigration or borrowed scenarios don't have any foundation in any other theoretical principles, and so whether or not it's presence or absence is open to debate, and often times leads to the third problematic issues regarding Parental Alienation Syndrome is that it's a failed legal paradigm because it requires that we litigate whether or not parental alienation is occurring. That can be tremendously expensive for the targeted parents. It can involve years of litigation trying to prove parental alienation in court, and it can only be proven in the most egregious cases.

Very insidious and subtle forms we are unable to prove it in the legal system and having to prove it in the legal system unduly burdens targeted parents so that many of them cannot afford to do that, and so then lose a relationship with their children. It's also a failed therapeutic paradigm, because even if we accept Parental Alienation Syndrome, it doesn't guide us as to what it is and how to treat it. From my perspective, when I first ran into this about a decade ago, and decided that this was an issue that needed resolution, I went back to the foundations and began to redefine what the construct of parental alienation is, but from within standard and accepted psychological principles and constructs.

Now my background is in Attention Deficit Hyperactivity Disorder as well as early childhood mental health, and in that early childhood mental health, I have a background in attachment theory and the attachment system. It became, when I first ran into this, it was pretty obvious to me that this is a distortion to the child's attachment system. A child rejecting an affectional bond with a normal range and affectionately available parent is a problem in the attachment system. Then I also recognized in the system display the ...

I'm a family systems therapist, so the cross-generational coalition, the child's triangulation to spousal conflict, as well as some key personality disorder symptoms in the child's symptom display. Particularly, an absence of empathy and splitting, which are both characteristic of narcissistic borderline personalities. I'm seeing those in a child's symptoms I'm going, "Uhoh," and we have this enmeshed relationship with the allied and supposedly favored parent, and so there's personality disorder dynamics involved. I set about understanding an attachment-based model, or parental alienation from an attachment-based framework.

The attachment-based model, as I'll be talking about today and in the previous lecture, acknowledges the clinical acumen, the accuracy in Richard Gardner in identifying something, but it goes back and reformulates what he identified as parental alienation from within standard and established psychological principles and constructs.

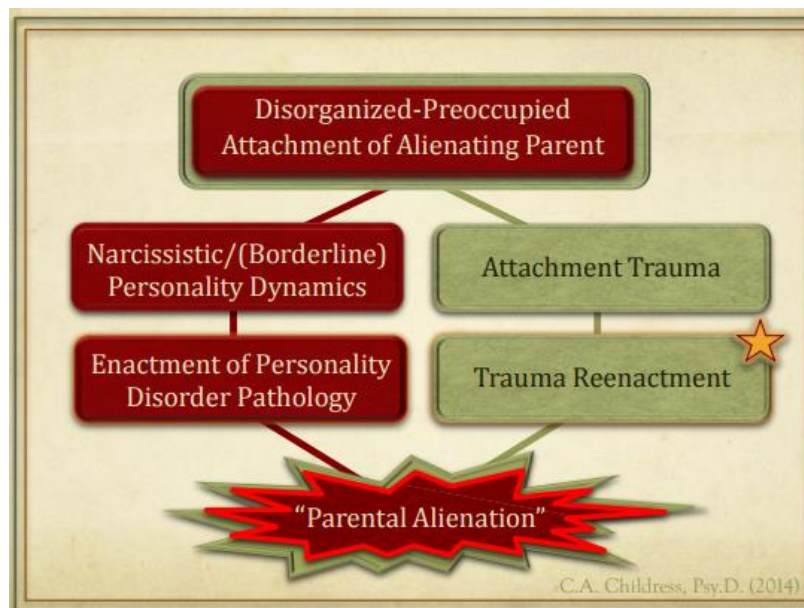
An attachment-based model of parental alienation returns to the theoretical foundations that define the construct of parental alienation and corrects the earlier limitations by redefining the construct from within established principles and constructs. As such, it represents a new paradigm for understanding and defining the construct of parental alienation in high conflict divorce.

Attachment-Based Paradigm:

- An attachment-based model of “parental alienation” returns to the theoretical foundations that define the construct of “parental alienation”
- And corrects the earlier theoretical limitations by **defining the construct** of “parental alienation” from entirely within standard psychological principles and constructs

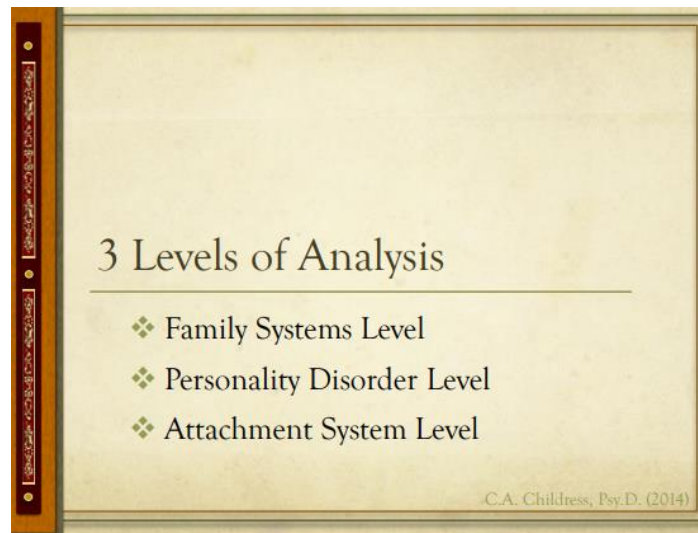
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Let me now talk about the paradigm shift. Here's a model or a diagram of what we'll be talking about in terms of an attachment-based model.



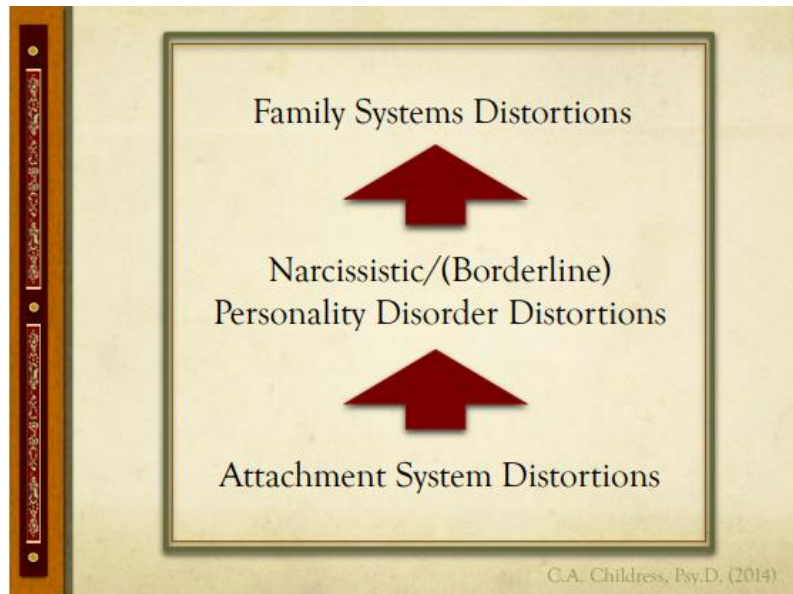
It starts with the disorganized preoccupied attachment of the alienating parent, and that's technical, but that's the attachment system of the alienating parent is categorized or the category of how we would define as disorganized preoccupied, and that's what led to the formation of the narcissistic and borderline personality traits that we later see as the adult, but it also involves an attachment trauma. There's trauma networks in there as well that are both being activated. We have two lines moving down in the dynamic, one having to do with the personality disorder manifestations of the alienating parent, the other having to do with the attachment trauma.

What's going to happen in the attachment trauma is there's going to be a reenactment in the current family relationships of that attachment trauma. That's going to be critical to understanding both the diagnosis and its treatment, that we're dealing with a trauma issue here. From the personality disorder side, we're getting an enactment of the narcissistic inadequacy fears and the borderline fears of abandonment. Those are beginning to distort the family processes. In understanding this complicated or complex psychological dynamic, it's valuable to approach it with some degree of organization. The way I've organized an understanding of it is along three levels.



There's the surface level, which involves the family systems dynamics, and what's happening in the family systems. Beneath that is the underlying personality disorder issues that are driving the family systems processes. Underneath the personality disorder level is the attachment system dysfunctions that are driving the personality disorder that are driving the family systems.

As we discuss an attachment-based model of parental alienation, it's helpful to get clarity as to which level we're talking about so we don't get all confused all over the place.



The attachment system drives the narcissistic borderline personality processes, which then drive the family dynamics. At the family systems level, the surface level, what's going on is the inability of the family to transition from an intact family structure to a separated family structure. This is classic family systems work that when the family has difficulty transitioning, for whatever challenges they face, symptoms emerge within the family to help balance it and maintain homeostasis within the family. I discuss this a lot of times with my clients; just because there's a divorce doesn't mean the family is disappearing.

What we're moving ... We're transitioning from an intact family structure that's united by the marriage to a separated family structure that's now united by the child, but the family is still there because this child serves a uniting function. The more conflict in the parents, the more conflict in the child trying to serve that uniting function.

What we would hope is that the parents can reduce their conflict, so the child can serve that uniting function in a peaceful way, and we can move from an intact family structure to a separated family structure.

The problem that's emerging within this construct of parental alienation is the triangulation of the child into that spousal conflict through the formation of what's called a cross-generational parent-child coalition of the child with a narcissistic borderline parent.

Here's Salvador Minuchin talking about that cross-generational coalition,

“The boundary between the parental subsystem and the child becomes **diffuse**, and the boundary around the parents-child triad, which should be diffuse, becomes inappropriately rigid. This type of structure is called a rigid triangle.

“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.**” (p. 102)

- Minuchin, 1974

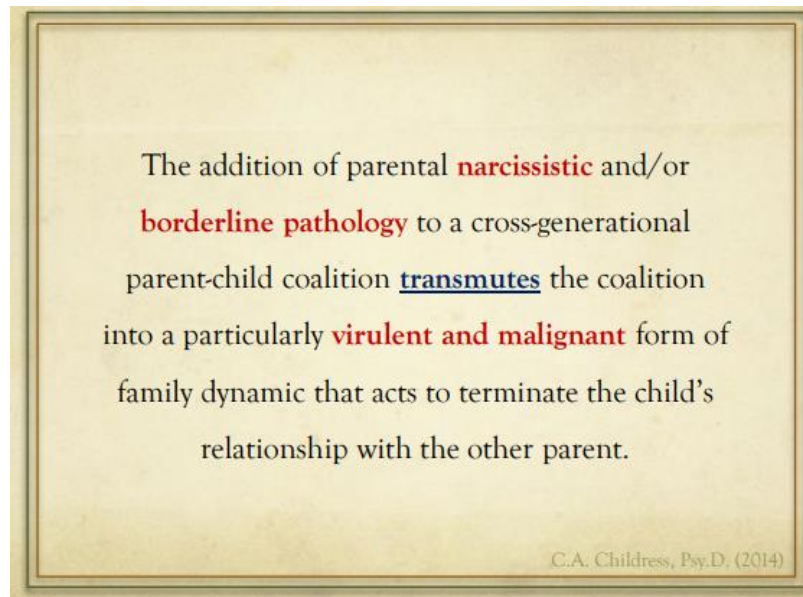
"The boundary between the parental subsystem and the child's becomes diffuse, and the boundary around the parent-child triad, which should be diffuse, becomes inappropriately rigid. This type of structure is called a rigid triangle. The rigid triangle can also take the form of a stable coalition. One of the parents joins the child in a rigidly bounded cross-generational coalition against the other parent."

That's essential what parental alienation is. It's a cross-generational coalition of one parent with the child against the other parent. The little tweaking difference is that the parent who's in the coalition has a narcissistic borderline personality disorder, and that transmutes that coalition into a particularly malignant and virulent form that is lethal to the other parent's relationship with the child because of the severe pathology of the narcissistic borderline parent.

Jay Haley, another preeminent family systems theorist, also describes this cross-generational coalition. The people responding to each other in the triangle are not peers, but one of them is from a different generation from the other two, so the parent and the child. 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 a certain behavior which indicates a coalition, which when it is queried will be denied as a coalition.

In essence, so Salvador Minuchin calls it a rigid triangle, Jay Haley calls it a perverse triangle because it's crossing generational boundaries, and you should never cross generational boundaries. 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. Rather than Gardner's model that says it's a new syndrome, no, no, it's standard family systems kind of stuff. It's just a cross-generational coalition with a narcissistic borderline parent.



There's a quote, so the addition of parental narcissistic and/or borderline pathology to a cross-generational parent-child coalition transmutes the coalition into a particularly virulent and malignant form of the family dynamic that acts to terminate the child's relationship with the other parent.

Now, at the personality disorder level of things, one of the things that's important to understand is the equivalency of the narcissistic borderline process. I'm going to be using those terms together. They're not actually separate personality dynamics, Kernberg noted that. If you drop down to the attachment system level, we form expectations about ourselves in relationship and others in relationship.

For both the narcissistic and borderline process, self is inadequate. I'm inadequate in the relationship, and my expectations of other is that I'm going to be abandoned. The difference is that borderline experiences that directly and gets very chaotic in their emotions.

The narcissist has developed a narcissistic defense that experience, and so I'm grandiose and so they reject others. Kernberg here says,

“One subgroup of borderline patients, namely, the narcissistic personalities... seem to have a defensive organization similar to borderline conditions, and yet many of them function on a much better psychosocial level.”

- Kernberg, 1975

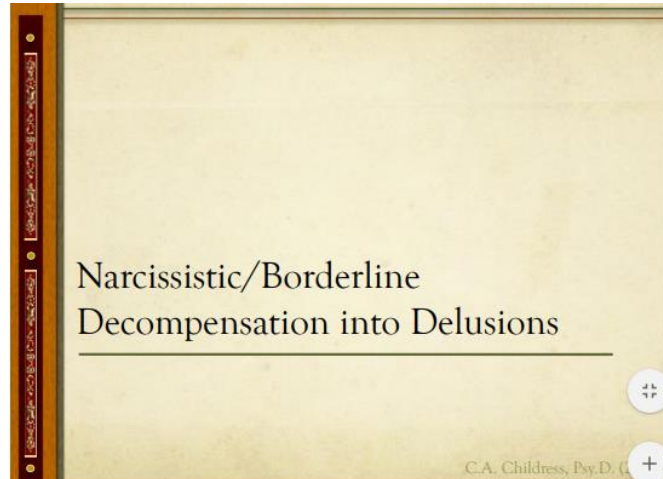
"One subgroup of borderline patients, namely, the narcissistic personalities seem to have a defensive organization similar to borderline conditions and yet many of them function on a much better psychosocial level.

“The defensive organization of these patients [narcissists] is quite similar to that of the borderline personality organization in general... what distinguishes many of the patients with narcissistic personalities from the usual borderline patient is their relative good social functioning, their better impulse control, and... the capacity for active consistent work in some areas which permits them partially to fulfill their ambitions of greatness and of obtaining admiration from others.”

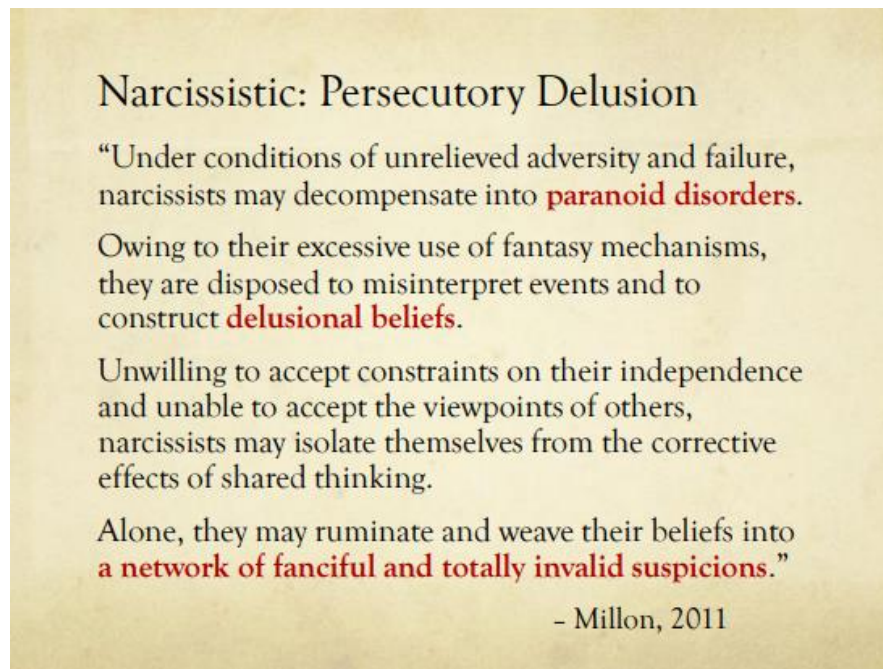
- Kernberg, 1975

The defensive organization of these patients, narcissists, is quite similar to that of the borderline personality organization in general. What distinguishes many of the patients with narcissistic personalities from the usual borderline patient is their relatively good social functioning, their better impulse control, and the capacity for active, consistent work in some areas, which permits them to partially fulfill their ambitions of greatness and of obtaining admiration from others."

The under stress, both the narcissistic borderline types personalities can decompensate into delusional belief systems.



Theodore Millon, one of the preeminent experts on personality disorders, author of the gold standard for assessing personality disorders, the MCMI, comments or discusses the decompensation of a narcissistic personality under stress into delusional beliefs.



"Under conditions of unrelieved adversity and failure, narcissists may decompensate into paranoid disorders. Owing to their excessive use of fantasy mechanisms, they are disposed to misinterpret events and to construct delusional beliefs. Unwilling to accept constraints on their

independence and unable to accept the viewpoints of others, narcissists may isolate themselves from the corrective effects of shared thinking. Alone, they may ruminate and weave their beliefs into a network of fanciful and totally invalid suspicions."

Narcissistic: Persecutory Delusion

"Among narcissists, **delusions often take form** after a serious challenge or setback has upset their image of superiority and omnipotence.

They tend to exhibit compensatory grandiosity and jealousy **delusions** in which **they reconstruct reality** to match the image they are unable or unwilling to give up.

Delusional systems may also develop as a result of having felt betrayed and humiliated. Here we may see the rapid unfolding of **persecutory delusions** and an arrogant grandiosity characterized by verbal attacks and bombast."

- Millon, 2011

"Among narcissists, delusions often take form after a serious challenge or setback has upset their image of superiority and omnipotence," that's the divorce.

"They tend to exhibit compensatory grandiosity and jealousy delusions in which they reconstruct reality to match the image they are unable or unwilling to give up. Delusional systems may also develop as a result of having felt betrayed and humiliated," again, the divorce is going to absolutely trigger that.

"Here, we may see the rapid unfolding of persecutory delusions and an arrogant grandiosity character by verbal attacks and bombast."

I'm going to come back to this again when we talk about the reenactment narrative, and so it's important to recognize that narcissistic borderline personalities decompensate into delusional beliefs. A lot of people think of the psychotic domain around schizophrenia or something that's very flamboyant, not necessarily; this would be considered an encapsulated delusion.

Borderline Personality: Psychosis

“The diagnosis of “borderline” was introduced in the 1930s to label patients with problems that seemed to fall somewhere in between neurosis and **psychosis.**” (p. 189)

- Beck et al., 2004

Aaron Beck and his colleagues note that the diagnosis of borderline was introduced in the 1930s to label patients with problems that seemed to fall somewhere between neurosis and psychosis. We're dealing with a decompensation into a false belief system that is intransigently held, coming out of these internal working models of attachment, and we'll talk about that in a little bit.

With the narcissistic dynamic, what we have is, we have three sources of excessive anxiety being triggered for the narcissistic parent.

The Narcissistic Dynamic

The excessive anxiety associated with

1. (The reactivation of the attachment trauma anxiety)
2. The activation of narcissistic inadequacy fears
3. The activation borderline fears of abandonment

is **misinterpreted** by the narcissistic/(borderline) parent as representing an **actual threat** posed by the other parent/spouse.

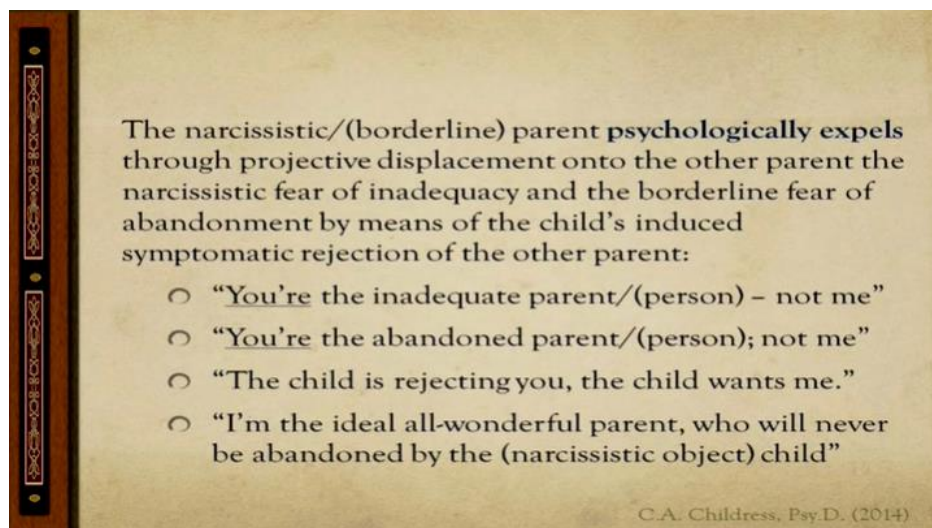
The narcissistic personality organization begins to decompensate into **persecutory delusional beliefs** that the other parent represents a threat to “the child”

The first is that reactivation of the attachment trauma, and I'll deal with that later, but for the personality disorder level, we have the activation of the narcissistic inadequacy fears. The divorce triggers you are inadequate spouse, you're an inadequate person, and because of that, you're being rejected, which triggers the borderline fears of abandonment.

The narcissistic borderline parent around the divorce has these two excessive anxieties, sources of anxiety to cope with. The narcissistic parent misinterprets this excessive anxiety as representing an actual threat posed by the other parent, who is the triggering source of the anxiety, and so anxiety signals threat.

They have a lot of anxiety. It must be something about you that is threatening, and because of that narcissistic personality, organization begins to decompensate into persecutory delusional beliefs that the other parent represents a threat to the child. Why a threat to the child?

We're going to understand that when we go into the attachment trauma. It's going to be funneled through ... The anxiety's going to be funneled through the attachment patterns into a threat to the child.



The narcissistic borderline parent, at the personality disorder level, has to cope with these excessive anxieties, and they psychologically expel through projective displacement onto the other parent the narcissistic fear of inadequacy and the borderline fear of abandonment by means of the child's induced symptomatic rejection of the other parent.

So that you're the inadequate parent, not me. You're the abandoned parent, not me. The child is rejecting you; the child wants me. I'm the ideal all-wonderful parent who will never be abandoned by the child. The whole process of what we call parental alienation, where the parent induces the child's rejection of the other parent, the narcissistic borderline parent is using the child in what's called a role-reversal relationship to regulate that parent's own anxieties. It's not me that's inadequate. It's you. It's not me that's abandoned; it's you. I'm the wonderful parent who will never be abandoned.

The child's (induced) rejection of the targeted parent is being used by the narcissistic/(borderline) parent to **regulate** the parent's own excessive anxiety of activated narcissistic inadequacy and borderline fear of abandonment that was triggered by the rejection of the divorce

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The child's induced rejection of the targeted parent is being used by the narcissistic borderline parent to regulate the parent's own excessive anxiety of activated narcissistic inadequacy and borderline fear of abandonment that was triggered by the rejection of the divorce.

That in early childhood, the phrase is, the child is being used as a regulating other for the parent, by projectively displacing these inadequacy and abandonment fears on to the other parent through the child's rejection of the parent. Now let's drop the third level down to the foundations, which are the attachment system level.

- The attachment system creates “**internal working models**” of relationship expectations during childhood.
- These “internal working models” coalesce into personality traits and features.
- The attachment system, and its “internal working models” of relationship expectations, mediate our future responses regarding both the formation **and the loss** of close emotionally bonded relationships throughout the lifespan.

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At the level of the attachment system, the attachment system creates internal working models of relationship expectations during childhood. Internal working models are Bowlby's phrase, Beck uses the word schemas, and so they ... Creates these patterns of expectations about self and other in relationship.

These internal working models then coalesce, as we move into adulthood, into what we would call personality factors, and if it's trauma involved, we're going to get some personality disorders.

More and more, we're moving towards personality disorders, particularly narcissistic and borderline personality. We're beginning to understand them at the attachment system level, rather than the personality disorder level. The attachment system and its internal working models of relationship expectations mediate all of our future responses regarding both the formation and the loss of close emotionally bonded relationships throughout the lifespan.

We have these patterns; they go quiet in most of our everyday life as adults, but whenever we form new relationships, a spousal relationship, or any, the attachment system will glow warm, and our patterns of expectations will begin to mediate the formation of those relationships. Or, whenever we lose somebody that's close to us, the attachment system will also start to glow warm and mediate the loss, and how we deal with the loss of situations so that the divorce triggered the alienating parent's attachment system to mediate that loss experience.

Attachment Trauma:

- The formation of **narcissistic and borderline** personality disorder processes is the product of **attachment trauma** during childhood.
- The “internal working models” for attachment figures in the alienating parent’s traumatized attachment networks are:
 1. Victimized Child
 2. Abusive Parent
 3. Nurturing-Protective Parent

← “splitting”

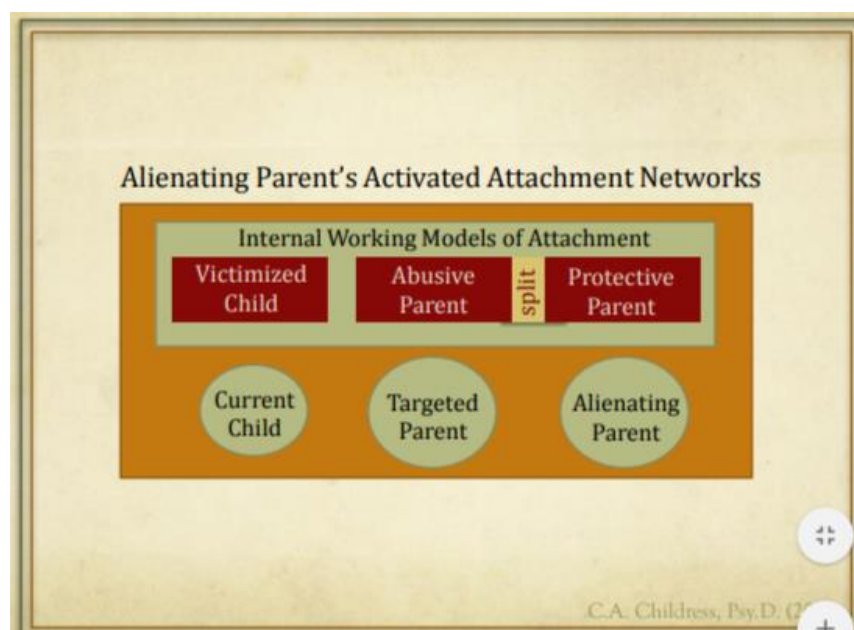
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The formation of narcissistic and borderline processes is the product of attachment drama during childhood. That's just the way it is; we don't get narcissistic and borderline personalities unless we have attachment trauma; that's how it's produced.

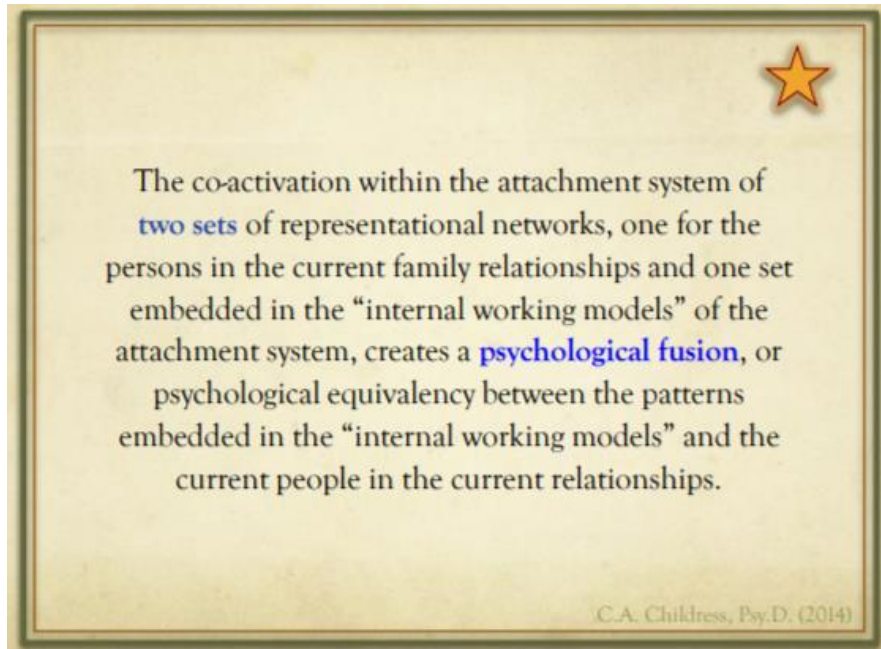
The internal working models for attachment figures in the alienating parent's traumatized attachment networks have three components. There's the victimized child, the abusive parent, and the protective parent, and the split between abusive parent and nurturing protective parent is called splitting, and I discussed that more in my previous talk on this.

In that psychological process of the abusive trauma, the child psychologically splits their representational network for the parent into the abusive parent and the protective parent, so that as a way of managing the anxiety around a parent who's both a source of nurture and a source of threat.



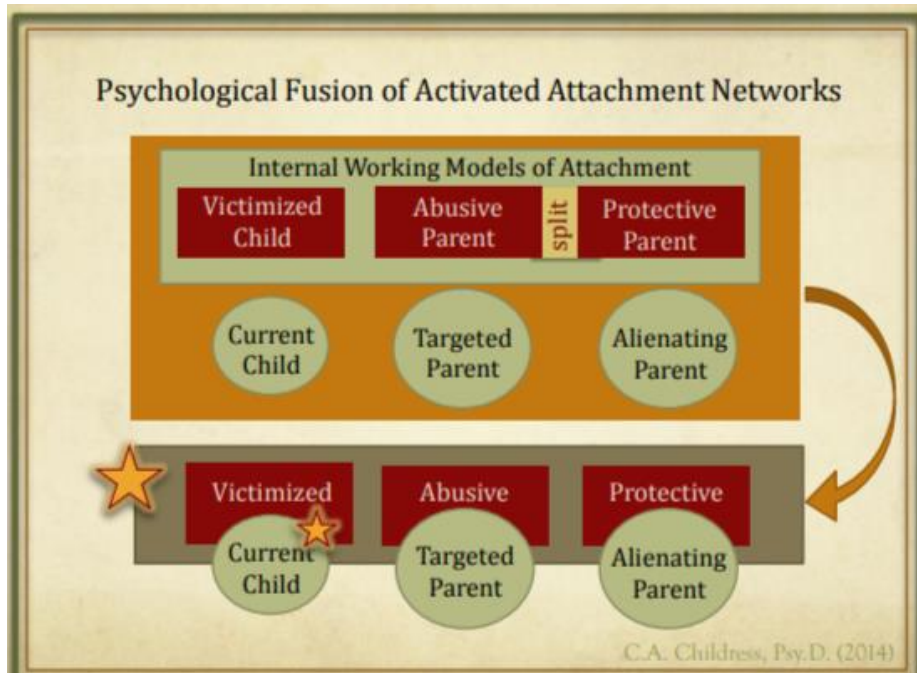
In terms of the alienating parent's attachment networks, at the point of divorce, we have the co-activation in the brain of two sets of attachment representations.

One coming out of the internal working models from childhood that involves victimized child, abusive parent, protective parent, and one in the current relationships which is the current child, the other parent, and the alienating parent. Notice there's a one to one correspondence there, and so in the brain, when you have the co-activation of two sets of brain networks, one from the past one from the current situation, there is a psychological fusion of these two brain networks.



An equivalency between these two co-activated networks, so that the co-activation within the attachment system of two sets of representational networks, one for the persons in the current family relationships and one set embedded in the internal working models of attachment system, create a psychological fusion, or psychological equivalency between the patterns embedded in the internal working model and the current people in the current relationships.

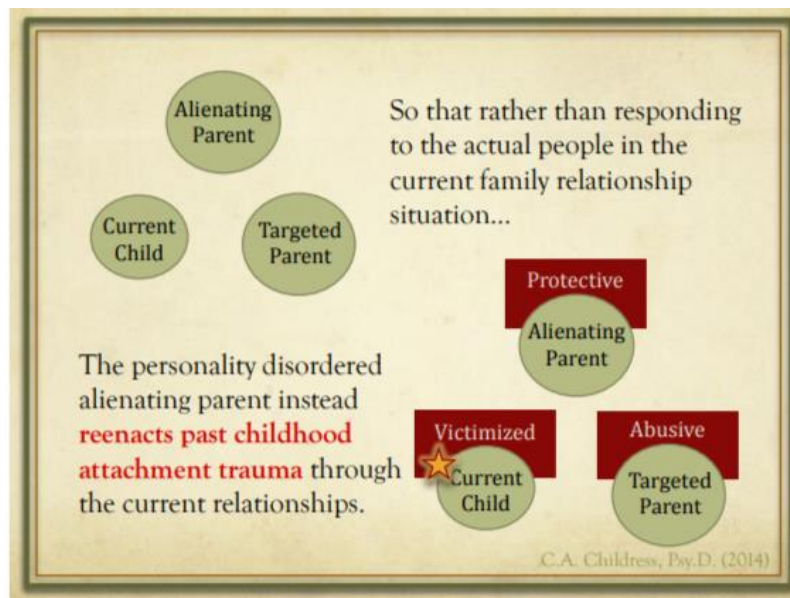
These two sets fuse into one, and so we have the victimized current child, the abusive targeted parent, and the protective alienating parent.



Within the distorted psychology of the narcissistic borderline mind, this becomes reality. This is the reactivation of their trauma, and this is what they see, and this is the decompensation into that delusional belief system. They lose track of what real people are actually the situation, and they begin to see the world in their trauma networks.

One of the key elements of this is that victimized child scenario because that's the alienating parent as a child. That's the source of their tremendous anxiety. They were the victimized child, and so now this current child is become symbolically their representation of themselves as a child, which they have to then protect from the abusive parent.

They begin to act out all this nonsense, so that rather than responding to the actual people in the current family relationship, the personality disorder alienating parent instead reenacts past childhood trauma attachment through the current relationships, with the victimized child being one of the key components of this.



In terms of representing the importance of this reenactment, the victimized child role is central to this whole reenactment trauma because it then defines the other two roles.



The moment the child is victimized, that automatically defines the targeted parent as being abusive, and the moment the child accepts the victimized child role, that automatically allows the alienating parent to be the protective parent, and so the critical feature in this whole dynamic is getting the child to adopt the victimized child role, so understanding the reenactment narrative.

The divorce triggers three separate but inter-related sources of tremendous anxiety for the narcissistic borderline parent,

1. **Narcissistic anxiety** surrounding the threatened collapse of the narcissistic defense against the experience of **primal self-inadequacy**
2. **Borderline anxiety** surrounding a tremendous **fear of being abandoned**
3. **Trauma anxiety** around the internal working models of attachment created by the relationship **pattern of abusive parent/victimized child**

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The divorce triggers three separate but inter-related sources of tremendous anxiety for the narcissistic borderline parent. The narcissistic anxiety associated with activation of primal self-inadequacy, the borderline anxiety surrounding a tremendous fear of abandonment, and also a trauma anxiety around the internal working models of attachment that are in the pattern of victimized child/abusive parent.



- The narcissistic/borderline parent misinterprets the meaning of this anxiety as (falsely) representing a threat posed by the other parent as the triggering origin for the anxiety.
- The origins of the delusional process lay in the **misattribution of causality** for an authentic experience of immense anxiety.
- The subsequent activity of the alienating narcissistic/(borderline) parent essentially represents efforts at **anxiety management**.

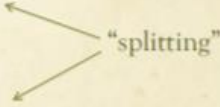
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The narcissistic borderline parent misinterprets the meaning of this anxiety as falsely representing a threat posed by the other parent as a triggering origin for the anxiety. The original of the delusional processes lay in the misattribution of causality for an authentic experience of immense anxiety.

The subsequent activity of the alienating narcissistic borderline parent essentially represents efforts at anxiety management regarding these three tremendous sources of anxiety, and then we see our full display of what's going on in terms of parental alienation.

The intense anxiety of the narcissistic/borderline parent is channeled into and through the reactivated trauma network patterns of the “internal working models” (the organizing schemas) of the attachment system:

- Abusive Parent
- Victimized Child
- Protective Parent

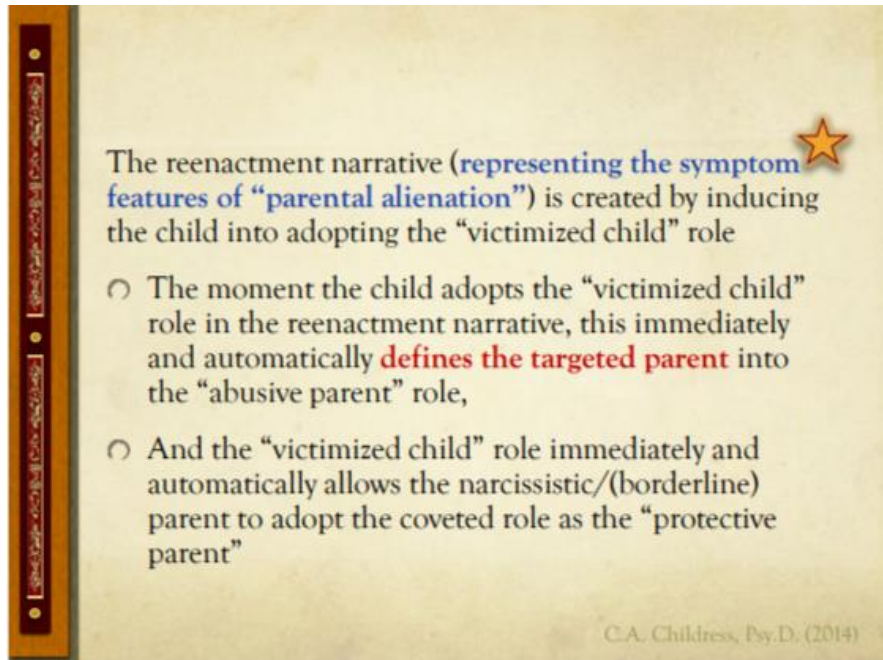


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The intense anxiety of the narcissistic borderline parent is being channeled into and through the reactivated trauma network patterns of the internal working models, the organizing schemas of the attachment system, abusive parent, victimized child, protective parent, and so that's why the child, the other parent represents a risk to the child because it's coming through those attachment networks.

Now, the way the narcissistic borderline parent induces a child's symptoms is complex and subtle. There's a lot of ideas within the current issues surrounding parental bad-mouthing high conflict divorce that it has to do with the other parent, the alienating parent bad-mouthing the other parent, or saying bad things in front of the child.

Not how it happens, it's much subtler. It's much more complex than that because if it was just a matter of that, the kid would go, "No, I like my mom, she's fine." It's a much subtler process that happens.



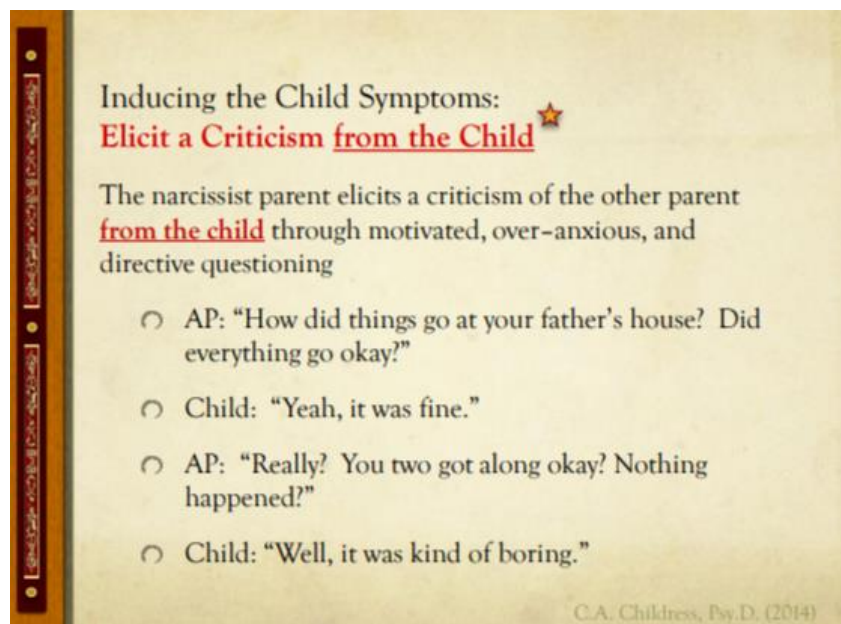
The reenactment narrative (**representing the symptom features of “parental alienation”**) is created by inducing the child into adopting the “victimized child” role

- The moment the child adopts the “victimized child” role in the reenactment narrative, this immediately and automatically **defines the targeted parent** into the “abusive parent” role,
- And the “victimized child” role immediately and automatically allows the narcissistic/(borderline) parent to adopt the coveted role as the “protective parent”

C.A. Childress, Psy.D. (2014)

The reenactment narrative of abusive parent, victimized child, protective parent that essentially represents the symptoms features of parental alienation is created by inducing the child to adopt the victimized child role.

That's the critical element; if I can get the child to believe they're a victim, then it automatically defines the other parent as abusive and automatically defines me as the protective parent, so that's the critical feature. Yeah, so the key to creating the reenactment narrative is to induce the child into adopting the victimized child role. Everything else flows from that. The way that that's induced is you first, the alienating parent will first elicit a criticism from the child.



Inducing the Child Symptoms:
Elicit a Criticism from the Child ★

The narcissist parent elicits a criticism of the other parent **from the child** through motivated, over-anxious, and directive questioning

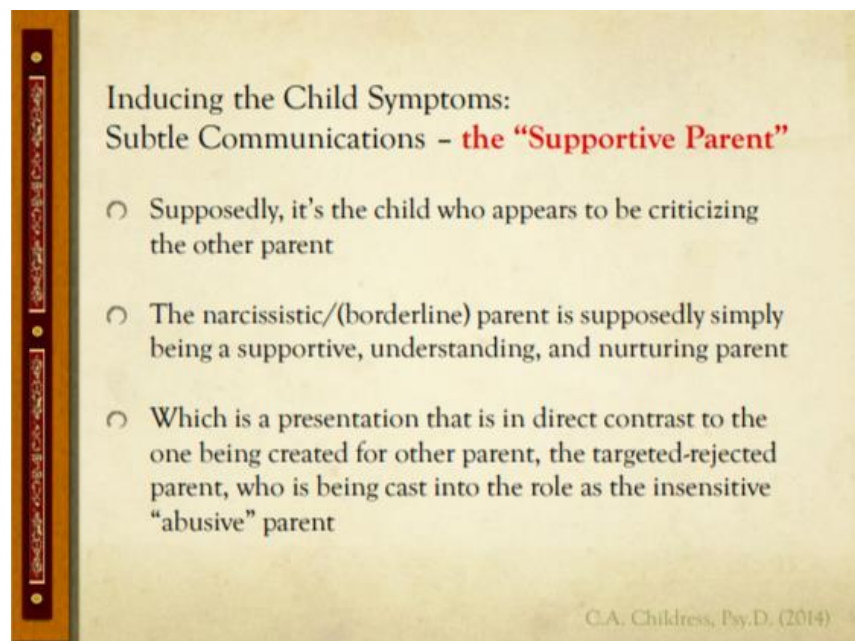
- AP: “How did things go at your father’s house? Did everything go okay?”
- Child: “Yeah, it was fine.”
- AP: “Really? You two got along okay? Nothing happened?”
- Child: “Well, it was kind of boring.”

C.A. Childress, Psy.D. (2014)

The narcissistic borderline parent will elicit the criticism through motivated overanxious, and directed questioning such as, "How did everything go at your father's house? Did everything go, okay?" And you get this anxious, "Did everything go okay?" Child will say, "Yeah, everything was fine." "Really?" You two got along, okay? Nothing happened?"

So the parent won't accept that response. They'll keep probing. They'll keep come on, tell me something, give me something, give me something. Even if it's very mild such as, "Well, it was kind of boring." Okay, how mild of a criticism is that "It was kind of boring?" The next phase is where the alienating parent distorts that and exaggerates that, so you know it was kind of boring. "Oh, I can't believe your father didn't have anything for you planned, planned for you to do. He only has one weekend with you, and he can't come up with anything for you guys to do together. Oh gosh, he's only thinking of himself. I can't believe that."

Okay, so in the response of the narcissistic borderline parent, they exaggerate and distort this and communicate to the child that the other parent is something wrong with the other parent. Yeah, in addition, it's supposedly it's the child who is offering the criticism. The narcissistic borderline parent is simply sort of ...



Supposedly being a supportive parent for the child, which allows the narcissistic borderline parent to adopt that coveted role as the all wonderful, protective, supportive parent.

This presentation offered to the child, "I'm your supportive parent. I'm the one who cares about you," is in direct contrast to the presentation of the other parent that they're abusively inadequate. They're not caring enough for you.

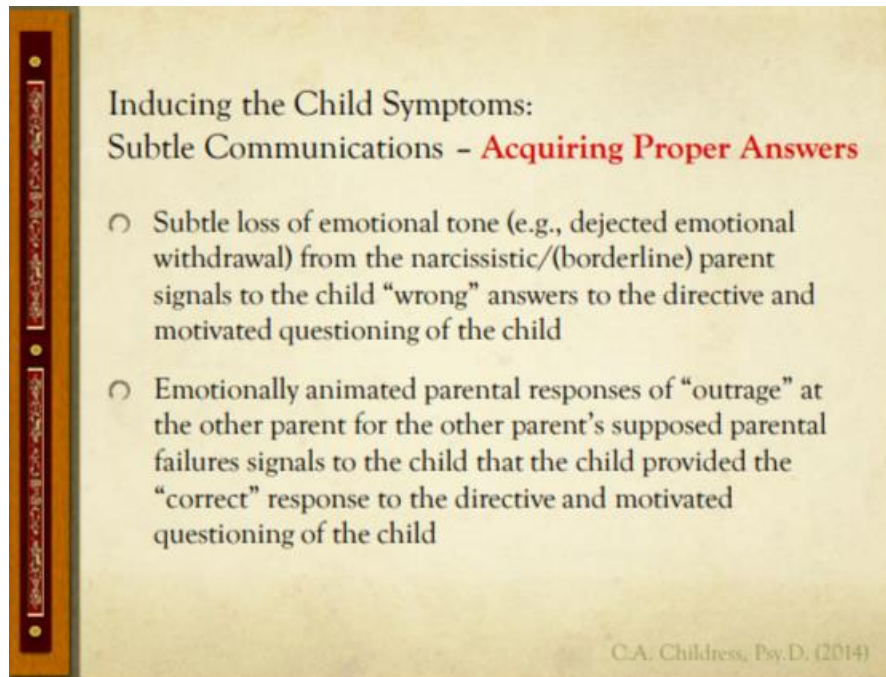
The narcissistic borderline parent can ... Acquires the proper answers from the child through subtle communication queues, such as the loss of emotional tone if the child doesn't give the

right answer. "So, how was everything at your mom's house?" "It was good." "Oh, okay," and just that drop in emotional tone signals that's the wrong answer.

Or, because we're dealing with narcissistic borderline, they may get a little angry at the child. "So, how was everything over there?" "Fine." "Really, okay, you need to clean your room. You need ... You need to do this," and all of a sudden, they get a little hostility angry because they gave the wrong answer.

Through that process, it's very easy to communicate to the child what's the right answer to give mom, what's the wrong answer to give mom, what's the right answer to give dad, what's the wrong answer to give dad. The child begins to pay attention to what the parent wants because it can be dangerous living with a narcissistic borderline personality. The narcissistic range and the borderline angry is very sharp and very intense.

Then on the reverse side, the emotionally animated responses of the parent signal you gave me the right answer. Okay, so when the child says, "Oh, they got mad at me for not cleaning the dishwasher," it's like, "Oh my goodness, oh," and the child recognizes that the parent loves that. That's a good answer, because now the parent gets all upset, and oh how terrible things are, but to all external appearances supposedly, the narcissistic borderline parent is simply being supportive of the child.



Inducing the Child Symptoms:
Subtle Communications - **Acquiring Proper Answers**

- Subtle loss of emotional tone (e.g., dejected emotional withdrawal) from the narcissistic/(borderline) parent signals to the child "wrong" answers to the directive and motivated questioning of the child
- Emotionally animated parental responses of "outrage" at the other parent for the other parent's supposed parental failures signals to the child that the child provided the "correct" response to the directive and motivated questioning of the child

C.A. Childress, Psy.D. (2014)

They're not bad-mouthing the other parent. They're simply being an understanding and wonderful parent, and that's the communication to the child as well.

If therapists or the attorneys or the judge asks the child, "Is your parent bad-mouthing?" "No, I'm the one doing the bad-mouthing. They're not doing it it's me." Which is a source of that

independent thinker kind of thing regarding the child. The child is led into a belief that they are a victim, and that they're the ones that are making the criticism. In addition, the narcissistic borderline parent conveys meaning to the child that the parenting practices of the other parent are abusively inadequate to the child.

Inducing the Child Symptoms:
Subtle Communications - **Conveying Meaning**

- Parental **outrage** by the narcissistic/(borderline) parent at the supposed “abusive” parental inadequacy of the other parent **communicates to the child** that the parenting practices of the other parent are inadequate and abusive
- This is how the child acquires the narcissistic/(borderline) belief and expectation of grandiose entitlement and empowerment to judge the adequacy of the other parent

C.A. Childress, Psy.D. (2014)

The parental outrage of, "Oh, they're treating you so terrible," communicates to the child that they are the victim. It's this process, of inducing this belief in the victimization of the child, in which the narcissistic personality processes of grandiose entitlement are transferred to the child.

Later we will see that narcissistic grandiosity of judging the other parent, and from an top down position, and the sense of entitlement that the targeted parent has to meet my needs to my satisfaction, or else I get to judge them. Well, all of that's being communicated through this, the attitudes of the narcissistic borderline parent as they convey that to the child. Finally, a final component of conveying meaning is that the narcissistic borderline personality conveys the appropriate themes for criticizing the other parent.

Inducing the Child Symptoms:
Subtle Communications - **Conveying Themes**

AP: "Oh!, I can't believe your father didn't have anything planned to do! He only has one weekend with you, you'd think he could arrange to have something to do. He's just so selfish, he only thinks of what he wants."


- In supposedly "supporting" and "understanding" the child's (elicited) criticisms of the other parent, the narcissistic/(borderline) parent subtly conveys to the child the "**proper**" themes for criticism of the other parent

C.A. Childress, Psy.D. (2014)

You have, "Oh, I can't believe your father didn't have anything for you to do. He only has the one weekend, you'd think he could arrange to have something to do," so there's your sense of entitlement. "He's just so selfish, he only thinks about what he wants." They slip in that criticism, "Oh she has anger management problems, she was always this way," and there's your theme.

As the child is getting this influence that they're supposed to criticize the other parent along these themes. Pretty soon the child comes home from visitations parent says, "How were things?" The child feeds right the theme, right the stuff, and it just feeds that whole reenactment narrative so that the alienating parent the narcissistic borderline parent, since the child is fulfilling their roles as a victimized child, the alienating parent can then adopt the role of the supportive nurturing parent.

"Oh, I so care about you. Oh, it's so terrible that you have to put up that," and then they display that to all the therapists, to all the attorneys, this coveted roles as the all wonderful, perfectly nurturing parent.

Through continual repetitions of this motivated and directive questioning process, the child is induced into adopting the “victimized child” role 

- The moment the child adopts the “victimized child” role in the reenactment narrative, this immediately and automatically **defines the targeted parent** into the “abusive parent” role,
- And the “victimized child” role immediately allows the narcissistic/(borderline) parent to adopt the coveted role as the **“protective parent”**

C.A. Childress, Psy.D. (2014)

Through the continual repetitions of this motivated and directive questioning process, the child is induced into adopting the victimized child role. The moment the child adopts this victimized child in the reenactment narrative, this immediately and automatically defines the targeted parent into the abusive parent role, and so all the therapists when the child presents and says, "I'm a victimized child," all the therapists believe that and go, "Well, you must be an abusive parent then."

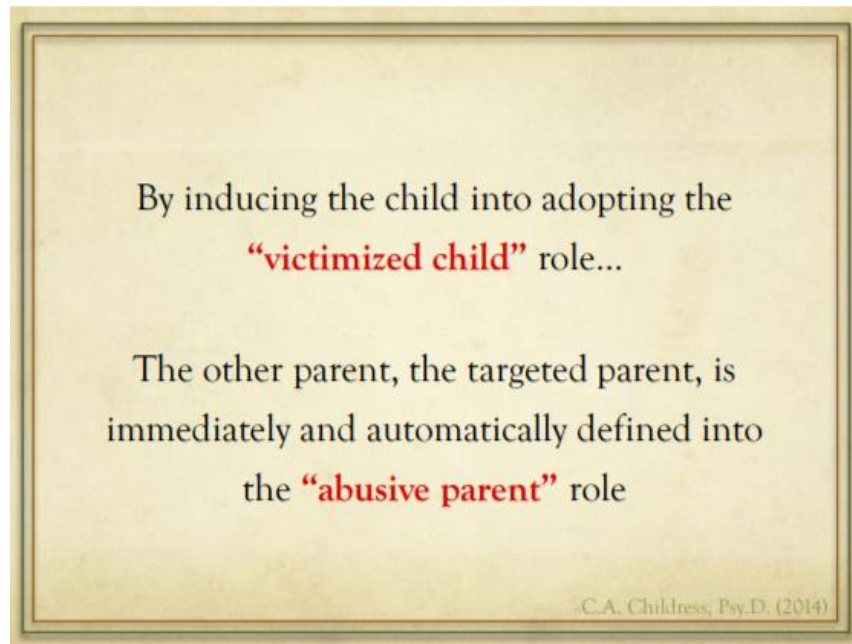
Immediately the focus is taken off of the narcissistic borderline parent, and the distorted parenting practices of these parents, and their inadequacy and all this, and is put on the other parent. You're a bad parent, now the other parent has to prove a negative. They have to prove, I'm not an abusive parent, I'm actually a good parent. Everybody's focused, and they have to ... And it keeps the focus off the pathology of the narcissistic parent, which is what it's designed to do.

The narcissistic parent puts the child out front in a role-reversal relationship, and then hides behind the child, and presents as the nurturing parent, which is the role they want as the all wonderful narcissist. That's where the victimized child role allows that narcissistic parent to adopt that protective parent role. The attachment system, and the suppression of the child's attachment system, the attachment system evolved across millions of years of evolution involving the selected predation of children. Predators are seeking the old, the weak, and the young.

Children who bonded to parents got protection from predators, children who didn't were eaten by predators. It's a very strong and resilient system. We all live in an attachment system, we all know what it's like to love our parents even though they were messed up, even though there were problems, we still love them. We still love our children even though they're annoying at

times, because of the strength of that attachment system. We understand how strong it is, but in this situation, we have a child rejecting a relationship with a normal range and affectionately available parent.

How do we get that? How do we suppress the attachment system of a child? Well, this is how it occurs.



By inducing the child into adopting the victimized child role, the other parent, the targeted parent, is immediately and automatically defined as the abusive parent.

By defining the other parent as a threat to the child (i.e. as an “abusively” inadequate parent), this automatically suppresses the child’s attachment bonding motivations toward this supposedly “abusive” threat

C.A. Childress, Psy.D. (2014)

Children are not motivated to bond to the threat, to “the predator”

Instead, children are motivated to flee the predator (i.e., flee from the threat) and seek protective bonding of the protective parent

C.A. Childress, Psy.D. (2014)

By defining the other parent as a threat to the child, as an abusively inadequate parent, this automatically suppresses the child's attachment bonding motivations towards this supposedly abusive parent, because children are not motivated to bond to the threat, to the predator.

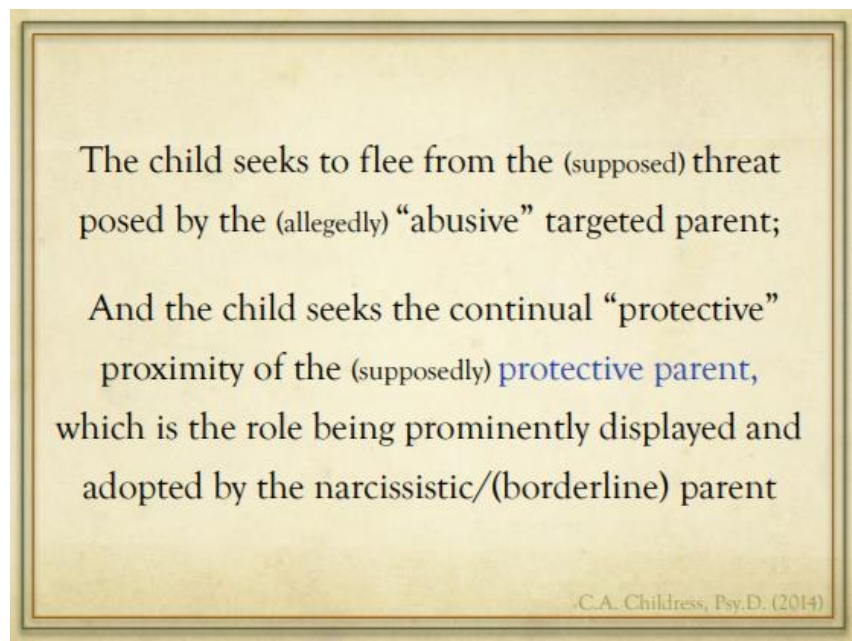
Instead, children are motivated to flee from the threat, and to bond to the protective parent. The moment the child is induced into this belief that they're a victim, then his attachment system is turned off towards that predator, and they are motivated to bond to the supposedly protective parent, which is the role of the narcissistic borderline parent.

These are exactly the symptoms of parental alienation right there. The child is fleeing from the threat, and they will say, "Oh, they're horrible to me. They're a really bad parent," and they are

hyper bonded to the narcissistic borderline parent, they don't separate. Now, if you know anything about the attachment system, a secure attachment the child ventures out into the world and then comes back.

A child who is preoccupied on maintaining a relationship with the parent, that's called an insecure attachment. Insecure preoccupied or anxious ambivalent, because of a variably available parent, but that's what we see with parental alienation. The child's hyper bonding motivation towards the narcissistic borderline parent isn't a symptom of health bonding, it's a symptom of pathological bonding.

It's an insecure attachment, the child's not going out and forming new relationships with the other parent. Instead, the child's hyper-focused on the alienating parent.



The child seeks to flee from the supposed threat posed by the abusive targeted parent, and the child seeks the continual protective proximity of the supposedly protective parent, which is the role being prominently displayed and adopted by the narcissistic borderline parent, but none of this narrative is true.

But **NONE** of this narrative is true:

- The child is **not** a victim
- The parenting practices of the targeted-rejected parent are **not** abusive
- The narcissistic/(borderline) parent is **not** the ideal and wonderful “nurturing-protective parent”

C.A. Childress, Psy.D. (2014)

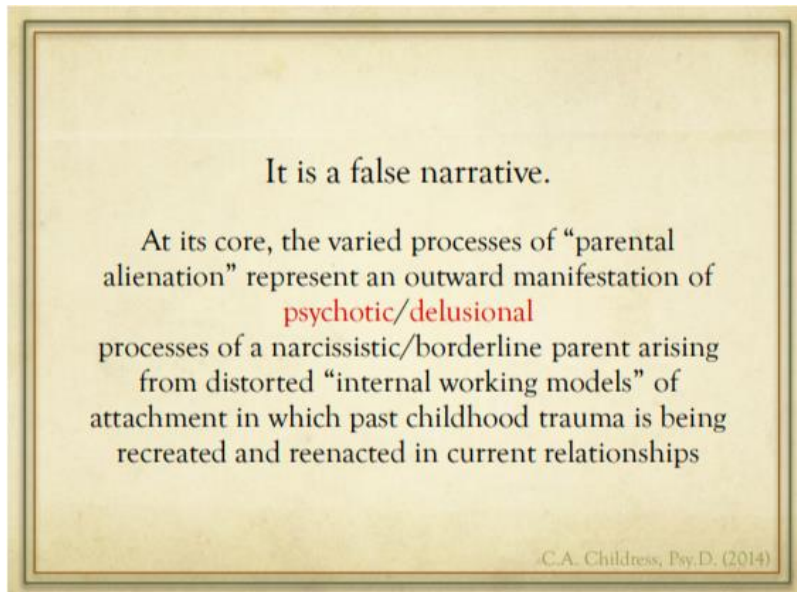
The child is not a victim. The parenting practices of the targeted-rejected parent are not abusive, and the narcissistic borderline parent is not the ideal, wonderful, all nurturing protective parent.

It is a false narrative

Created by a narcissistic/(borderline) parent
as an outward re-creation of this parent's
own attachment trauma history

C.A. Childress, Psy.D. (2014)

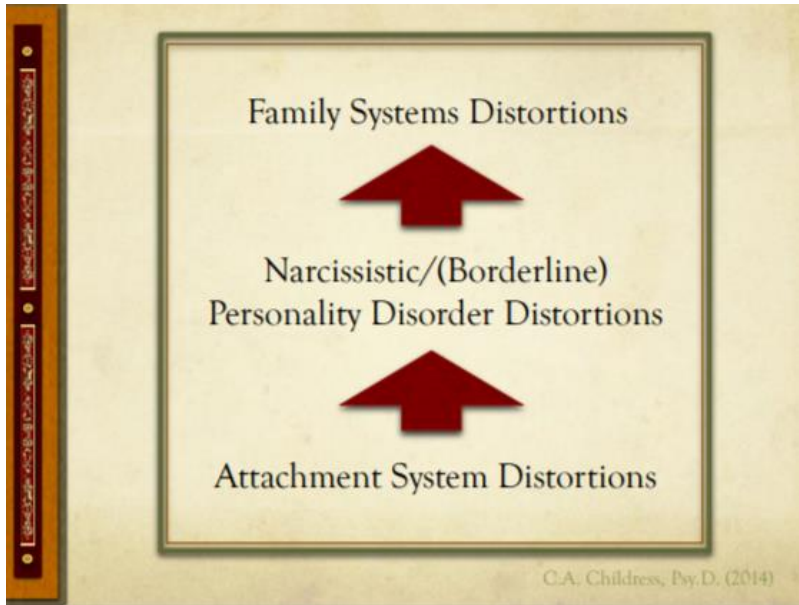
It is a false narrative created by a narcissistic borderline parent as an outward recreation of this parent's own attachment trauma history.



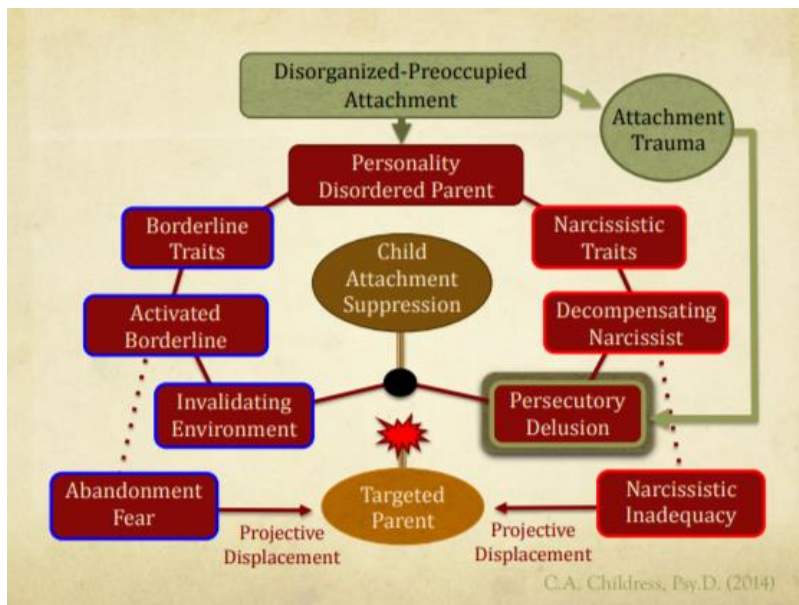
At its core, the very processes of what we would traditionally describe as parental alienation represent an outward manifestation of psychotic delusional processes of a narcissistic borderline parent arising from the distorted internal working models of attachment, in which past childhood trauma is being recreated and reenacted in current relationships. This is very serious psychopathology. Not only is it personality disordered psychopathology, the reenactment out of childhood of these trauma shifts it over into a delusional psychotic process within the family.

Now I will remind you of what Theodore Millon said about the decompensation of a narcissistic personality into delusional beliefs, into persecutory delusional beliefs. That's exactly what's going on, is we have this psychotic process within this family, and what astounds me is that mental health therapists are entirely missing the extent of the psychopathology within this family.

Holy cow, this is really serious, and they just think it's normal range parent-child stuff, and they don't recognize it, they don't see it.



The schematic diagrams for describing this process, first you have the three levels at the attachment system level, personality disorder level, the family systems level.



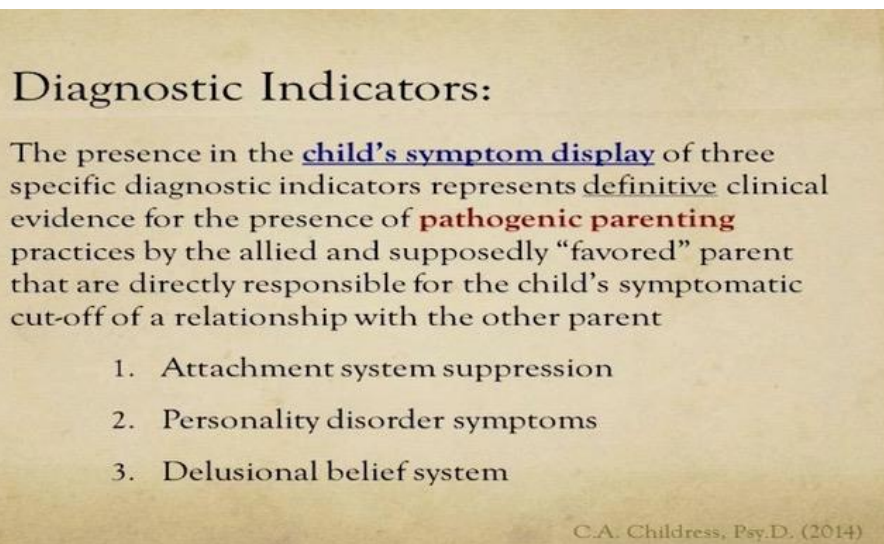
Then this particular schematic shows how the disorganized preoccupied attachment of the alienating parent moves into both attachment trauma and the personality disorder processes, that are then reactivated in the divorce as a borderline fear of abandonment, and the narcissistic inadequacy.

The borderline fear of abandonment leads to what's called the invalidating environment, discussed by Marsha Linehan, and the narcissist decompensates into persecutory delusions that are also being fed by the attachment trauma that then create the suppression of the child's

attachment system, and the projection of the narcissistic inadequacy and borderline abandonment fears onto the other parent.

Complicated, complex, because the inner world of a narcissistic borderline parent is a complicated, complex place. With trauma histories and all this kind of stuff, but while it may seem complicated on first blush, it stays the same. This will be the same tomorrow as it was yesterday, it'll be the same next week, six months from now, this is very structured, it's very continual, this is what it is. It will always stay this way, so as you become more and more familiar with it you go, "Okay, I get it." The clarity begins to move through because it's not something that's highly variable or changing all the time. Now, understanding what is going on, then allows us to identify where should we look to diagnose this.

What features stand out in this that we can diagnose this reliably and in every case? There's a set of three diagnostic indicators by which we can reliably diagnose this every time it occurs, and differentially diagnose it when it's not occurring. The presence in the child's symptom display, so I'm not worried about how these two are interacting. I don't need to diagnose a narcissistic personality, that's going down a rabbit hole if I try to diagnose a parent. I'm looking at the child's symptom display because I'm looking at the influence of that onto the child.



Diagnostic Indicators:

The presence in the child's symptom display of three specific diagnostic indicators represents definitive clinical evidence for the presence of **pathogenic parenting** practices by the allied and supposedly "favored" parent that are directly responsible for the child's symptomatic cut-off of a relationship with the other parent

1. Attachment system suppression
2. Personality disorder symptoms
3. Delusional belief system

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The presence in the child's symptom display of three specific diagnostic indicators represents definitive clinical evidence for the presence of pathogenic parenting.

Now, the word parental alienation is not a clinical term. As a clinical psychologist, I don't know what that means. The correct clinical term is pathogenic parenting. Patho is pathology, genic genesis the creation, it's parenting practices that are creating a pathology in the child. The word pathogenic parenting is used a lot in attachment work, because that's what messes up the kid's attachment system is pathogenic parenting, so that's the correct clinical term.

Diagnostic Indicators:

The presence in the child's symptom display of three specific diagnostic indicators represents definitive clinical evidence for the presence of **pathogenic parenting** practices by the allied and supposedly "favored" parent that are directly responsible for the child's symptomatic cut-off of a relationship with the other parent

1. Attachment system suppression
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C.A. Childress, Psy.D. (2014)

The three diagnostic indicators are definitive clinical evidence of pathogenic parenting practices by the allied and supposedly favored parent that are directly responsible for the child's symptomatic cut-off of a relationship with the other parent. Cut-off is a term out of Bowen family systems work. Notice that definition there never uses the word parental alienation, we don't need it okay, we can define this entirely within standard psychological constructs.

The three diagnostic indicators are, the attachment system suppression, which you don't see, that's an aberrant display of the child's attachment system, you will also see a set of personality disorder symptoms in the child symptom display that are being acquired from the influence of the narcissistic personality, and then you will see this delusional belief that the child is a victim, that represents the trauma reenactment.

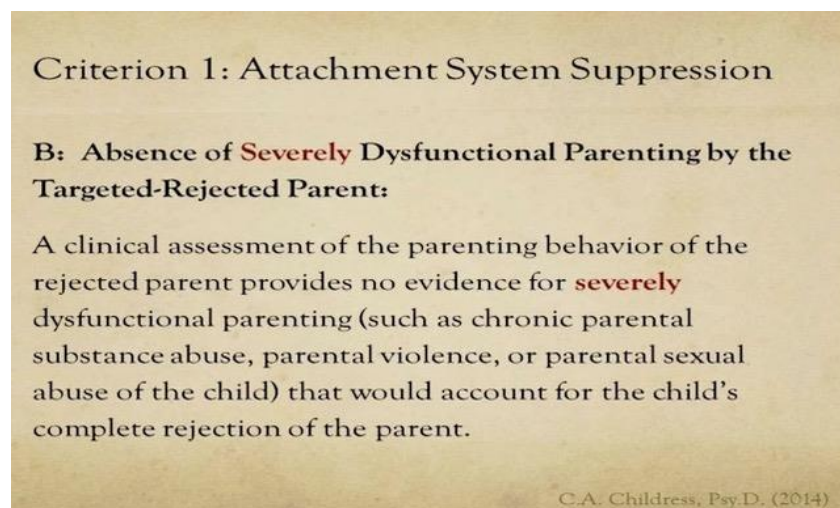
Criterion 1: Attachment System Suppression

A: Attachment System Suppression:

The child's symptom display evidences a selective and targeted suppression of the normal-range functioning of the child's attachment bonding motivations toward one parent, in which the child seeks to entirely cut-off a relationship with this parent.

C.A. Childress, Psy.D. (2014)

So, criterion one, the attachment system suppression, the child symptom display evidences a selective and targeted suppression of the normal-range functioning of the child's attachment bonding motivations toward one parent, in which the child seeks to entirely cut-off a relationship with this parent. That doesn't happen, children who cut-off a relationship with a parent were eaten by predators. The attachment system motivates children's bonding to parents, even bad parents. In fact, especially bad parents, because if I have a bad parent that puts me at risk of predation, so I develop an insecure attachment where I'm more strongly motivated to bond to the bad parent. Cutting off the relationship is indicative that there's a narcissistic parent somewhere. It's either that parent, you're a narcissistic and so you're abusive to me, a sexual predation, or physical violence or something, and so now it's authentic. Or, if you're not the problematic parent it's the other one that's a narcissistic. One way or the other that's how we see cut-offs in relationships.



The additional criteria is that we have the absence of severely dysfunctional parenting by the targeted-rejected parent. A clinical assessment of the parenting behavior of the rejected parent provides no evidence for severely dysfunctional parenting, such as chronic parental substance abuse, parental violence, or parental sexual abuse of the child that would account for the child's complete rejection of the parent. So if I got a child rejecting a parent, I'm going to look at the parent and say, "Are you physically abusive? Was there a history of domestic violence? Is there a methamphetamine addict? Is there something that would account for that level of distortion to the child's attachment system? In the absence of that if you're roughly normal range, well then that doesn't account for it.

Criterion 1: Attachment System Suppression

C: Broadly Normal-Range Parenting by the Targeted-Rejected Parent:

The parenting of the targeted-rejected parent is assessed to be broadly normal-range, with due consideration given to the **broad spectrum of acceptable parenting practices** typically displayed in normal-range families, and to the **legitimate exercise of parental prerogatives** in establishing family values, including parental prerogatives in the exercise of normal-range parental authority, leadership, and discipline within the parent-child relationship.

C.A. Childress, Psy.D. (2014)

The third element is that roughly normal range. That the parenting practices of the targeted-rejected parent are assessed to be broadly normal range, with due consideration given to the broad spectrum of acceptable parenting practices typically displayed in normal range families. We need to get away from micro-analyzing parenting of the targeted-rejected parent. It's respect for what represents broadly normal range practices and to the legitimate exercise of parental authority and parental prerogatives in establishing family values, and the exercise of normal range parental authority, leadership, and discipline within the parent-child relationship.

One of the ways I conceptualize this is if you put parenting practices on a scale from zero to a hundred, with zero into the spectrum being lax and permissive parenting, and the higher end being firm and structured parenting, normal range parenting practices would somewhere be between twenty and eighty is normal range. The abnormal range is zero to twenty and eighty to a hundred.

Now, as mental health people, we like balanced parenting. We like parents to use some degree of dialog on the permissive side of things, but also to be firm and structured, and provide guidance to the child. We think the best parenting practices are in the middle, and combine a blend of those two qualities, listening to the child is also providing structure. We like parenting between the forty to sixty range, okay that combines some sort of blend, but that doesn't mean that the twenty to forty and sixty to eighty are not normal range.

The more you start to move towards those extremes, you're going to get more problems, but we shouldn't be micro analyzing and telling parents what they should do. Some parents like firm structure, that's their prerogative in establishing family values. Some people like a little bit more lax and ... That's their right in establishing their family values according to their culture, belief systems, according to who they are.

We shouldn't get in, if the parenting practices are broadly normal range then we should see an attachment system bond. It's only those very extreme ones that we're concerned about. The

second set of symptoms or symptom diagnostic indicator are narcissistic personality symptoms in the child's symptom display.

Criterion 2: Narcissistic Personality Symptoms

Personality Disorder Symptoms: The child's symptom display toward the targeted-rejected parent evidences a **specific set of five** narcissistic and borderline personality disorder symptoms that are diagnostically indicative of parental influence on the child by a narcissistic/(borderline) personality parent.

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The child's symptom display toward the targeted-rejected parent evidences a specific set of five narcissistic and borderline personality disorder symptoms that are diagnostically indicative of parental influence on the child of a narcissistic borderline personality.

So, five a priority predicted symptoms, those symptoms are the grandiosity, that the child will display a grandiosity where they're elevated in the family hierarchy above the targeted parent to where the child feels entitled to judge that parent, and judge that parent as both a parent and as a person. There's an absence of empathy, the child will say and do very cruel things to the targeted-rejected parent without any sense of caring or compassion or empathy for the parent.

Criterion 2: Narcissistic Personality Symptoms

The specific set of narcissistic and borderline personality disorder symptoms displayed by the child toward the targeted-rejected parent are:

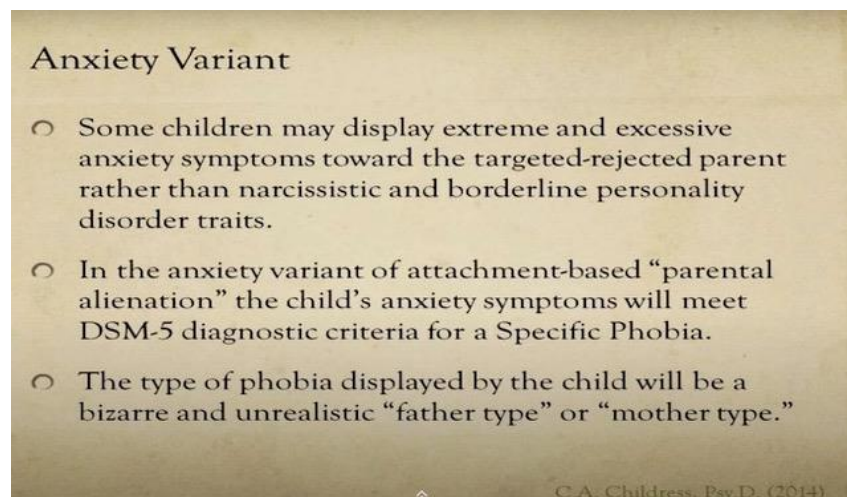
1. **Grandiosity** (i.e., elevation in the family hierarchy above the targeted-rejected parent in which the child feels entitled to judge the adequacy of the parent)
2. **Absence of Empathy**
3. **Entitlement**
4. **Haughty and Arrogant Attitude**
5. **Splitting**

A sense of entitlement, that the child expects a targeted parent to meet their every need to the child's satisfaction, or else the child feels entitled to exact a retaliatory revenge upon the parent. The child will display a haughty and arrogant attitude towards the parent, of contemptuous disdain for who that parent is as a person, and then the splitting. The child will see the targeted

parent as the all-bad parent, and the narcissistic parent as the all wonderful parent. These are what I refer to as the psychological fingerprints of control on the child by a narcissistic borderline parent.

The only way the child acquires narcissistic personality disorder symptoms is from the influence of a narcissistic parent. They do not arise endogenously to a child, never occur, and a lot of therapists who don't get it, who don't understand this look at this set of symptoms and think they're oppositional defiant symptoms or normal range conflict stuff. They're not aware of personality disorder dynamics. One of the key areas that should provoke a look at this is this child's absence of empathy. That's a very unique symptom. You don't see absence of empathy except in autism, narcissistic personality, or antisocial personality. Any other kids, I deal with angry grumpy kids all the time, ADHD, oppositional defiant, throwing chairs through walls, big argument, the child still has empathy once they calm down from their angry. This kid, no empathy. No compassion for the targeted parent, and the splitting dynamic, all good, all bad.

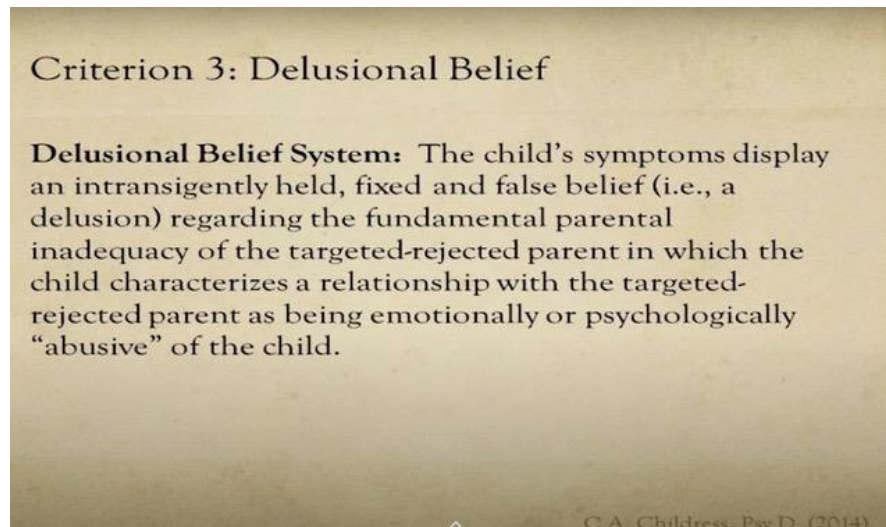
Things once defined don't change. Okay, that splitting should trigger any mental health professional to begin to look for the narcissistic borderline personality.



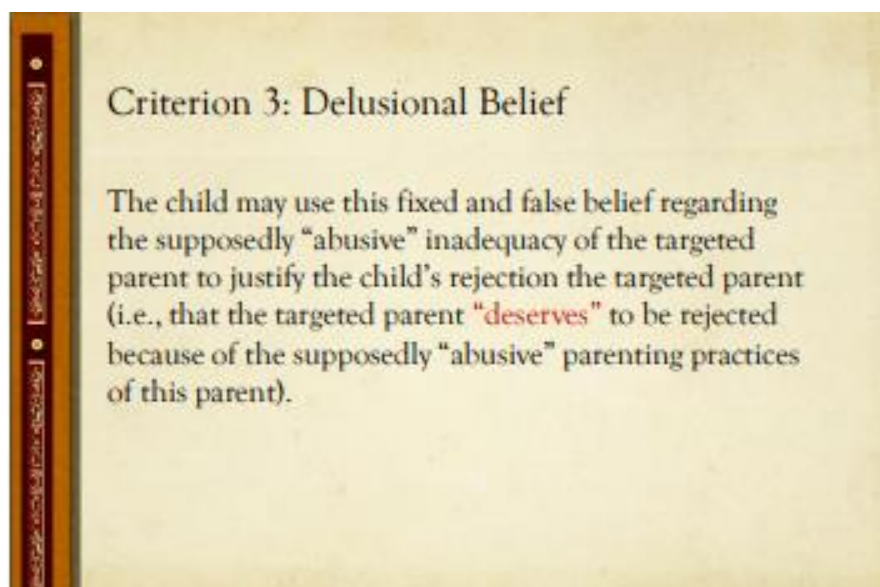
Now there is an anxiety variant of this and especially occurs in younger children, typically children around four, five, six years old, where the child displays an excessive anxiety towards the targeted-rejected parent.

It's not this grandiose judgment of them, they're terrified of being with that parent, and the source of that is because the narcissistic alienating parent is communicating the other parent's a threat to you. The little four year old goes, "Oh really, they're that bad a threat to me," and so they're terrified. Recognizing this particular symptom is as you go down the child's anxiety, it will meet DSM criteria, DSM-5 criteria for a phobic anxiety. You just walk it down, you look and say, I have a child with a phobia, but the type of phobia will be this bizarre and unrealistic mother type or father type. The child has a phobia towards their father, that's just weird. That just doesn't happen. The attachment system would prevent that from happening.

You don't have a phobia towards your parent, because predator's going to eat you, you're going to fall off a cliff, bad things are going to happen. It is an induced phobia coming from the emotional signaling of the narcissistic borderline parent. The third symptom criteria, the diagnostic criteria is the existence of a persecutory delusional belief.

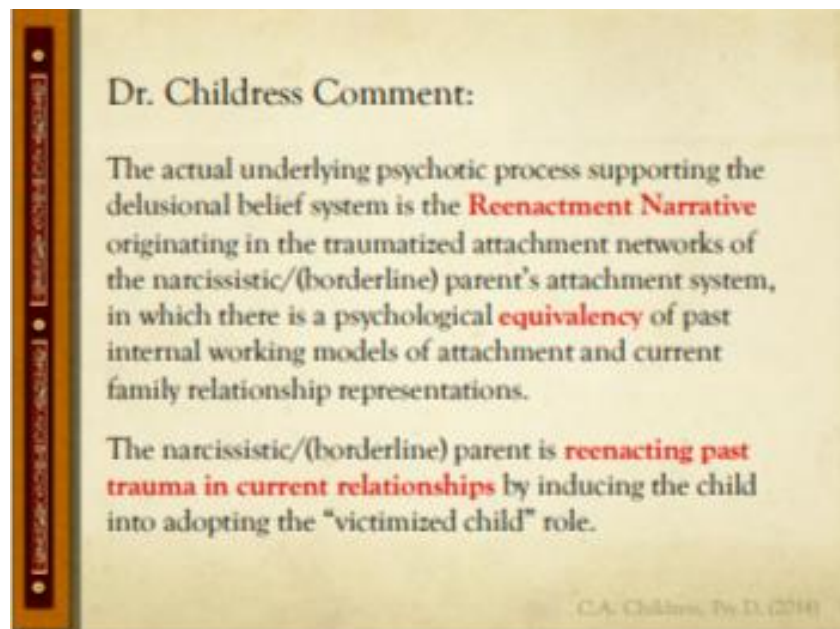


The child's symptoms will display an intransigently held, fixed, and false belief i.e., a delusion, call it an encapsulated delusion, regarding the fundamental parental inadequacy of the targeted-rejected parent in which the child characterizes a relationship with the targeted-rejected parent in which the child characterizes a relationship with the targeted-rejected parent as being emotionally or psychologically abusive of the child.



The child may use this fixed and false belief regarding the supposedly abusive inadequacy of the targeted parent to then justify the child's rejection of the targeted parent. That the targeted parent deserves to be rejected because of the supposedly abusive parenting practices of this parent.

Very characteristic, if you hear that theme coming forward, that the parent deserves to be rejected, deserves to be punished, think attachment-based parental alienation. It almost so characteristic that it becomes a diagnostic sign. I didn't include it as part of it, because you may not always display, but boy that attitude is just prevalent, the parent deserves it.



Now, let me make a comment at this point, which is that the actual underlying psychotic process supporting the delusional belief system is the reenactment narrative originating in the traumatized attachment networks of the narcissistic borderline parent's attachment system, in which there is a psychological equivalency of past internal working models of attachment and, and the current family relationships.

The narcissistic borderline parent is reenacting past trauma in current relationships by inducing the child into adopting the victimized child role. That's the psychotic process, that's the source of the delusion, that's the iceberg. What we see on the surface is the child has acquired that belief system, and that abusive inadequacy, but if you're diagnosing this you can look for the actual psychotic process in the family. Look for that reenactment narrative and all the themes of that reenactment narrative, and then you just have the cherry on the top of the kid's actual belief system.

The presence of
all three symptoms in the child's symptom display
represents
definitive diagnostic evidence
for the presence of pathogenic parenting emanating
from the allied and supposedly "favored" parent as
being the direct causal agent for the cut-off of the
child's attachment bonding motivations toward the
other parent.

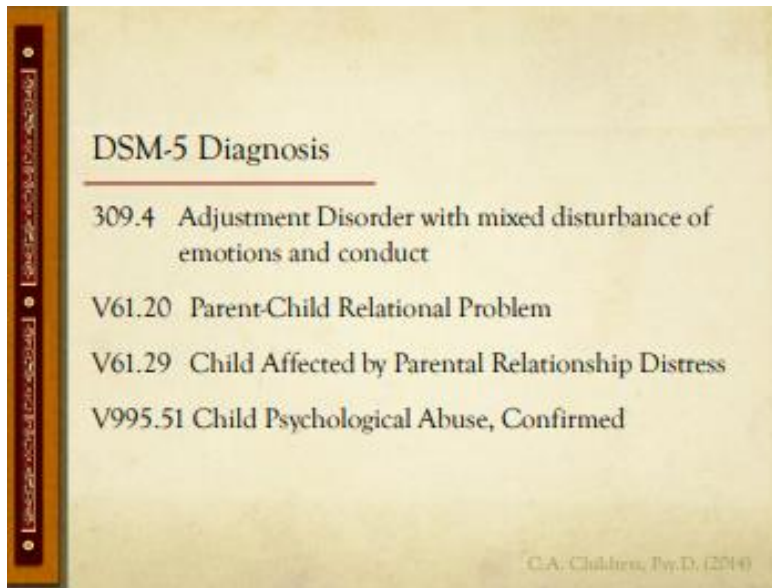
C.A. Childress, Psy.D. (2014)

The presence of all three of the symptoms in the child's symptom display represents definitive diagnostic evidence for the presence of pathogenic parenting emanating from the allied and supposedly favored parent as being the direct causal agent for the cut-off of the child's attachment bonding motivations toward the other parent.

There is no other explanation possible for the
presence in **the child's symptom display** of all three
of these symptoms together, other than the
pathogenic parenting associated with an
attachment-based model of "parental alienation"

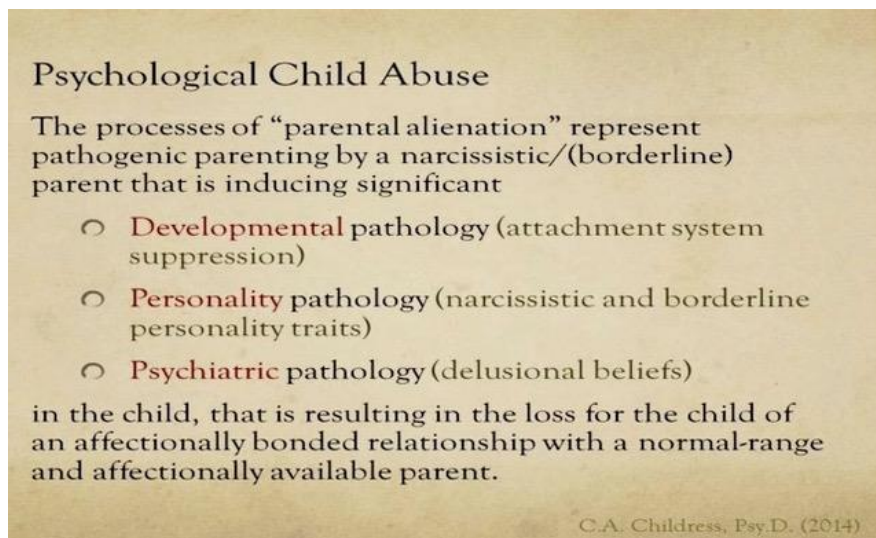
C.A. Childress, Psy.D. (2014)

There is no other explanation possible for the presence in the child's symptom display of all three of these symptoms together, other than pathogenic parenting associated with an attachment-based model of parental alienation. If you see this, it's the only way you get to these symptoms. It's a very clear dichotomous diagnosis. You see this set, that's what we're looking at. If you don't see this set, then something else is going on.



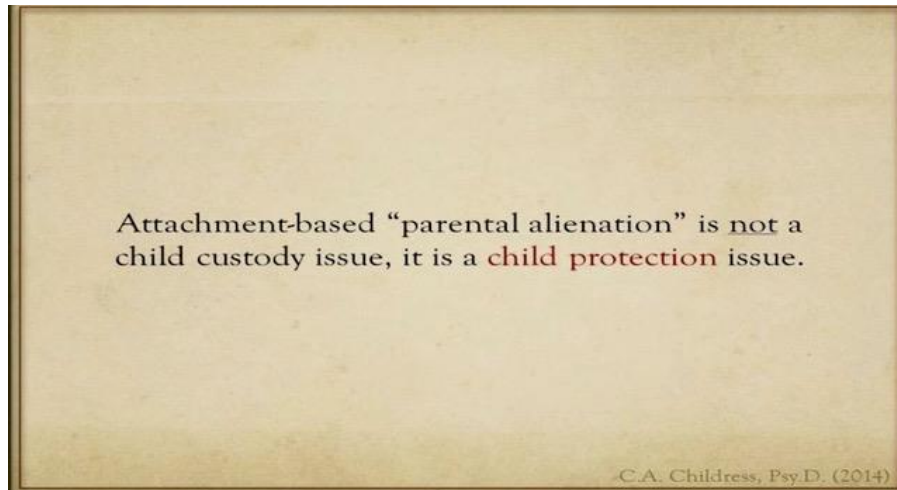
The DSM-5 diagnosis, if we see this set of symptoms in the child's symptom display, the appropriate DSM diagnosis, and I have an essay article on my website that goes into this in more detail, it's essentially an adjustment disorder with mixed disturbance of emotions and conduct.

This requires a stressor, the stressor is not the divorce. The stressor is living with a narcissistic borderline parent. It's a chronic stressor of living with a narcissistic borderline parent that's producing an adjustment disorder to adjusting to the family's transition. Then we have some V codes, a parent-child relationship problem with both parents. A child affected by relationships distress and child psychological abuse confirmed.

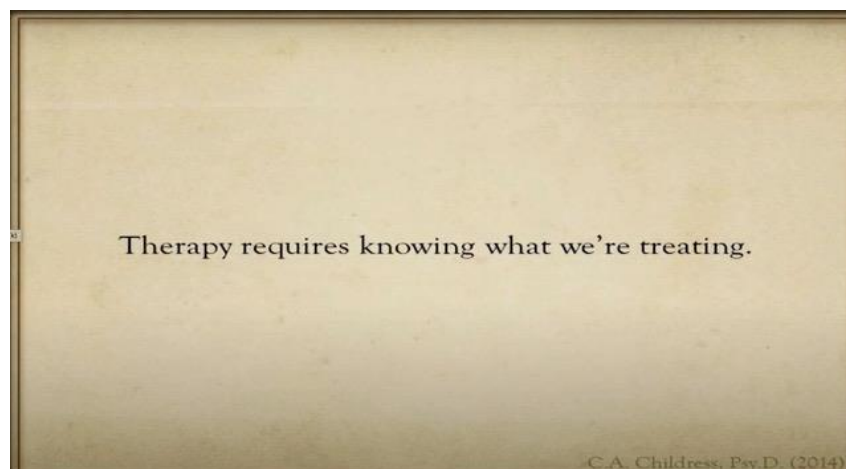


Let me talk about that for a second. The process of parental alienation represents pathogenic parenting by a narcissistic borderline parent that is inducing significant developmental

pathology, the suppression of the attachment system, personality pathology, narcissistic and borderline personality traits in the child, and psychiatric pathology, a delusional belief in the child that's resulting in their loss of a relationship with the parent in the loss of an affectionally bonded relationship with a normal range and affectionately available parent.

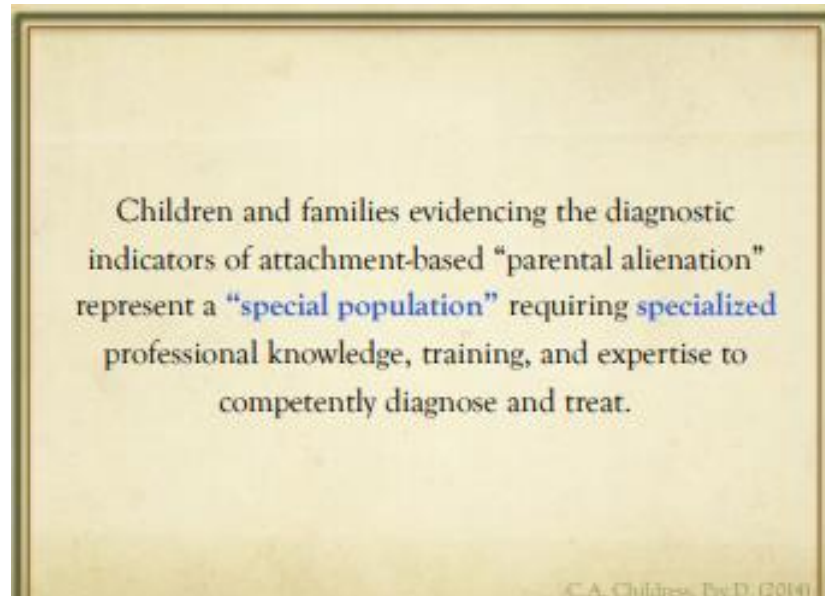


That when you have parenting practices that are inducing that degree of pathology in the child, that attachment-based parental alienation ceases to be a child custody issue and becomes a child protection issue. That we have personality disorder symptoms beginning to emerge in the child, a delusional belief system where they're losing a relationship with a normal range and affectionally available parent, and the suppression of their attachment system that's going to mess up not only their life, but potentially the lives of their child and their spouse, and the attachment system's going to mess up a number of different relationships in their life, that's a child protection issue.



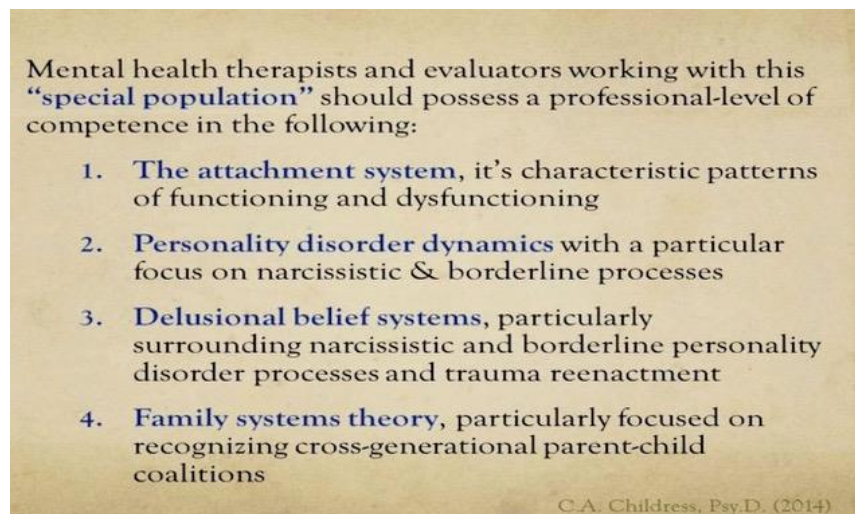
Moving to therapy, that therapy requires that we know what we're treating, and that's one of the major problems out there right now, is people don't know what they're treating with this. They

don't know it's a psychotic disorder. They don't know it's a personality process, or that it's a transgenerational transmission of attachment trauma.



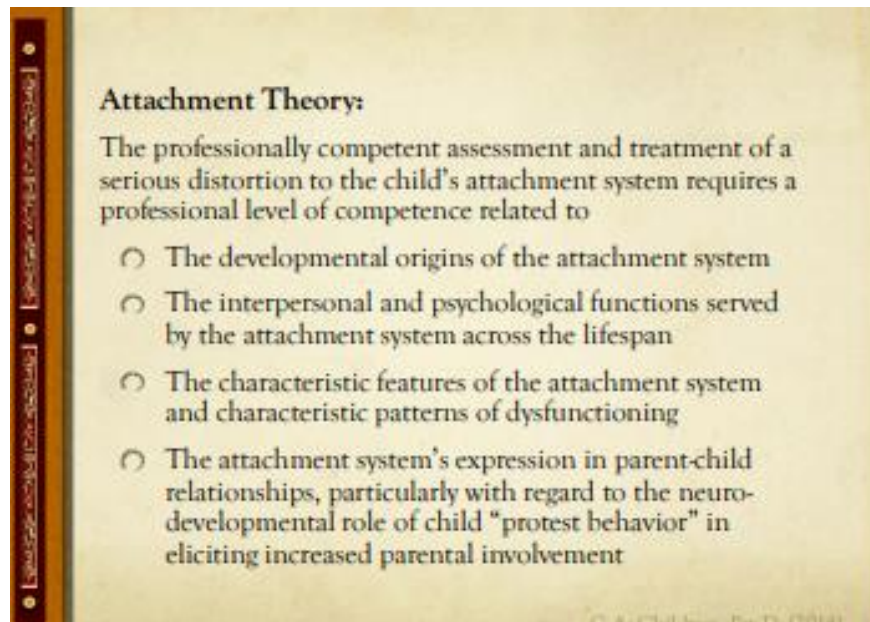
That children and families evidencing the diagnostic indicators of attachment-based parental alienation represent a special population requiring specialized professional knowledge, training, and expertise to competently diagnose and treat.

That mental health therapists and evaluators working with this special population of children and families should possess a professional level of competence in the following areas, the attachment system. It's characteristic patterns of function and dysfunctioning. Personality disorder dynamics, with a particular focus on narcissistic and borderline personality processes.



Delusional belief systems, particularly surrounding narcissistic and borderline personality disorder processes and trauma reenactment, and family system theory focused on recognizing cross-generational parent-child coalitions. Let me take that a little bit deeper. With the

attachment theory, to be professionally competent working with this special population, the therapists and child custody evaluators, anybody working with this group of kids and families, should have the professionally competent assessment and treatment to the child's attachment system requires a knowledge of the developmental origins of the attachment system, the interpersonal and psychological functions served by the attachment system across the lifespan.



People tend to think of attachments only relevant to childhood, no it's not. It mediates relationships across the lifespan. Characteristics features of the attachment system and the characteristic patterns of dysfunctioning, so that child's bonding to the supposedly favored parent is not a sign of secure attachment, that's actually a sign of insecure attachment. We need to understand these sort of things if you're going to work with the attachment system, and the attachment system expression in parent-child relationships, particularly with regard to the neurodevelopmental role of protest behavior.

Protest behavior is designed to elicit greater parental involvement, and there's reasons for that. The child acting up is designed to elicit parental involvement. Here we have a child acting out to detach, to sever parental involvement, that's not normal, that's not how the brain works.

Personality Disorder Dynamics

1. Professional familiarity with the clinical display of narcissistic and borderline personality dynamics (Beck, et al., 2004; Kernberg, 1975; Linehan, 1993; Millon, 2011), including the expression of these personality dynamics in family relationships, and the features of co-narcissistic behavioral displays in children (e.g., Rappoport, 2005)
2. The decompensation of narcissistic/borderline personality dynamics into delusional beliefs under stress
3. The “invalidating environment” associated with borderline personality disorder processes and its impact on the parent-child relationships

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With regard to personality disorder dynamics, professional familiarity with the clinical display of narcissistic and personality dynamics. Such as Beck and his colleagues, Kernberg, Linehan, Millon, including the expression of these personality dynamics in family relationships, and the features of co-narcissistic behavioral displays in children. Rappoport has an article about that, the co-narcissistic and what that child looks like. The decompensation of narcissistic and borderline personality dynamics into delusional beliefs systems under stress, and the invalidating environment, as discussed by Linehan, relative to the borderline process.

Delusional Processes:

- Competent professional practice with this special population requires a professional understanding for the formation of delusional belief systems, particularly those associated with the psychological decompensation of narcissistic and borderline personality organization,
- Including the interpersonal relationship and communication processes by which these false beliefs can be transferred to a child within a parent-child relationship
- (e.g., parent-child enmeshment, parental emotional signaling, selective and differential parental attunement and misattunement to child communications and self-experience, and children's predisposition to socially reference parents for meaning, particularly in ambiguous situations and situations in which the parent is communicating the presence of a threat or danger).

At the delusional level, competent professional practice with this special population requires a professional understanding for the formation of delusional belief systems, particularly those associated with the psychological decompensation of narcissistic and borderline personality

organization. Including the interpersonal relationship and communication processes by which these false beliefs can be transferred to a child within a parent-child relationship.

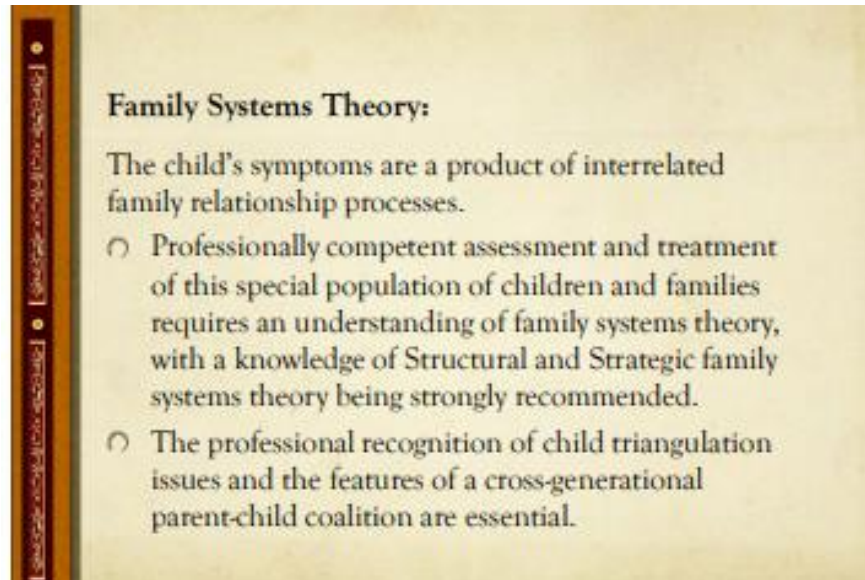
Things like parent-child enmeshment, parental emotional signaling, selective and differential parental attunement and misattunement to the children's behavior and to their inner experience, as well as children's previous position to socially reference parents for meaning, particularly in ambivalent situations, or in situations where there's a parent signaling there's a threat or a danger.

Understanding child development, and how the children work in that parent-child relationship works is critical. Now, on this issue of attunement and misattunement, let me just explain those words for a second, comes out of early childhood stuff. If a child is hungry, and the parent feeds the child, that's an attuned response.

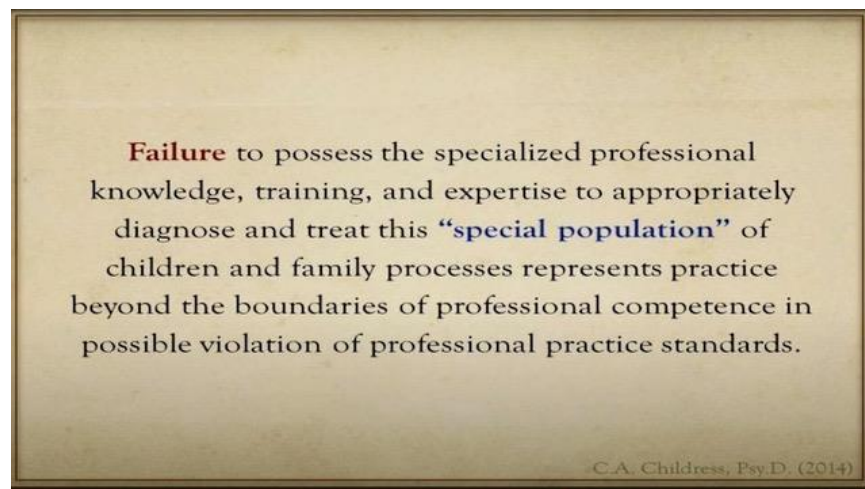
If the child has a messy diaper, and the parent comes changes the diaper, that's an attuned response. If the child is hungry, and the parent changes the diaper, that's a misattuned response. If the child has a messy diaper, and the parent feeds the child, that's a misattuned response. It's not a behavior per se, it's how synchronous and aligned that parental behavior is with the child's experience. It's like if you think of waveforms if the parent is attuned to the child that amplifies the wave because their troughing and peaking on the same rhythm.

If the child and parent are misattuned, that dampens the child's inner experience, because the parents peaking and the child's troughing, or the child's peaking and the parents ... and so the child's misattuned responses suppress the child's inner experience, attuned responses amplify it. That's how the alienating parent, when the child says, "How was the time with your dad?" And the kids says, "Oh great, wonderful," and the parent goes, "Oh," and gets all dejected, that's a misattuned response to the child's happiness, which will then suppress the child's experience of happiness.

When the child says, "Oh, it was kind of boring," and they go, "Really, it was so boring," that's An attuned response to the child's criticism, which will amplify the child's criticism. That's how this process is transmitted. It's not through just overtly bad-mouthing the other parent, and if you're going to work with this special population, you have to understand how this stuff works.



Family systems theory, that professionally competent assessment and treatment of this special population requires a knowledge of family systems theory because you're dealing with family systems. Structural and strategic family systems are highly recommended and particularly focused on this issue of the cross generational coalition. The child's triangulation and cross-generational coalition.



Failure to possess this specialized professional knowledge, training, and expertise to appropriately diagnose and treat this special population of children and family processes represents practice beyond the boundaries of professional competence in possible violation of professional practice standards.

Ethical Principles of Psychologists and Code of
Conduct of the American Psychological Association
(2002)

Standard 2.02 Boundaries of Competence

- “Psychologists provide services, teach and conduct research with populations and in areas **only within the boundaries of their competence**, based on their education, training, supervised experience, consultation, study or professional experience.”

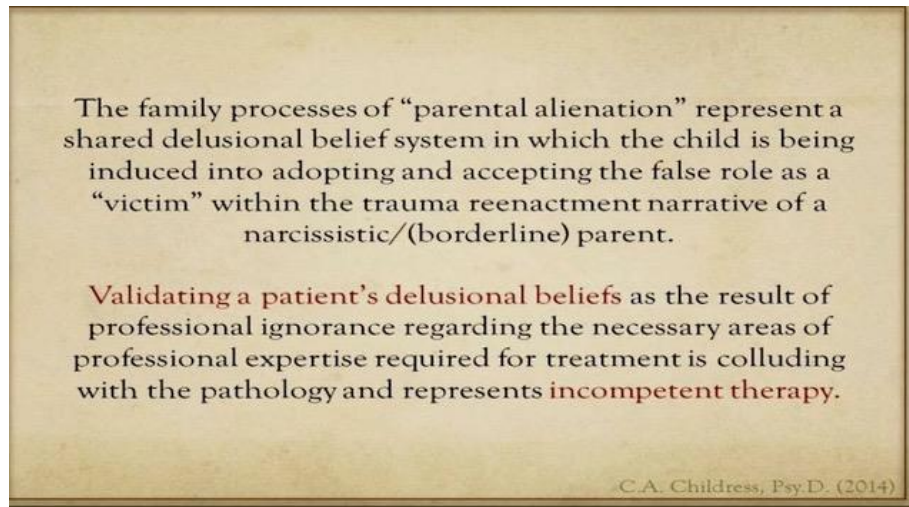
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Ethical standards for psychologists Standard 2.02, "Psychologists provide services, teach and conduct research with populations and in areas only within their boundaries of competence, based on their education, training, supervised experience, consultation, study or professional experience."

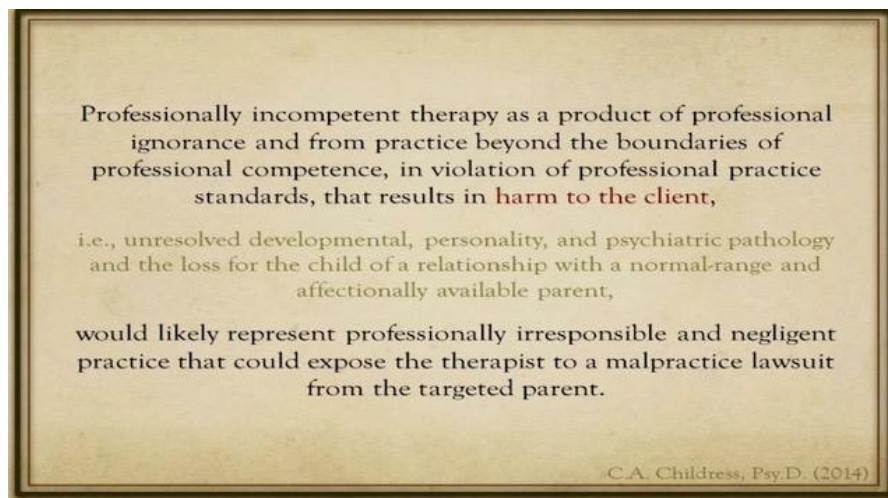
Humanistic child therapy that focuses on
“validating the child’s feelings”
is absolutely the
WRONG THING TO DO

C.A. Childress, Psy.D. (2014)

Humanistic child therapy that focuses on validating the child's feelings is absolutely the wrong thing to do.



The family processes of parental alienation represent a shared delusional belief in which the child is being induced into adopting and accepting the false role as a victim within the trauma reenactment narrative of the narcissistic borderline parent. Validating a patient's delusional beliefs as a result of professional ignorance regarding the necessary areas of professional expertise required for treatment is colluding with the pathology and represents incompetent therapy.

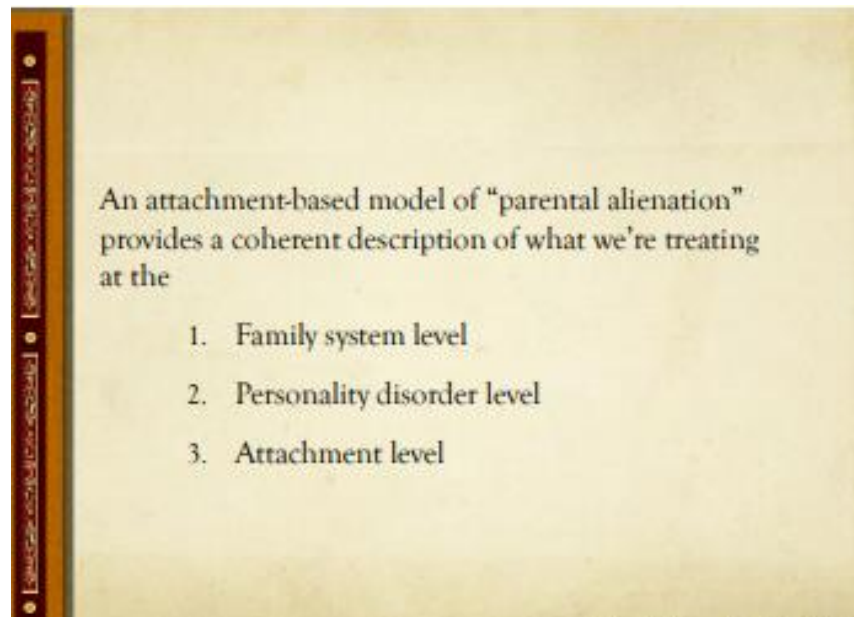


Professionally incompetent therapy as a product of professional ignorance, and from practice beyond the boundaries of professional competence, in violation of professional practice standards, that results in harm to the client, the unresolved developmental, personality, and psychiatric pathology and the loss for the child of a relationship with a normal range and affectionally available parent would likely represent irresponsible and negligent practice that could expose the therapist to a malpractice lawsuit from the targeted parent.

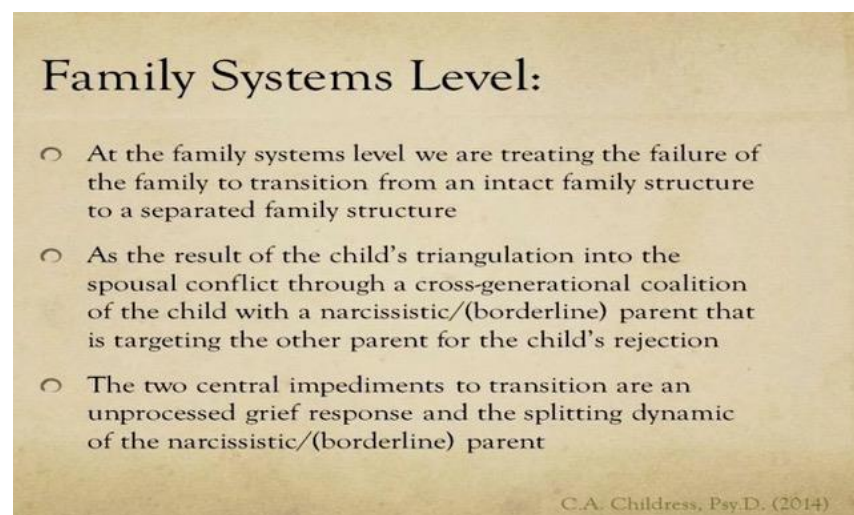
You're not allowed to treat stuff that you don't know what you're doing. If a patient has cancer, and a podiatrist diagnoses and begins treating the cancer with blood pressure medication, and

the patient dies, that would be considered malpractice. We need to begin to develop professional competence in treating this domain of parent and family issues.

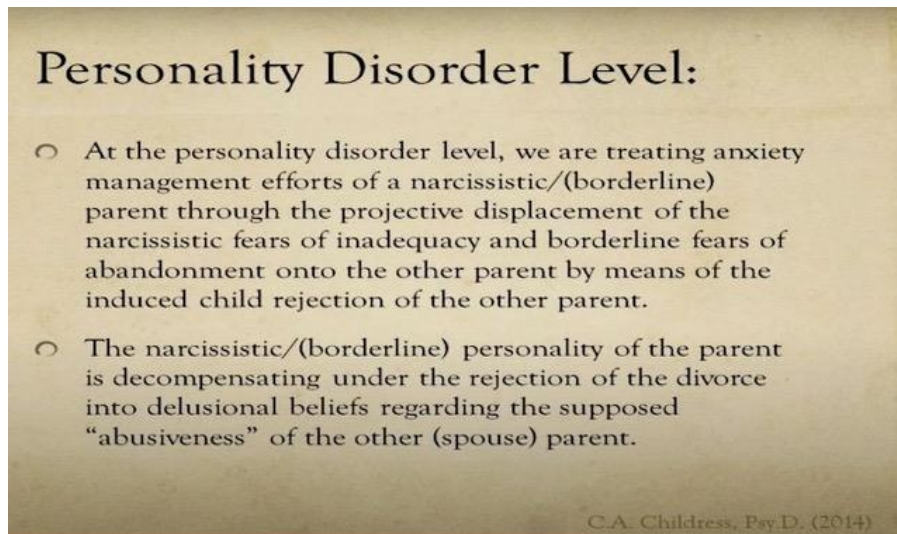
Therapy requires knowing what we're treating. Children and families evidencing the clinical and diagnostic indicators of attachment-based parental alienation represent a special population requiring specialized professional knowledge and expertise to competently diagnose and treat. Let's talk about therapy from an attachment-based model.



An attachment-based model of parental alienation provides a coherent description of what we're treating at the family systems level, at the personality disorder level, and the attachment level.



At the family systems level, we're treating the child's triangulation into a cross-generational coalition with a narcissistic borderline parent that is against the other parent, and the two impediments to the transition are an unprocessed grief response and the splitting dynamic of the narcissistic borderline parent, and I discussed those in the previous series, in the previous lecture.

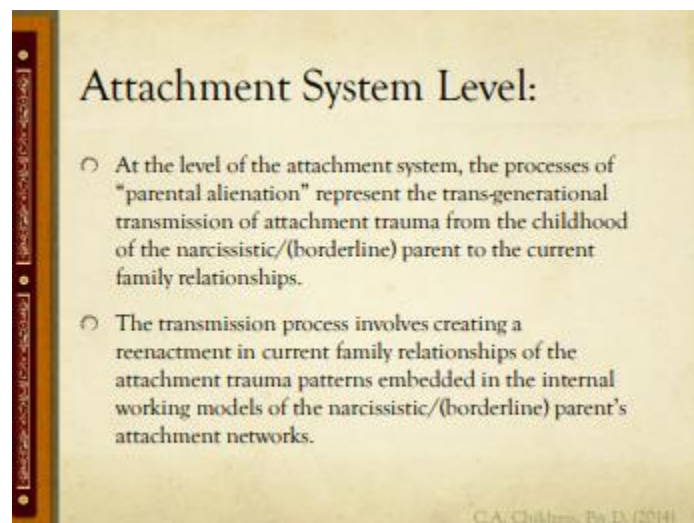


Personality Disorder Level:

- At the personality disorder level, we are treating anxiety management efforts of a narcissistic/(borderline) parent through the projective displacement of the narcissistic fears of inadequacy and borderline fears of abandonment onto the other parent by means of the induced child rejection of the other parent.
- The narcissistic/(borderline) personality of the parent is decompensating under the rejection of the divorce into delusional beliefs regarding the supposed "abusiveness" of the other (spouse) parent.

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At the personality disorder level, we're treating anxiety management efforts of a narcissistic borderline parent through the projective displacement of the narcissistic fears of inadequacy and borderline fears of fears of abandonment onto the other parent by means of the child's induced rejection of the other parent. The narcissistic borderline parent is decompensating under the rejection of the divorce into delusional beliefs regarding the supposed abusiveness of the other parent.



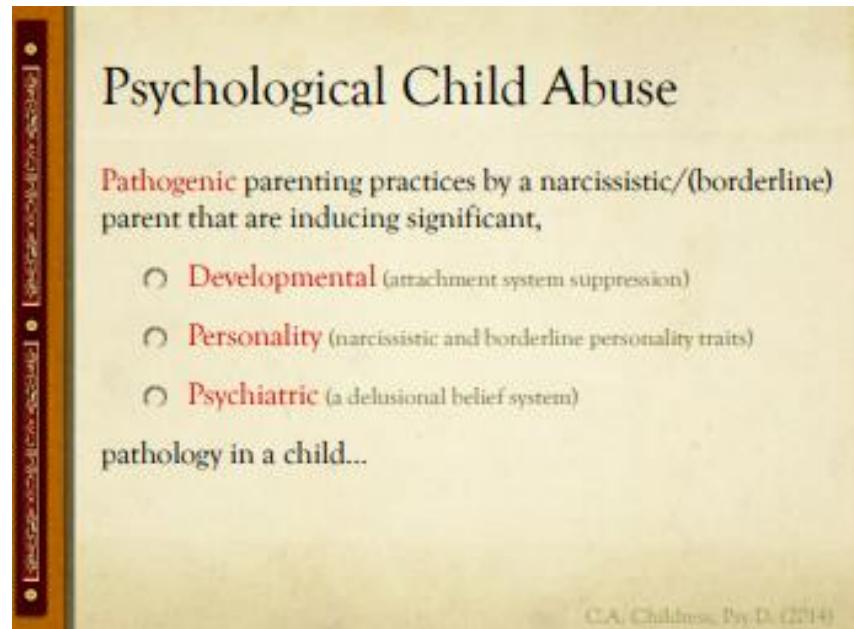
Attachment System Level:

- At the level of the attachment system, the processes of "parental alienation" represent the trans-generational transmission of attachment trauma from the childhood of the narcissistic/(borderline) parent to the current family relationships.
- The transmission process involves creating a reenactment in current family relationships of the attachment trauma patterns embedded in the internal working models of the narcissistic/(borderline) parent's attachment networks.

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At the level of the attachment system, it represents the transgenerational transmission of attachment trauma from the childhood of the narcissistic/borderline parent to the current family relationships.

The transmission process involves creating a reenactment in current family relationships of the childhood trauma embedded in the internal working models of the alienating parent's attachment system.



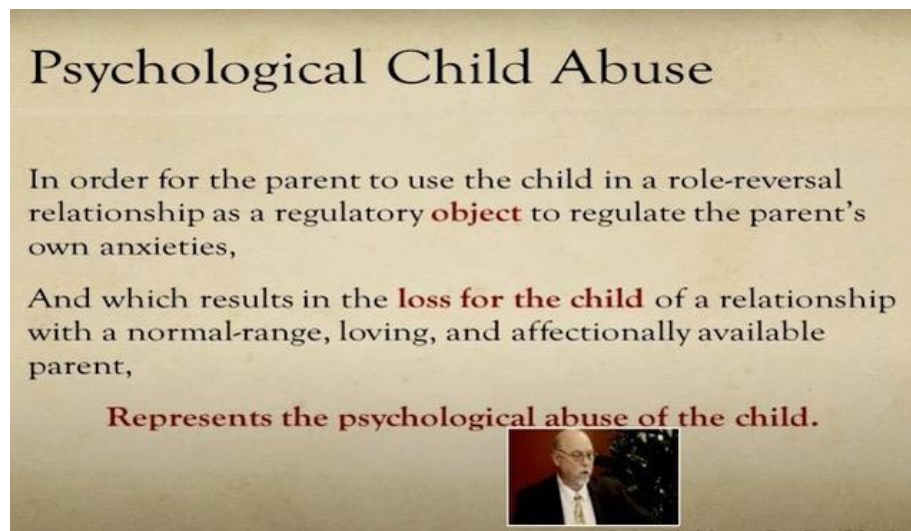
Psychological Child Abuse

Pathogenic parenting practices by a narcissistic/(borderline) parent that are inducing significant,

- **Developmental** (attachment system suppression)
- **Personality** (narcissistic and borderline personality traits)
- **Psychiatric** (a delusional belief system)

pathology in a child...

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Psychological Child Abuse

In order for the parent to use the child in a role-reversal relationship as a regulatory **object** to regulate the parent's own anxieties,

And which results in the **loss for the child** of a relationship with a normal-range, loving, and affectionally available parent,

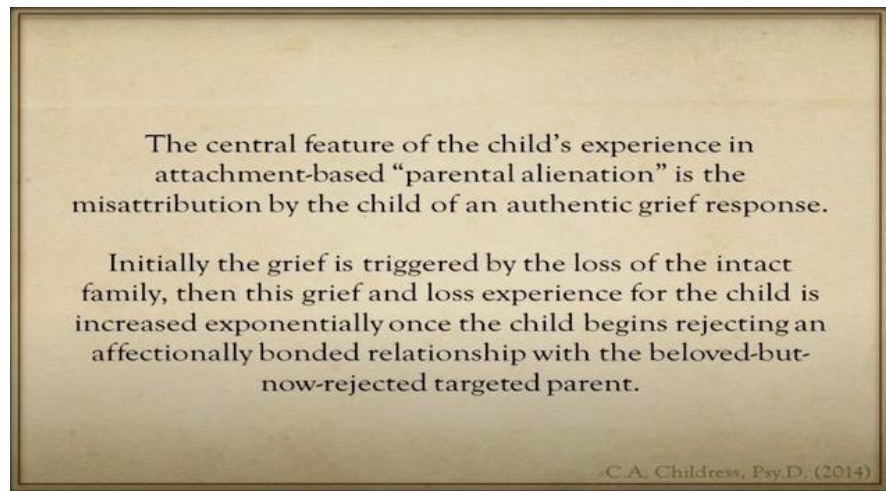
Represents the psychological abuse of the child.



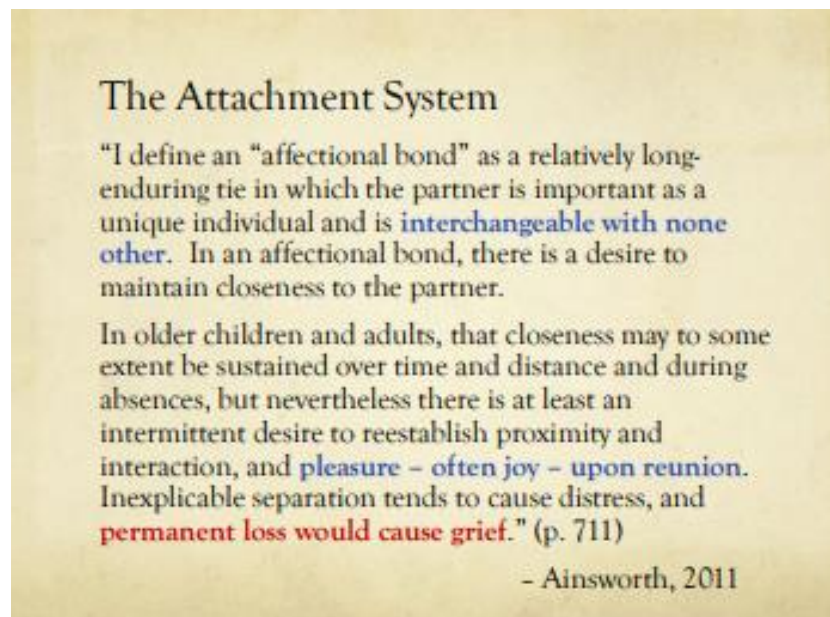
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Pathogenic parenting practices by a narcissistic/borderline parent that are inducing significant developmental, personality, and psychiatric pathology in the child, in order for the parent to use the child in a role-reversal relationship as a regulatory object, to regulate the parent's own anxieties, and in which results in the loss for the child of a relationship with a normal range,

loving, and affectionally available parent, represents the psychological abuse of the child. Therapy, central to the understanding therapy is the misattribution of grief.

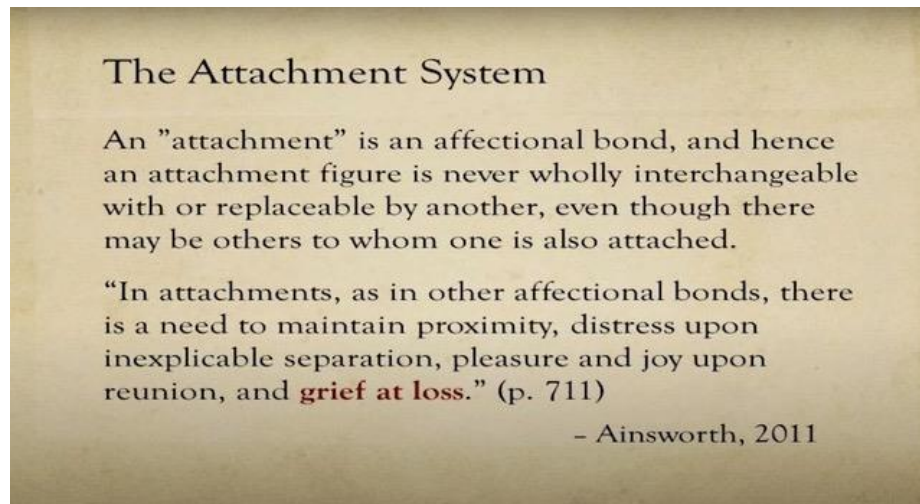


The central feature of the child's experience in attachment-based parental alienation is the misattribution by the child of an authentic grief response. Initially, this grief is triggered by the loss of the intact family, but then this grief and loss experience for the child is increased exponentially once the child begins rejecting an affectionally bonded relationship with the beloved but now rejected targeted parent.



The attachment system, described by Mary Ainsworth here, "I define an affectional bond as a relatively long-enduring tie in which the partner is important as a unique individual, and is interchangeable with none other. In an affectional bond, there is a desire to maintain closeness to the partner. In older children and adults," notice she talks older children and adults.

The attachment system is relevant across the lifespan. "In older children and adults, that closeness may come to some extent or may to some extent be sustained over time and distance and during absences, but nevertheless there is at least an intermittent desire to establish proximity and interaction, and pleasure often joy upon reunion. Inexplicable separation tends to cause distress, and permanent loss would cause grief."



An attachment is an affectional bond, and hence an attachment figure is never wholly interchangeable with or replaceable by another, even though there may be others to whom one is also attached. "In attachments, as in other affectional bonds, there is a need to maintain proximity, distress upon inexplicable separation, pleasure and joy upon reunion, and grief at loss."

In parental alienation where's the child's grief response at losing the targeted parent? It's not there. The child shows no grief response, but the attachment system is going to produce a grief response. The attachment system's like the hunger system, it's a primary motivational system. If you don't eat you're going to get hungry. If you break a parent-child bond, you're going to have grief. Where's the child's grief response? That's the critical question, and that's where therapy needs to focus because once we get that grief response everything's going to be resolved.

Narcissistic Processing of Sadness

“They [narcissists] are especially deficient in genuine feelings of sadness and mournful longing; **their incapacity for experiencing depressive reactions is a basic feature of their personalities.**”

When abandoned or disappointed by other people they may show what on the surface looks like depression, but which on further examination emerges as **anger and resentment, loaded with revengeful wishes**, rather than real sadness for the loss of a person whom they appreciated.”

– Kernberg, 1975

Kernberg talks about narcissistic processing of sadness. "They, narcissists, are especially deficient in genuine feelings of sadness and mournful longing. Their incapacity for experiencing depressive reactions is a basic feature of their personalities." Narcissistic borderline personalities don't experience that sadness. "When abandoned or disappointed by other people they may show what on the surface looks like depression, but which on further examination emerges as anger and resentment, loaded with revengeful wishes, rather than real sadness for the loss of a person whom they appreciated."

Misattribution of Grief

- Under the distorting influence of the narcissistic/(borderline) parent, who interprets sadness as **“anger and resentment, loaded with revengeful wishes,”** the child is led into a similar misinterpretation as the narcissistic/(borderline) parent regarding the child’s authentic feelings of sadness, loss, and grief as **“anger and resentment, loaded with revengeful wishes”** directed toward the targeted parent.

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Under the distorting influence of the narcissistic borderline parent, who interprets sadness as anger and resentment, loaded with revengeful wishes, the child is led into a similar misinterpretation as the narcissistic borderline parent, regarding the child's authentic feelings of sadness, loss, and grief, as being anger and resentment, loaded with revengeful wishes against the other parent.

The child's unprocessed sadness and grief

The child misinterprets an authentic grief response as something bad the targeted parent is doing to cause the child's sadness (i.e., we hurt when people do bad things to us).

- When the child is **with the targeted parent** the child's attachment system motivates the child toward bonding, but since the child is not bonding this produces an **intensified grief response**
- When the child is **away from the targeted parent** the attachment system toward the targeted parent is less active, so there is less grief and **the child hurts less**

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That the child misinterprets an authentic grief response as something bad the targeted parent is doing to cause the child's sadness because we hurt when people do bad things to us.

When the child is with the targeted parent, the child's attachment system motivates them to bond to the parent, but they're not bonding to the parent so they feel a greater grief response, and they hurt more. When the child is away from the targeted parent, over with the alienating parent, the targeted parent isn't there, their attachment system quiets down for bonding, so they have less grief response, they hurt less. I'm with the parent, I hurt more. I'm away from the parent, I hurt less. It must be something about that parent that's bad because I can feel it for myself. I can feel, and under the influence of the narcissistic parent who's telling the child there's something bad about that parent, the child comes to believe that. No, it's not true, that's not true.

The reason you hurt with this parent is because you love them. You want a hug, you want to bond with them, that's why ... and you're not allowing yourself to do that, that's why it hurts.

The child has acquired a misattribution of the grief response under the distorting influence. All therapy is helping the child recognize what's going on. No, that parent's fine, you just need to love the ... and the moment the child bonds to the parent their sadness and grief goes away, and the child goes, "Oh is that what it was? Oh, silly me, okay." Now we got a healthy family.

It's not all that complicated to treat, we just need to rebalance the child out of the distortions of the narcissistic borderline parent. Under the distorting influence of the narcissistic borderline parent, the child interprets this rise and fall in hurting as evidence that it's actually the other parent because I hurt more with you, and I hurt less without you.

Now, this is the origins of what Gardner called the independent thinker phenomenon. That the child actually believes that no it's me, I know it's not my dad who's influencing me, I actually believe this, because the child has authentic, what the child believes is evidence of the bad parenting. No, no, no, it's actually because of the misattributed grief response. Once we

understand this within established psychological principles, I can then explain the independent thinker phenomenon as what it actually is, a misattributed grief response, and then we know how to treat it and what to do about it. The central feature in therapy is helping the child acquire an accurate attribution for their feelings of hurt relative to the targeted-rejected parent.

Phases of Therapy:

Treatment of this "special population" of children and families involves four component phases

- Rescue of the Child - Protective Separation
- Recovery of the Child's Self-Authenticity
- Restoration of the Parent-Child Relationship
- Reintroduction of the Pathogenic Parent

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Phases of therapy, what we would call reunification therapy, there's basically four different phases that we want to go through.

The first is the rescue of the child, a protective separation from the pathology of a narcissistic borderline parent during the active phase of treatment. Once we get treatment resolved we reestablish that. Then we recover the child's authenticity, we recover the parent-child relationship, and then we reintroduce the pathology of a narcissistic borderline parent.

Rescue of the Child - Protective Separation

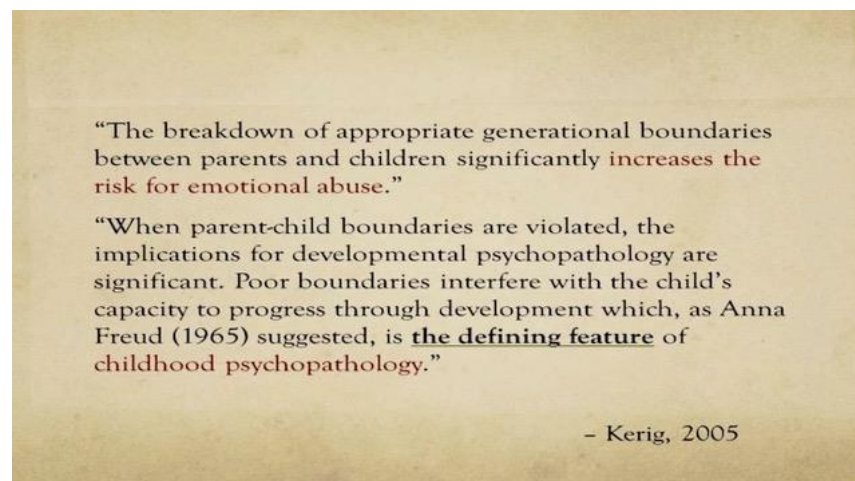
Professional responsibilities **require** that the child be protectively separated from the pathogenic parenting practices of the narcissistic/(borderline) parent during the active phase of treatment:

1. An appropriate professional response to the existence of psychological/developmental child abuse
2. To protect the child from emotional, psychological, and developmental harm **during the active phase** of the child's treatment and recovery

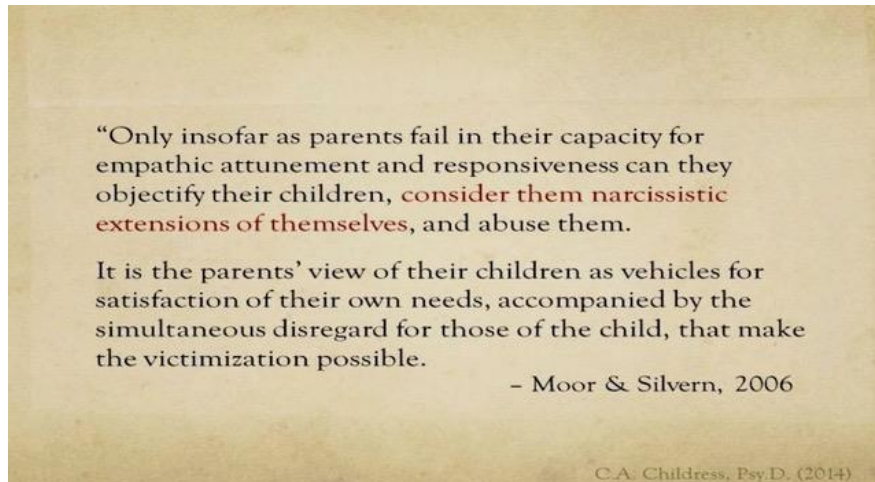
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The protective separation, professional responsibilities require that the child be protectively separated from the pathogenic parenting practices of the narcissistic borderline parent during the active phase of treatment. First, because it's an appropriate professional response to the existence of psychological developmental child abuse, in which we should take a protective response. Second, it's to protect the child from emotional, psychological, and developmental harm during the active phase of therapy of the child's treatment and recovery.

Initiating therapy with children in this special population without first acquiring the child's protective separation from the ongoing pathogenic parenting of the narcissistic borderline parent, places the child at risk of harm from two sources. First, from the ongoing psychological abuse of the narcissistic borderline parent that's inducing these symptoms in the child, but also during therapy, if I'm trying to restore the child's normal range balanced functioning, and the narcissistic borderline parent is trying to keep the child pathological, we're going to be forcing the child, and we're going to rip the child apart psychologically. In order to change the child, I need to remove the pathogenic influence of the parent. That will then allow me to restore the child's balanced functioning, and then I restore the parent.

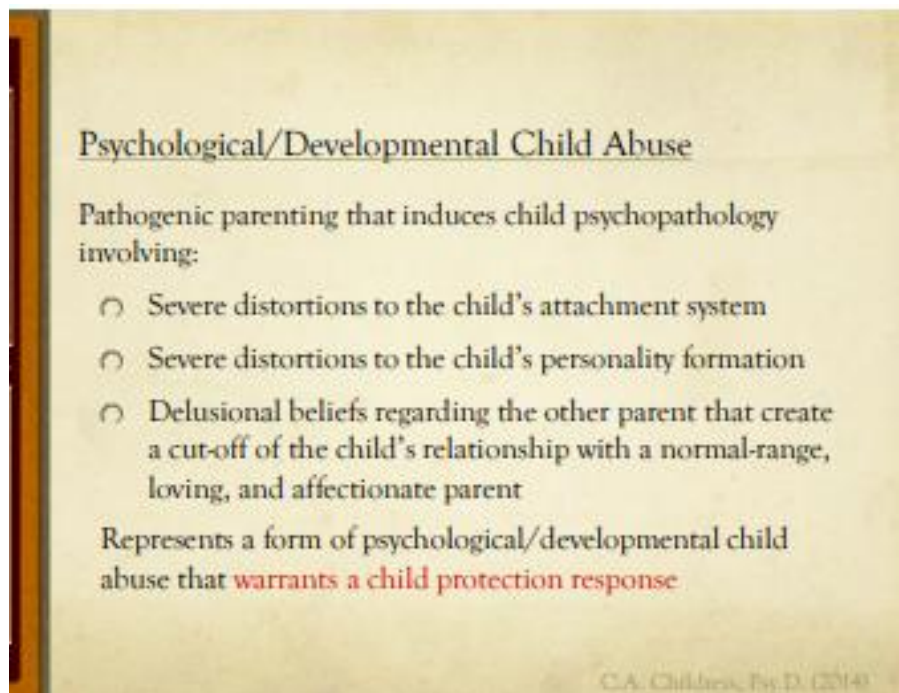


"The breakdown of appropriate generational boundaries between parents and children significantly increases the risk for emotional abuse," this is Kerig. "When parent-child boundaries are violated, the implications for developmental psychopathology are significant. Poor boundaries interfere with the child's capacity for progress through development which Anna Freud suggested, is the defining feature of child psychopathology."



Only Moor and Silvern talk about narcissistic use of the child. "Only insofar as parents fail in their capacity for empathic attunement in responsiveness can they objectify their children, consider them narcissistic extensions of themselves, and abuse them.

It is the parents' view of their children as vehicles for satisfaction of their own needs, accompanied by the simultaneously disregard for those of the child, that makes the victimization possible." The issues, parental alienation are not child custody and visitation, they're child protection.



The pathogenic parenting that's inducing severe distortions to the child's attachment system, personality formation, and a delusional belief system, where the child is losing a relationship

with a loving and affectionate parent, represents a form of psychological development child abuse that warrants a child protection response.

The presence in the child's symptom display of the three characteristic diagnostic indicators of attachment-based "parental alienation" shifts the issue from child custody and visitation to child protection considerations.

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That, and so the presence in the child symptom display of the three diagnostic indicators shifts it from child custody and visitation over to a child protection issue. We want to protect the child from being turned into a psychological battleground.

Rescue of the Child – Protective Separation

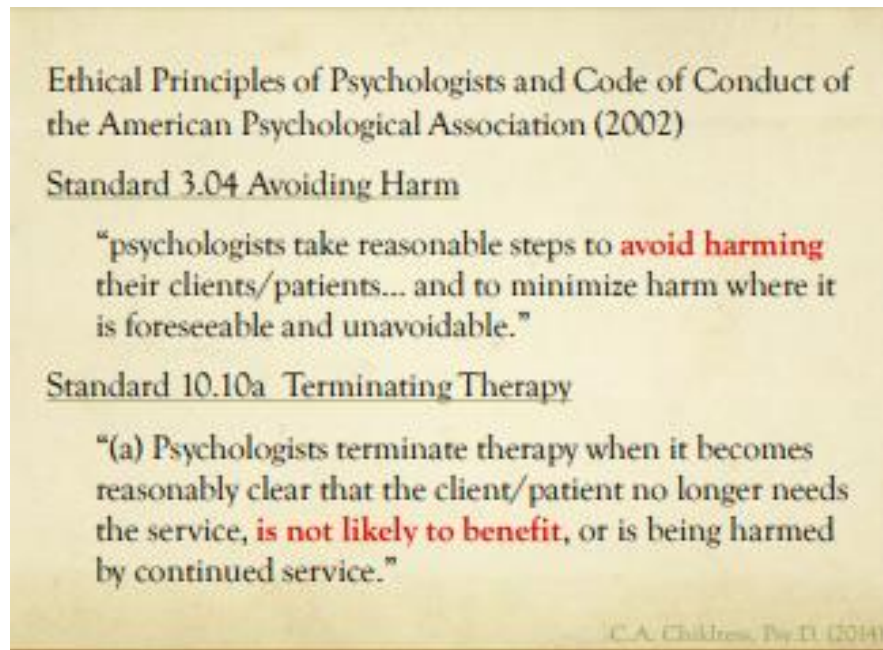
Psychological Battleground

- It is **psychologically imperative** to the functioning of the narcissistic/(borderline) parent that the child **remain symptomatically rejecting** of a relationship with the other, normal-range parent.
- The narcissistic/(borderline) parent will therefore actively resist, and influence the child to resist, the goals and interventions of therapy designed to restore a normal-range parent-child relationship with the other parent.

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Between our efforts to restore the child, and the efforts of the narcissistic parents to continue the child's pathology. The narcissistic parent will actively resist therapy, because the child is serving as a regulatory object for them, and so it's not us who's turning the child into a battleground, it's the efforts of the narcissistic borderline parent to keep the parent pathological that is resulting in

the destruction of the child. Turning the child into a psychological battleground runs a considerable risk of harming the child emotionally psychologically, and developmentally.



Standard 3.04 of the American Psychological Association Ethics Code says, "Psychologists take reasonable steps to avoid harming their clients and patients, and to minimize harm where it is foreseeable and unavoidable."

Standard 10.10 on terminating therapy, "Psychologists terminate therapy when it becomes reasonably clear that the child client-patient no longer needs the service, is not likely to benefit, or is being harmed by continued service." Requiring protective separation of the child from the ongoing pathogenic parenting practices of the narcissistic borderline parent during the active phase of treatment meets the professional obligation to minimize harm where it is foreseeable and unavoidable. Without protectively separating the child first, and trying to conduct therapy, will either expose the child to psychological, emotional, and developmental harm by turning the child into a psychological battleground as a result of the continuing pathogenic influence of a narcissistic borderline parent, in possible violation of Standards 3.04 and 10.10.

No Protective Separation

If therapy is initiated **without** first acquiring the protective separation of the child from the ongoing pathogenic parental influence of the narcissistic/(borderline) parent, therapy will either,

1. Expose the child to psychological, emotional, and developmental harm by turning the child into a **psychological battleground** as a result of the continuing pathogenic influence of the narcissistic/(borderline) parent, in possible violation of Standards 3.04 and 10.10a
2. Or avoid turning the child into a psychological battleground by **remaining ineffective**, which would then require termination of therapy under Standard 10.10a

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Or, avoid turning the child into a psychological battleground by remaining ineffective, which would then require termination of therapy under Standard 10.10a. The therapy itself, once we get the protective separation, we recover the child's authenticity. This involves processing that grief and sadness.

Helping the child re-bond to the parent, and learn that, oh that's what it was, it was grief and sadness. I would attune to the child's expressions of bonding, and I would misattune to all the narcissistic symptoms, all the pathology that the parent's a bad parent.

Recovering Child Self-Authenticity:

1. **Process Grief & Sadness:** provide the child with accurate attributions regarding the child's sadness surrounding the loss of the intact family and the loss of the affectional bond with the targeted-rejected parent
2. **Restore Empathy:** encourage and support the child's expressions of normal-range empathy
3. **Challenge Psychopathology:** misattuned therapist responses to child expressions of narcissistic and delusional symptoms
4. **Support Authenticity:** attuned therapist responses to authentic parent-child "breach-and-repair" sequences

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No, they're not, they're fine. We want to restore the child's empathy okay. That's a critical feature, that's a very concerning symptom. The absence of empathy has been associated with

the capacity for human cruelty, and so it's critical to the child's healthy development that we restore that child's empathy for the targeted-rejected parent. In my own therapy, I talked about issues of values, issues of compassion, those sorts of things.

As you talk about those things, or you bring up issues about compassion and empathy, I'll sometimes use quotes from the Dalai Lama or from other people, what I'm doing is I'm bringing these emotions through cognitive mediation. I'm decreasing the emotional intensity of their angry, and bringing up the cognitive mediation, and talking to the child about who do you want to be as a person. You don't want to be this angry and hostile, no you want to be a kind person, and so helping them recover that empathy. Challenge their psychopathology, so when they're judging of the parent from this top-down position, or a sense of entitlement, or the haughty and arrogant attitude, all those narcissistic symptoms I want to misattune to those, and when I get normal kid, I attune to that.

Which leads to the final point here, which is supporting the child's authenticity. Normal kids are annoying sometimes. Normal kids don't pick up their rooms. Normal kids don't follow parental instructions. I don't want simply to recover a child who's obedient to the narcissistic parent, and now they're obedient to us. I don't want to replace one overlord with the other. I want a healthy kid, and so when I hear normal range healthy parent-child conflict, I'm going to take the kid's voice and say, "You know what, the kid doesn't want to clean their room." As long as the child is talking up to the parent, rather than talking down to the parent, I will take the voice and bring it to the parent, because that's appropriate.

It's an adult talking to an adult. I don't have a child judging a parent, and then the child can hear me bring their issues to their parent in a mature and responsible way, and then the parent responds, and I dialog with them, and then I'll turn back to the child and talk about what the parent brought up. I'll begin to help this family develop normal range conflict resolution that doesn't involve all this pathological judging and rejecting, and all this other stuff. It's restoring the authenticity of the family relationships that have been distorted by the narcissistic borderline parent.

Restoring the Parent-Child Relationship

1. **Restore Attachment Bonding Motivations:** therapist revalidation of the targeted parent as a nurturing and protective parent. Simultaneously invalidate the child's false assertions and beliefs that the parenting of the targeted parent is inadequate and "abusive."

Restoring the targeted parent as a nurturing and protective parent allows the child's natural attachment bonding motivations toward the targeted parent to become active and achieve completion, thereby resolving the child's grief response at the loss of an attached relationship with the targeted parent.

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Restoring the relationship with the targeted parent, in this, I want to revalidate the targeted-rejected parent as a nurturing protective parent. When the child says they're abusive, I say, "No they're not, no that's normal range parent." "They took my iPhone away." "Well, you were being a little jerk. You were giving them attitude. Parents do that all the time, that's not abusive parenting," and in doing that, in misattuning with their haughty and arrogant judgments that they deserve to be ... All those distortions are coming from the narcissistic parent, I misattune to those and I say, "No, they're normal range. They love you very much.

They just care about you," and I highlight that. The moment I revalidate them as a protective parent the child's attachment system turns on again because they're no longer the predator, they're no longer the threat. The moment I say they're normal range parent, the attachment system goes on, and then all I have to do is just give a little boost to say, "Love them," boom, "Love them," the child's grief response goes away, and the child goes, "Oh, is that what this was all about?" I go, "Yeah," okay, and then we move into the final phase once that takes place, which is to reintroduce the pathogenic parent. Kids love both parents, even the narcissistic borderline parent, kids love them.

Reintroduction of the Pathogenic Parent

1. **Reintroduce Pathogenic Parent:** Once the child's symptomatic rejection of the targeted parent has been resolved, the protective separation can be ended and the pathogenic parenting practices of the narcissistic/(borderline) parent can be reintroduced.
2. **Therapeutic Monitoring:** The child's symptoms should be closely monitored during the reintroduction of the pathogenic parent for signs of relapse
3. **Treating Relapse:** If child symptoms reemerge another round of protective separation or supervised visitation may be necessary

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In fact, the kid loves them so much they're willing to almost sacrifice themselves because they realize that parent needs them. They're willing to submit to being a role reversal, a narcissistic object to that parent, because they love them so much, so we introduce that parent. Now, I do need to make a few adjustments to make sure the other parent doesn't distort them back into their pathology, but a few little tweaks and stuff about how to cope with that parent's stuff. What do you do when the parent wants you to criticize the targeted parent, and how do you manage that.

A little coping skills on that. I think of it this way, is the attachment system, the brain is like a computer, and the attachment system is like a software program like Microsoft Word that's being downloaded from the more mature nervous system of the parent to the child's nervous system.

We have a computer download of a software program, the attachment system. The problem is that in the parent's attachment system there are some corrupt files with some bad code in them, that are crashing the child's attachment system when they get downloaded.

Essentially with therapy is we're like Norton Antivirus or McAfee, we're going into those corrupt files of the child's attachment system, doing a little cleansing, taking out a few of the corrupt codes, and then the child's attachment system starts to operate again, and now we're going to reintroduce the virus. Oh, we just need to put in the little virus scans and some stuff on the surface so that it doesn't re-infect the computer. There we go, that's the therapeutic process.

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My references at the end, that's me on the slides. If you want more information I have it on my website. There's information on my blog, and my email's there. Now, I don't want to scare you away from saying, "Oh, this is professional boundaries of competence and issues, and all these sorts of things," if you have watched this seminar and the other seminar, you are more knowledgeable than any other therapist out there. I don't want to ... We just simply know what we're treating, and this framework gives you the support to know what you're treating, so then you can do it well.

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Upcoming Book: *An Attachment-Based Model of Parental Alienation: Theory and Diagnosis*

If you have any questions, if you want consultation there's my email address. Drop me an email, put in your title professional consultation so it pops up on my thing. I will consult with you free of charge, for an initial consultation. You want to consult about a diagnosis or a treatment or something, just pop me an email, we'll talk a little bit. If you want to set up something longer, we'll talk about that, but initial consultation I will just absolutely be happy to consult with you on this sort of stuff.

I don't want to scare people away from treating, who know what they're doing, but people who don't know what they're doing, yeah stay away. This is very serious psychopathology, and it's hurting kids if we don't take care of them. That's me, open it up for questions here.

Speaker 3: Great, thank you so much that was fantastic. We've got probably more questions than I've ever fielded. I'll start with a few from the ... As I normally do, from the online audience, and I'll give you a chance to gather your thoughts here in person. The first question, when there are multiple children in the family, does the narcissistic borderline parent typically target one or more than one of the children, and as a follow up what are some of the factors that lead the parent to target that particular child or children amongst the others?

Dr. Craig A. Childress: They will typically target one because you notice the reenactment has three characters. Okay, and so they will fill the three characters, abusive parent, victimized child, protective parent. Typically they start with the oldest child. Now that's not always the case, and it may be variable on different families, and a mother may have issues around the male child, or father or whatever it is, and so you may see variations of that, but typically you see the older child is the one that's targeted for rejection first. They're the child that's a victimized child.

The other younger sibs are spared for the time being. Once this pathology is locked into place, then the parent and the alienating parent will grab the other kids and draw them into this, because it has to do with the splitting dynamic.

For the narcissistic borderline parent, ambiguity is impossible. It's either all good or all bad, so if you are the ex-husband, you must also become the ex-father. If you are the ex-wife, you must become the ex-mother. There's no ambiguity, and so eventually all the children will move into that role.

Tom: This question just popped up as I was going down my list here, I thought it was interesting. During protective separation does the child go with the targeted parent? Where does the child typically go?

Dr. Craig A. Childress: There's no problem with the targeted parent, of course. There's no problem with that parent, that's fine. The child will display all sorts of protest, but that's only indicative of how severe the pathology was. All that protest was under the surface, and then once we do something the child will display their grandiosity.

They will defy court orders, and run away from the parent. Court orders say you have to be over there, but I don't have to listen to court orders, that's your narcissism. I don't have to do ... and they will get very angry and display all of this, but it'll calm down. As it calms down we then open up the grief response upon to the child, everything's fine. As long as everything's fine, everything's fine.

Speaker 3: Is there potentially a risk physical, psychological, to the parent if they do not reject the targeted parent to the satisfaction of the narcissistic borderline parent?

Dr. Craig A. Childress: Is there a risk to the child if they don't reject the targeted parent to the ... Yes, it's a hostage situation, and the narcissistic angry is referred to as narcissistic rage. It's angry combined with disgust, and for a child to get that signal from a parent of disgust mixed with anger, it's very disturbing, and borderline range is just very hostile and very chaotic, and so the child living with a narcissistic borderline parent learns to read that parent and keep that parent regulated because it's survival living with that parent. If that parent needs me to make displays at visitation transfers, "No, no. Don't make me go with that parent, I don't want to," that's what I'm doing, because I have to live with this narcissistic borderline parent, and it's very dangerous. That's why, unless we can protect the child, how can I ask that child to show love for that person, unless I can protect him from the retaliation of a narcissistic borderline parent who is absolutely tied into using that child as a regulatory object? I have to be able to protect the child before I can ask the child to bond. Protective separation is essential to treatment that is in the best interest and doesn't harm the child.

Speaker 3: Another question I thought was really interesting. Have you seen cases where both parents display narcissistic borderline behavior and are almost simultaneously trying to establish a coalition with the child?

Dr. Craig A. Childress: I have not seen that, because very rarely do two narcissists marry each other. Okay, but I have seen distorted family processes where both parents are trying to get the child in the coalition and stuff, but you don't see the three diagnostic indicators in the child. You'll see a child who's messing up at school, a child who's acting out, a child who's using drugs, all these other stuff, but you don't see the three diagnostic indicators under that case.

The other thing I have seen in about twenty-five to thirty percent of people who come to me, because of my background in parental alienation, is it turns out the supposedly targeted parent is the narcissist who says, "I can't understand why the child would reject me I'm wonderful," but the parent has no empathy for the child.

The child is going, "Ow, it hurts to be in a relationship with you, because you have no empathy." "I'm the wonderful parent, what do you mean? It must be the other parent who's turning you against me because I'm so wonderful."

But again, in those cases, you do not see the three diagnostic indicators. You don't see the personality disorder traits in the child's symptom display. You don't see a suppression of the attachment system. The child still wants to bond with that parent, but they can't because that parent's a narcissist. If you know what you're looking for you see it in the targeted parent, that oh you're the narcissist aren't you? That's where it's so helpful to move away from Gardner and move into standard psychological processes.

Speaker 3: Okay, we have a student who has an adult client that is the product ... Comes from a high conflict divorce, but significantly in the past, years and years ago, displays all the indicators of having been the victim of pathogenic parenting. How might ... What might be some

strategies for working with this adult client years after the fact regarding this dysfunctional system and his maladaptive beliefs?

Dr. Craig A. Childress: The critical issue on that goes back to that grief response. That they have an un-metabolized, unprocessed grief, and what happens in parental alienation is ... What happens in normal range grief, a parent dies the child grieves.

In parental alienation, the child grieves, and so must psychologically kill the parent in order to resolve their grief. It's reversed, the problem is that parent's not dead, the parent's available, but they can never restore a relationship with that parent because then they have to overcome that ... Open up that grief and get through it. They just want to seal it over and keep it down.

The early cut-off is likely to remain a lifelong cut-off because the person doesn't want to process it, but then they have this sadness buried in them, and so that depression or substance abuse or other issues will coalesce around that unprocessed and un-metabolized grief. Helping them process that grief response, and recognize what it is, and the reach out and resolve to that parent that was in the past. Okay, so it's not wonderful, it's not great, but at least you've opened up the ties and bonds, and you can move on and resolve.

Speaker 4: Aloha.

Dr. Craig A. Childress: Hi.

Speaker 4: I'm William, I just retired from the Air Force, and one of the things in my training, I've been taught to treat the family as a system, which you're a family, system-oriented, and in this case what I'm hearing is that you treat the child. What is happening to the parents while the child's being treated? Are they under also therapy as well?

Dr. Craig A. Childress: Yeah, in terms of the child, I treat the child and targeted-rejected parents. I'm working in the relationships. I'm always doing family sessions between the two. Sometimes I might have a little individual session here and there, but for the most part I'm dealing with their relationship, but I think it's also important, and I do ... Am mindful of incorporating the narcissistic parent, because the fundamental issue from the family systems perspective is the inability of the family to process grief, and therefore make a transition from an intact family to a ... And it's the narcissistic parent who's having that problem processing the grief and sadness about the loss of the intact family, and what it means for their self-esteem and this all other, abandon.

If possible, I like to meet with that parent, and see if I can relax their stuff. In some cases, I've been actually been able to work with the two parents and work with the couple to help them process the meaning of their divorce and marriage so that we can metabolize that sadness without blame, and so move this family over into the separated family structure that's bonded by the child. That's the best approach if I can work that and help everybody then it frees the child, and having to do that. Issues come up though, sometimes with the narcissistic borderline parent who's in this delusional belief system that the child is being abused, and they filed three different

child protective service cases, all of them unfounded, and you say, "All of these have been unfounded," and they say, "Well they might become abusive."

Well, there's not much I can do with that parent. It depends on how flexible or workable that parent is, the narcissistic borderline parent to resolve things, but fundamentally my client is the kid. I need to make sure my kid's back on a normal developmental line.

The other feature that's important on this in terms of taking care of my kid, is that maturation processes go in phases of about every two years. So, eight to ten, ten to twelve, twelve to fourteen, if we spend too long treating this, kids are losing whole maturational periods with a bonded, loving, affectionate parent, that are just messing up there later ... We need to get a jump on this and get this done pretty fast. I'd prefer within six months of getting everything solved, and then we can bring the other parent back in, and move forward on things.

Speaker 4: Yeah, especially when the child is a symptom bearer of the ... Of what's been happening in being brought in the family. Appreciate your guidance.

Dr. Craig A. Childress: Thank you, thank you.

Speaker 5: I have a question about protective separation. How easy is that to achieve given the court system and ...

Dr. Craig A. Childress: It's right now, it's impossible to achieve through the court system. Okay, and that needs to change, but it won't change until mental health begins to realize the nature and degree of the pathology, and can speak with a single voice to the courts, and say this is what we need for treatment. Now, for me right now in terms of my practice, ethical practice, I will not treat a case of this without a protective separation, and I would recommend that to all therapists out there because we're putting the child at risk of harm. Problem is, we're going to have a lot of incompetent therapists who will.

Until we get the incompetent therapists to also stop treating, to recognize what the pathology ... Then if mental health therapists go to the court and say, "You know what, I'm looking at these three diagnostic indicators, attachment-based parental alienation, treatment needs a protective separation, nobody's treating.

The court will say, oh, okay. Then we need a protective separation with ... That would be really easy to achieve. Right now though, we got to spend five, six years in litigation, hundreds of thousands of dollars spent on attorneys to try to get the court to ... and then custody evaluations and say, well you know it's going on, but what do we do about this, and so right now it's a failed paradigm. Gardner's model is a failed paradigm. Once we switch over an attachment-based paradigm the solutions begin to emerge.

Speaker 6: Hi, my name is Leshia Lucille], my question is what if the targeted-rejected parent really does have a problem like substance abuse, and the child really is a victim, how would this affect their diagnosis?

Dr. Craig A. Childress: The child would probably not show narcissistic borderline symptoms. They're not going to show an absence of empathy, they're not going to show a sense of entitlement.

The child won't show a suppression to their attachment system. They'll say, "I want to have a relationship with dad, but it's hard because he's an alcoholic," or "It's hard because he's ..." One of my questions sometimes is, "Let's say I'm a pretty good therapist, and I'm able to fix your dad, would you then be okay with having a ..." The kid goes, "Well you can't," and I say, "Well let's say I'm really good and I can," and the kid says, "Well if you can fix him yeah." Okay, and it makes sense to me. I'm seeing an alcoholic dad, I'm seeing a substance abuse, I'm seeing some sort of ...

It makes sense to me. It's not normal range parenting, this is problematic, and so I'm working for my client, my kid, and I say, "I see what you're talking about, okay I got it." I don't see, and it's not delusional, because the kid is a victim. That's not ... So I don't see my three diagnostic indicators, and so now we're just dealing with normal range family stuff that we see every day, abusive parent, and it moves out of this domain.

Speaker 3: Well, unfortunately, we're up against the clock, but before we go a couple of quick items. First, and most important, on behalf of the entire university I'd like to thank Doctor Childress for another fascinating and informative lecture.

Dr. Craig A. Childress: Thank you.

Speaker 3: Thanks so much for returning today.

Dr. Craig A. Childress: Thank you.