

**An Attachment-Based Model
of Parental Alienation:
Diagnosis & Treatment**

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**Attachment-Based Model of Parental
Alienation (AB-PA)**

Foundations: C.A. Childress (2015)

California Southern University Master's Lecture Series:
(online)

- An Attachment-Based Model of Parental Alienation
7/18/14
- Treatment of Attachment-Based Parental Alienation
11/21/14

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The Construct of "Parental Alienation"

The Wilderness

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Gardner & PAS

In proposing the existence of a supposedly new form of pathology called "parental alienation" which he claimed represented a "new syndrome" that was unique in all of mental health (identifiable by an equally unique new set of symptom identifiers made up specifically for this pathology alone) – Richard Gardner led everyone off the path of professionally established constructs and principles and into the wilderness of professional ignorance and incompetence.

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Gardner & PAS

Gardner was correct in identifying a family pathology surrounding divorce in which a child was induced by one parent to reject a relationship with the other parent.

However, he was **incorrect** in claiming that the symptom features he identified represented a new form of pathology – a "new syndrome."

Gardner was simply a poor diagnostician.

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Gardner & PAS

When he skipped the step of professional diagnosis, Gardner led everyone OFF the path of professional psychology and into the wilderness of ill-defined constructs and "new forms of pathology."

The family pathology of "parental alienation" is NOT a new form of pathology. Gardner was simply a poor diagnostician.

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Returning to the Path of Professional Psychology

It is long past overdue that professional psychology leave the wilderness of "new forms of pathology" and return to the established path of professional diagnosis that relies solely on established constructs and principles of professional psychology.

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Returning to the Path of Professional Psychology

The term "parental alienation" is a popularized term in the general culture, but it is not a defined psychopathology in clinical psychology.

Professional-level discussion and professional-level practice needs to **discontinue** the use of the construct of "parental alienation" and return to the proper professional path of defined constructs and principles within professional psychology.

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Returning to the Path of Professional Psychology

A child's rejection of a parent is fundamentally an attachment-related pathology.

(Bowlby, 1969; 1973; 1980)

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Returning to the Path of Professional Psychology

We must leave the wilderness of new forms of pathology and return to the path of diagnosis using established constructs and principles of professional psychology.

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An Attachment-Based Model of
"Parental Alienation"

The Return to the Path of Professional Psychology

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The attachment system is the brain system that governs all aspects of love and bonding throughout the lifespan, including grief and loss.

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A child rejecting a parent is fundamentally and **attachment-related** pathology.

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

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Personality Pathology

"**Disturbances of personality**, which include a bias to respond to loss with **disordered mourning**, are seen as the outcome of one or more deviations in development that can originate or grow worse during any of the years of infancy, childhood and adolescence."
(Bowlby, 1980, p. 217)

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Parental Personality Pathology

Beck - Millon - Kernberg

- Narcissistic vulnerability to rejection.
- Borderline vulnerability to abandonment.
- Divorce involves both rejection and abandonment and will therefore trigger a full display of narcissistic and borderline personality pathology.

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The narcissistic personality is characterologically unable to process sadness, grief and loss. Instead, they translate sadness and grief into anger, resentment, and blame.

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The Narcissistic Personality

"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, p. 229)

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The **narcissistic** and the **borderline** personalities are variants of the same underlying core beliefs:

- I am fundamentally inadequate as a person.
- I will be rejected (abandoned) because of my inadequacy.

(Beck et al, 2004)

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The divorce activates the core vulnerabilities of the narcissistic and borderline personalities of **rejection** and **abandonment** by the "attachment-figure" of the spouse.

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They then seek to restore the narcissistic defense:

"I'm not the **rejected** one - you are."

"I'm not the **inadequate** one - you are"

"You're the inadequate parent - and you're being rejected because of your inadequacy."

"I'm the **all-wonderful** and **ideal** parent; the child is choosing me and rejecting you."

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The narcissistic parent psychologically manipulates the child into rejecting the other parent through techniques of psychological coercion, guilt induction, and the contingent application and withdrawal of love.

(called the "invalidating environment": Linehan, 1993)

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Psychological Control:

Barber, B. K. (Ed.) (2002). Intrusive parenting: How psychological control affects children and adolescents. Washington, DC: **American Psychological Association**.

"Psychological control refers to parental behaviors that are intrusive and manipulative of children's thoughts, feelings, and **attachment** to parents."

(Barber & Harmon, 2002, p. 15)

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Psychological Control:

"Specifically, psychological control has historically been defined as psychologically and emotionally **manipulative** techniques or parental behaviors that are not responsive to children's psychological and emotional needs.

"Psychologically controlling parents create a **coercive**, unpredictable, or negative emotional climate of the family, which serves as one of the ways the family context influences children's emotion regulation."

(Cui et al., 2014, p. 48)

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Psychological Control:

"Such parenting strategies ignore the child's need for autonomy, impede the child's volitional functioning, and intervene in the individuation process. In such an environment, children feel pressure to conform to parental authority, which results in children's emotional insecurity and dependence."

(Cui et al., 2014, p. 48)

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By psychologically **manipulating** the child through techniques of psychological control, domination, guilt induction, and contingent love, the narcissistic/(borderline) parent transfers his or her own fears of inadequacy, rejection, and abandonment onto the other **spouse-as-a-parent**.

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The child is being used as a "**regulatory object**" to stabilize the fragile self-structure organization of the narcissistic/(borderline) parent that is threatened with collapse in response to the inherent **rejection** (narcissistic vulnerability) and **abandonment** (borderline vulnerability) by the spousal attachment figure surrounding the divorce.

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The child's induced rejection of the other parent is being used to projectively displace onto the other spouse the narcissistic/(borderline) parent's own inadequacy and abandonment fears.

"I'm not the **rejected** one - you are."

"I'm not the **inadequate** one - you are"

"You're the inadequate parent (spouse/person) - you're the rejected parent (spouse/person). Not me."

"I'm the **wonderful** and **ideal** parent (spouse/person)."

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Family Systems Pathology

Bowen - Minuchin - Haley

- Triangulation
- Cross-generational Coalition
- Emotional Cutoff

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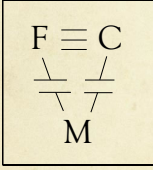
Family Systems Pathology

The child is being **triangulated** (Bowen, Minuchin, Haley) into the spousal conflict through the formation of a **cross-generational coalition** (Haley, Minuchin) with the allied narcissistic/(borderline) parent against the other parent, resulting in a **cutoff** (Bowen) in family relationships.

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Minuchin, S. & Nichols, M.P. (1993). Family healing: Strategies for hope and understanding. New York: Touchstone.

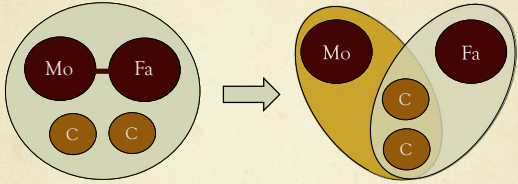


Inverted Hierarchy, Enmeshment, Cross-Generational Coalition, & Cutoff of Mother
 (Minuchin & Nichols, p. 42)

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Divorce Transition:

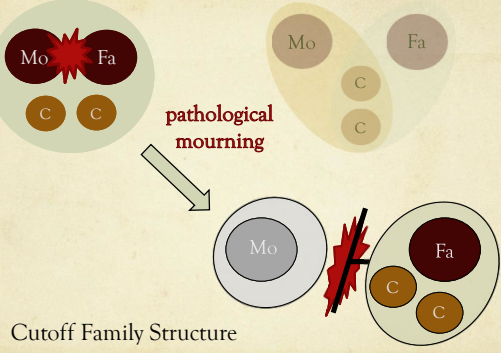


Intact Family Structure
 United by the Marital Bond

Separated Family Structure
 United by the Children

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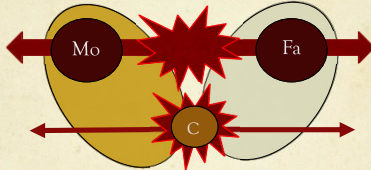
pathological mourning

Cutoff Family Structure

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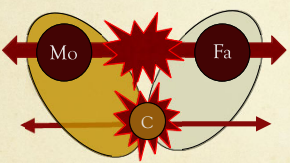
Parental Conflict:



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The narcissistic/(borderline) parent creates a "loyalty conflict" for the child by forcing the child to choose sides in the spousal conflict.



If the child tries to remain neutral - the child is placed in middle and forced to choose.

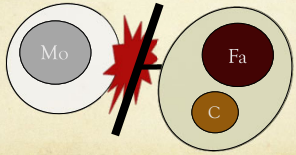
If the child tries to remain bonded to the other parent - the child is placed in middle and forced to choose.

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Cutoff Family Structure:

The only escape for the child from being placed in the middle of the spousal conflict created by the narcissistic/(borderline) parent is for the child to psychologically surrender to and take the side of the narcissistic/(borderline) parent.



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"Death" of a Parent:

The child pays the price of losing a relationship with a beloved parent...
 but at least the child escapes being placed in the middle of the spousal conflict.

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"Reunification therapy" will be ineffective

"Reunification therapy" will simply put the child back in the middle of the spousal conflict created by the narcissistic/(borderline) parent by turning the child into a **"psychological battleground"** between the efforts of therapy to restore the child's normal-range relationship with the beloved-but-now-rejected targeted parent, and the ongoing efforts, manipulation, and psychological control of the narcissistic/(borderline) parent to keep the child symptomatic.

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Individual child therapy will be ineffective

Individual therapy will simply allow things to remain forever unchanged, and the individual therapist will be drawn into colluding with the pathology by validating the child's false beliefs about the supposed "inadequacy" of the beloved-but-now-rejected targeted parent, without ever obtaining direct first-hand experience of the parent-child relationship.

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The Trans-Generational Transmission of Attachment Trauma

The Attachment System Core of the Pathology

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The narcissistic-borderline personality was created in childhood **attachment trauma**.

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Personality Pathology & Attachment

"Various studies have found that patients with BPD are characterized by **disorganized attachment** representations (Fonagy et al., 1996; Patrick et al, 1994)."

"Such attachment representations appear to be typical for persons with **unresolved childhood traumas**, especially when parental figures were involved, with direct, frightening behavior by the parent."

(Beck et al., 2004, p. 191)

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Personality Pathology & Attachment

“Disturbances of personality, which include a bias to respond to loss with **disordered mourning**, are seen as the outcome of one or more deviations in development that can originate or grow worse during any of the years of infancy, childhood and adolescence.”

(Bowlby, 1980, p. 217)

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The attachment system of the narcissistic-borderline parent is activated by the divorce to mediate the loss experience (the loss of the attachment-mediated **spousal** relationship).

When the attachment system of the narcissistic-borderline parent is activated, so are the trauma networks (the **internal working models** of attachment trauma) contained within the attachment system.

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Trauma Reenactment Narrative

Neurological Foundation:

The **simultaneous activation** of two sets of representational networks in the attachment system of the narcissistic/(borderline) parent:

- ❖ One from PAST childhood trauma, and
- ❖ One for the CURRENT family relationships;

Creates a neurologically based **psychological equivalency** in these representational networks.

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Childhood Attachment Trauma Pattern:

- ❖ Bowlby: Internal working models
- ❖ Beck: Schemas
- ❖ Freud: Transference

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The divorce activates two sets of representational networks in the attachment system of the narcissistic/(borderline) parent,

One from the **PAST** childhood trauma:

Internal Working Models of Attachment

Victimized Child	Abusive Parent	split	Protective Parent
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One for the **CURRENT** family relationships:

Current Child

Targeted Parent

Alienating Parent

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Psychological Equivalency:

The **concurrent activation** of two sets of representational networks in the attachment system of the narcissistic/(borderline) parent creates a fusion, a **psychological equivalency**, of these neurological networks:

Victimized
Current Child

Abusive
Targeted Parent

Protective
Alienating Parent

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Psychological Equivalency:

Targeted Parent = "Abusive Parent"
 Current Child = "Victimized Child"
 N/(B) Parent = "Protective Parent"

The diagram consists of three red rectangular boxes arranged horizontally. Each box contains a white circle with text. The first box is labeled 'Victimized' and contains 'Current Child'. The second box is labeled 'Abusive' and contains 'Targeted Parent'. The third box is labeled 'Protective' and contains 'Alienating Parent'.

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It is a false drama;

Created in the childhood attachment trauma experienced by the narcissistic/(borderline) parent many years ago;

Embedded in the internal working models (schema) of this parent's attachment networks.

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Pearlman, C.A., Courtois, C.A. (2005). Clinical applications of the attachment framework: Relational treatment of complex trauma. *Journal of Traumatic Stress*, 18, 449-459.

"One primary transference-countertransference dynamic involves reenactment of familiar roles of victim-perpetrator-rescuer-bystander in the therapy relationship. Therapist and client play out these roles, often in complementary fashion with one another, as they relive various aspects of the client's early attachment relationships."
 (Pearlman & Courtois, 2005, p. 455)
 emphasis added

51

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 emphasis added

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Foundations: p. 252-258

The "bystander" role is filled by all the mental health and legal professionals.

The role of the bystander mental health and legal professional is to:

- Legitimize the false trauma reenactment narrative.
- Shame the targeted parent.
- Serve as witness to the narcissistic grandiosity of the "all-wonderful" narcissistic/(borderline) parent.

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The narcissistic and borderline personality is a master at manipulation.

There is none better.

They are especially skilled at manipulating others to become allies.

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These allied mental health and legal professionals allow themselves to be manipulated into colluding with the enactment of the pathology within the family.

- The narcissistic personality manipulates and obtains **allies** through the assertion of confident self-assurance.
- The borderline personality manipulates and obtains **allies** through the presentation of helpless vulnerability and "victimization."

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Mental health and legal professionals who have their own family of origin issues are especially vulnerable to being recruited into becoming allies of the narcissistic/(borderline) parent.

It's called "**counter-transference**"

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Professional Competence

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Domains of Professional Competence

The attachment-related pathology traditionally called "parental alienation" represents a complex inter-play of four domains of pathology:

- Attachment-related pathology;
- Family systems pathology;
- Personality disorder pathology;
- Complex trauma.

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Attachment System Competence

Mental health professionals who are assessing, diagnosing, and treating **attachment-related pathology**:

- Need to be professionally knowledgeable and competent in the **attachment system**, what it is, how it functions, and how it characteristically dysfunctions.
- Failure to possess professional-level knowledge regarding the **attachment system** when assessing, diagnosing, and treating **attachment-related pathology** would represent practice beyond the boundaries of professional competence in violation of professional standards of practice.

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Personality Disorder Competence

Mental health professionals who are assessing, diagnosing, and treating **personality disorder** related pathology as it is affecting family relationships:

- Need to be professionally knowledgeable and competent in **personality disorder pathology**, what it is, how it functions, and how it characteristically affects family relationships following divorce.
- Failure to possess professional-level knowledge regarding **personality disorder pathology** when assessing, diagnosing, and treating **personality disorder** related pathology in the family would represent practice beyond the boundaries of professional competence in violation of professional standards of practice.

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Family Systems Competence

Mental health professionals who are assessing, diagnosing, and treating **families**:

- Need to be professionally knowledgeable and competent in the functioning of **family systems** and the principles of family systems therapy.
- Failure to possess professional-level knowledge regarding the functioning of **family systems** and the principles of **family systems therapy** when assessing, diagnosing, and treating family pathology would represent practice beyond the boundaries of professional competence in violation of professional standards of practice.

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Complex Trauma Competence

Mental health professionals who are assessing, diagnosing, and treating the **trans-generational transmission of complex trauma**:

- Need to be professionally knowledgeable and competent in nature of **complex trauma**, as expressed both individually and through family relationships.
- Failure to possess professional-level knowledge regarding the **trans-generational transmission** and expression of **complex trauma** when assessing, diagnosing, and treating family pathology involving **complex trauma** would represent practice beyond the boundaries of professional competence in violation of professional standards of practice.

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There is no such thing in clinical psychology as
"parental alienation."
It is a made up form of "new pathology."

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There is:
pathological mourning.

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There is:
triangulation, cross-generational coalitions, and
emotional cutoffs.

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There is:
the collapse of narcissistic and borderline
personality structure surrounding divorce.

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There is:
the trans-generational transmission of attachment
trauma.

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But there is no such thing in clinical psychology as
"parental alienation."
It is a made up form of "new pathology."
Mental health professionals need to use standard
and established psychological constructs and
principles to diagnose pathology.

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Professional Ignorance & Incompetence

Mental health professionals are currently assessing,
diagnosing, and treating:

- An **attachment-related** pathology without
expertise in the attachment system;
- A **family systems** pathology without expertise in
family systems;
- **Personality disorder** pathology without expertise
in personality disorder pathology.

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In proposing a "new form of pathology" - a
"new syndrome" - Richard Gardner led
everyone away from the path of professional
psychology and into the wilderness of
professional incompetence.

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It is time to leave the wilderness of "new forms of
pathology" and return to professional standards of
practice in the assessment, diagnosis, and
treatment of pathology defined through the
standard and established constructs and principles
of professional psychology.

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An attachment-based model of "parental alienation"
(AB-PA) is based entirely within the standard and
established constructs and principles of professional
psychology.
AB-PA returns us to the established path of
professional psychology.

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AB-PA is NOT a theory.

AB-PA is diagnosis.

Diagnosis is the application of standard and established constructs and principles to a set of symptoms.

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Diagnosis.

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Diagnosis

Diagnostic Indicators of Pathogenic Parenting

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Three diagnostic indicators of attachment-based "parental alienation" (AB-PA):

- 1.) Attachment system suppression.
- 2.) Narcissistic personality traits in the child's symptom display.
- 3.) An encapsulated persecutory delusion in the child's symptom display.

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AB-PA: Diagnostic Indicator 1

1.) Attachment System Suppression

The attachment system NEVER spontaneously dysfunctions.

The attachment system ONLY becomes dsysfunctional in response to **pathogenic parenting**.

Patho=pathology; genic=genesis, creation. Pathogenic parenting is the creation of significant pathology in the child through aberrant and distorted parenting practices.

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AB-PA: Diagnostic Indicator 2

2.) Narcissistic Personality Traits

Five specific narcissistic personality traits are evidenced in the child's symptom display.

These are the "**psychological fingerprint**" evidence of the psychological control of the child by a narcissistic or borderline personality parent.

We cannot psychologically control a child without leaving "**psychological fingerprints**" of the control in the child's symptom display.

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AB-PA: Diagnostic Indicator 3

3.) Encapsulated Persecutory Delusion

The child evidences a fixed and false believe (a delusion) that the child is supposedly being "victimized" by the normal-range parenting of the targeted-rejected parent.

This symptom represents the child being incorporated into a false trauma reenactment narrative of the narcissistic/(borderline) parent that is in the pattern: "abusive parent"/"victimized child"/"protective parent"

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The presence of these three diagnostic indicators in the child's symptom display represents definitive diagnostic evidence of attachment-based "parental alienation" (AB-PA).

No other pathology in all of mental health will produce this specific set of three child symptoms - all three in the child's symptom display - except AB-PA as described in *Foundations*.

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Pathogenic parenting that is creating significant

- Developmental pathology in the child (diagnostic indicator 1),
- Personality disorder pathology in the child (diagnostic indicator 2),
- Delusional-psychiatric pathology in the child (diagnostic indicator 3)

is a DSM-5 diagnosis of:

V995.51 Child Psychological Abuse, Confirmed.

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Assessment

Re-Establishing Professional Standards of Practice

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Assessment leads to diagnosis.
Diagnosis guides treatment.

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APA Ethics Code Standard 9.01a
Competence in Assessment

9.01 Bases for Assessments

(a) Psychologists base the opinions contained in their recommendations, reports and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings.

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The attachment system NEVER spontaneously dysfunctions.

The attachment system ONLY dysfunctions in response to pathogenic parenting.

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Pathogenic Parenting

Patho=pathology; genic=genesis, creation

- Pathogenic parenting is the creation of significant psychopathology in the child through aberrant and distorted parenting practices.
- Pathogenic caregiving is an established construct in both developmental and clinical psychology.
- Pathogenic parenting is most commonly used in reference to attachment-related pathology.

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If a mental health professional has not even assessed for **pathogenic parenting** associated with an attachment-related pathology, then the **diagnostic statements** and **forensic testimony** by this mental health professional cannot possibly be based on "information and techniques **sufficient to substantiate their findings.**"

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We are assessing for **pathogenic parenting** associated with an attachment-related pathology in the child, NOT for "parental alienation."

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Treatment

DSM-5: V995.51 Child Psychological Abuse

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Assessment leads to diagnosis.
Diagnosis guides treatment.

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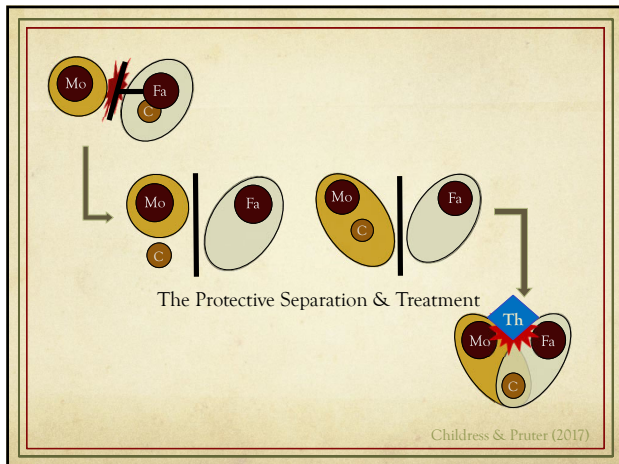
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V995.51 Child Psychological Abuse, Confirmed.

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Protective Separation

DSM-5: V995.51 Child Psychological Abuse

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Diagnosis guides treatment.

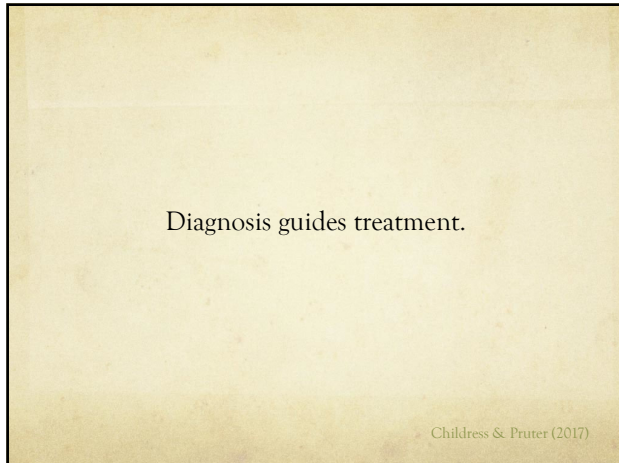
Childress & Pruter (2017)

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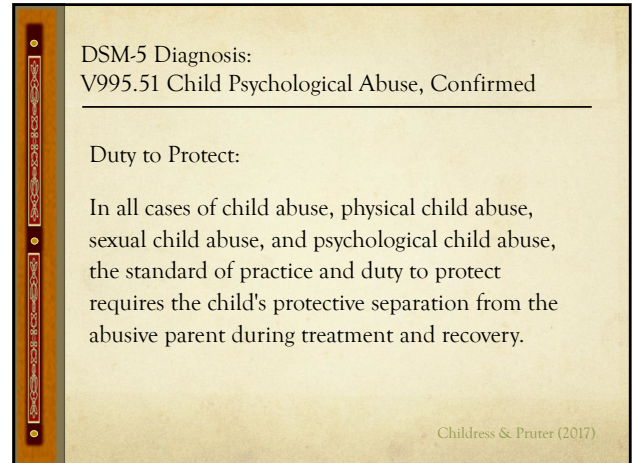
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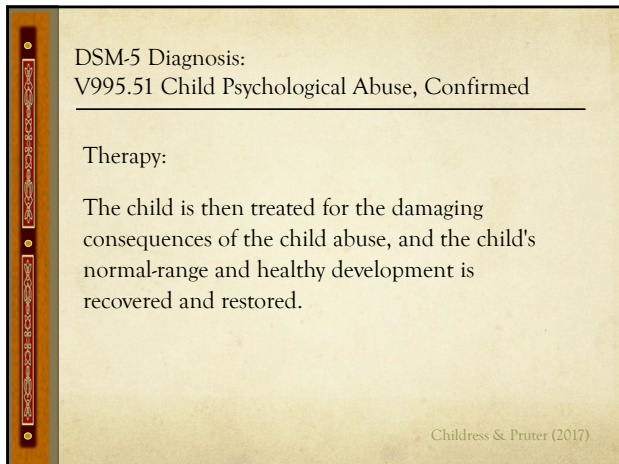
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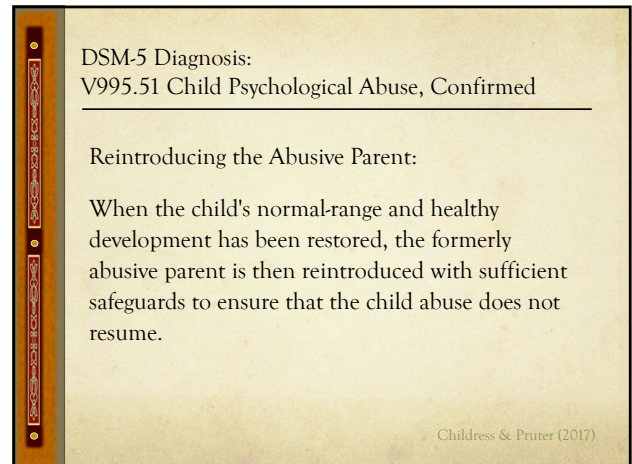
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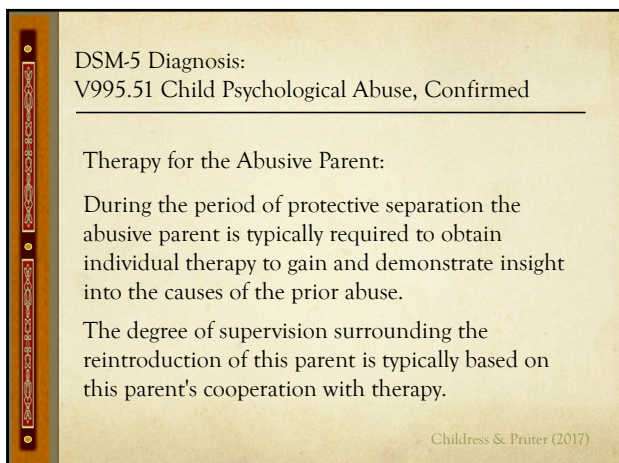
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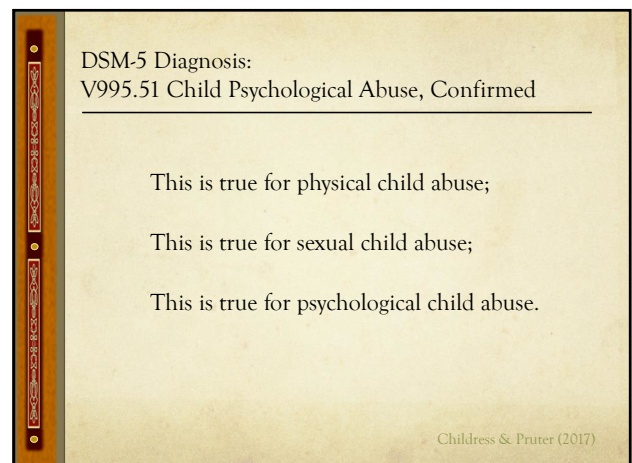
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100



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Childress Presentation to AFCC National Convention

Diagnosis guides treatment.

The protective separation is based on a DSM-5 diagnosis of V995.51 Child Psychological Abuse.

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End Dr. Childress Presentation.
Begin Dorcy Presentation

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