

12 Associated Clinical Signs

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Diagnostic Checklist for Pathogenic Parenting

Diagnostic Checklist for Pathogenic Parenting - Extended Version
CA Childress, PhD (2015/2017)

All items of the Diagnostic Indicators must be present (other 2-10-20) for a clinical diagnosis of attachment-based parental alienation. See checklist about parentizations on the following attachment.org - "Parents in Courtroom".

1. Attachment-Indicators-Suppression

The child's responses evidence avoidance and targeted suppression of the normal range functioning of the child's attachment bonding, attachment-related eye contact, eye-regulation-related gaze, touch, the child only to avoid, minimize, or defensively withhold the parent (i.e., a child's behavior tends to be child's relationship with a normal range and attachmentally-avoidant parent).

Secondary Criterion: Normal Range Parenting

The parenting practices of the targeted related parent are assessed to be largely normal range with the child's responses to be largely normal range of attachment parenting (normal range parenting is normal range parenting).

Normal range parenting includes the legitimate exercise of parental prerogatives to establish/modify direct/indirect relationships through parental prerogatives for the child's behavior and normal range discipline practices.

2.HH - Permissible Deviant States

The child's responses evidence all five of the following attachment (developmental) prerogatives described below for targeted related parent:

- Attachment:** The child displays a preponderance of engaging or long-range eye contact when in the family, knowing that in absence the targeted parent will be rejected or rejected by the child's rejection of the targeted parent or vice versa.
- Absence of Regard:** The child displays a complete absence of engaging for the and/or avoidance of the parent.
- Attachment:** The child displays a complete absence of eye contact with the targeted parent that is to be observed in the targeted parent's presence, the child's rejection, and the targeted parent's rejection of the child's rejection of the targeted parent for the child's rejection of the targeted parent.
- Weight and Anxious Withdrawal:** The child displays an attitude of flighty avoidance and unresponsive behavior for the targeted related parent.
- Splitting:** The child's responses present evidence of attitude toward the parents in which the targeted "parent" parent is idealized in the all good and devalued in the all bad, as the targeted parent is entirely devalued in the all bad and not entirely idealized parent.

Checklist of Associated Clinical Signs (ACS)

yes no

ACS 1: Use of the Word "Forced"

ACS 2: Empowering the Child to Reject the Other Parent

ACS 3: "Child should decide on visitation"

ACS 4: "Listen to the child"

ACS 5: Advancing for child testimony

ACS 6: The Exclusion Demand

ACS 7: Parental Replacement

ACS 8: The Unforgivable Event

ACS 9: Lie - "Faker"

ACS 10: Themes for Parenting

ACS 11: The Controlling

ACS 12: Aligned management

ACS 13: Targeted parent doesn't take responsibility/ownership

ACS 14: New resource: relationship targets the child

ACS 15: First rejection of the child by the parent

ACS 16: Finger-pointing of the targeted parent

ACS 17: New language of praise

ACS 18: Not holding the child

ACS 19: Unwarranted Use of the Word "Abuse"

ACS 20: Excessive Texting, Phone Calls, and Emails

ACS 21: Role Reversal of the Child ("It's not me, it's the child who...")

ACS 22: Targeted Parent "Discover" to be Rejected

ACS 23: Child Parent (Brought) Court Orders and Court Authority

ACS 24: Child testimony behavior shows that targeted parent

ACS 25: Child disregard of court orders for custody

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- ## 12 Associated Clinical Signs
- ACS-1 Use of the Word "Forced" - 85%
 - ACS-2 Empowering the Child - 100%
 - ACS-3 Exclusion Demand - 63%
 - ACS-4 Parental Replacement - 54%
 - ACS-5 The Unforgivable Event - 96%
 - ACS-6 "Liar" - "Fake" - 87%
 - ACS 7 Identified Themes - 100%
 - ACS-8 Unwarranted Use of "Abuse" - 89%
 - ACS-9 Excessive Texting, Phone Calls, Emails - 30%
 - ACS-10 Role-Reversal Use of the Child - 96%
 - ACS-11 "Deserves" to be Rejected - 100%
 - ACS-12 Disregard of Court Orders - 93%

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Greenham, Childress, & Pruter (ResearchGate)

Examined the prevalence of the 12 ACS in 46 families in court-involved custody conflict.

- 46 of 46 families evidenced all three Diagnostic Indicators of pathogenic parenting by an allied parent.
- 46 of 46 families evidenced 5 or more ACS.
- 45 of 46 families evidenced 8 or more ACS.

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Scientific Method:

Develop an explanatory model - *Foundations*

Make provable or disprovable predictions based on the explanatory model - 3 Diagnostic Indicators & 12 ACS

Test the prediction against the data - Greenham, Childress, & Pruter (ResearchGate).

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An attachment-based model of the pathology as described in *Foundations* is a 100% true and accurate description of the pathology in the family courts.

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The combined symptom documentation instruments of the Diagnostic Checklist for Pathogenic Parenting and the Parenting Practices Rating Scale for the targeted parent will accurately diagnose the pathogenic parenting by an allied parent 100% of the time - and will not misdiagnose the pathology.

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Assessment Protocol

Combined symptom documentation instruments:

- Diagnostic Checklist for Pathogenic Parenting
- Parenting Practices Rating Scale

Will accurately diagnose (identify) pathogenic parenting by an allied parent 100% of the time - and never misdiagnose the pathology.

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The presence of five or more of the 12 ACS provides additional support for the diagnosis based on the presence of the three Diagnostic Indicators of pathogenic parenting by an allied parent.

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Symptom Documentation

Diagnosis is a pattern match of symptoms to diagnostic criteria. Begin by documenting the presence or absence of the symptoms on the following symptom documentation instruments:

- Diagnostic Checklist for Pathogenic Parenting
- Parenting Practices Rating Scale

The *Diagnostic Checklist* and the *Parenting Practices Scale* should be routinely collected and the symptoms reported in all cases of court-involved custody conflict.

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12 Associated Clinical Signs

ACS 1 Use of the Word "forced"

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- ACS 1 Use of Word "forced" - 85%

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ACS 1: Use of the Word "forced"

The child or allied parent use the word "forced"

The use of the word "forced" is a **manipulative** use of language to disempower efforts to engage the child in treatment.

Origins in Trauma: The pathology of concern is the trans-generational transmission of trauma from the allied parent to the child. The use of the word "forced" emerges from the internal working models of the allied parent's own childhood attachment trauma transferred to the current relationships.

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ACS 1 - Manipulative Use of Language

This symptom is a manipulative communication used to disempower efforts to resolve the child's symptoms by disabling attempts to change the child's views and behavior.

- The child shouldn't be "forced" to have a relationship with the other parent (providing an implication of abuse).
- "What can I do? I can't "force" the child to go on visitations with the other parent." ("...to get in the car," etc.)

Reframe: The child is being given the **opportunity** to have a bonded relationship with both parents.

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ACS 2 Empowering the Child's Rejection

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- ACS 2 Empowering the Child - 100%

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ACS 2: Empowering the Child's Rejection

The allied parent empowers the child to reject a parent.

The empowerment of the child to reject a parent is a manipulative product of the cross-generational coalition with the allied parent, and it represents the symptom feature of an **inverted family hierarchy** in which the child is empowered by the coalition with the allied parent to judge the adequacy of the other parent. In an inverted hierarchy, the child assumes a position of power and authority over the targeted parent as if the parent is the child and the child is a parent.

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ACS 2 - **Corrective Reenactment**

- "Child should decide on visitation"
- We need to "listen to the child"
- Seeking child testimony in court

This symptom represent a **corrective change** to the trauma reenactment narrative. In the original childhood trauma, the narcissistic/borderline/dark personality parent as a child was powerless. In the **trauma reenactment narrative**, the (supposedly) "victimized child" is now empowered to reject the (allegedly) "abusive parent."

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12 Associated Clinical Signs

ACS 3 Exclusion Demand

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- ACS 3 Empowering the Child - 63%

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ACS 3: Exclusion Demand ★

The child excludes a parent from the child's activities and milestone events.

Children love attention and always enjoy parents, friends, and family attending their events. The demand from the child to exclude the targeted parent from the child's activities is the product of the child's role as a regulatory object for the pathological allied parent. It is the allied parent who becomes stressed by the other parent's presence at the child's events, and it is the allied parent who wants to exclude the other parent from the child's activities. The child is acting from the motivations and psychological control exerted by the allied and pathological parent.

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ACS 3: **Regulatory Object**

The child serves as a "**regulatory object**" to stabilize the fragile psychological structure of the narcissistic/borderline/dark personality parent.

The narcissistic/borderline/dark personality parent becomes dysregulated whenever the targeted parent attends the child's activities, and the child feels the stress of keeping the narcissistic/borderline/dark parent emotionally and psychologically regulated.

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ACS 4 Parental Replacement

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- ACS 4 Parental Replacement - 54%

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ACS 4: Parental Replacement

The child rejects "ownership" of a parent, or a parent is "replaced" by a step-parent

Rejecting people as expendable is a narcissistic personality trait from superficial and avoidant attachment bonding. The attachment system is a predator-derived primary motivational system that strongly motivates children to bond to a specific person (e.g., "my" mom/dad) for protection from predators. Rejecting ownership of a parent (e.g., calling a parent by their first name) or parental replacement (e.g., calling someone else "mom"/"dad") reflects the allied parent's narcissistic personality pathology which engages in attachment relationships in a shallow manner and views those relationships as replaceable.

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ACS 4: **Predator Motivation**

This never happens with an authentic child attachment system. This symptom - when present - is almost 100% definitive of negative parental influence by the allied parent on the child's attachment bonding motivations with the other parent.

The attachment system is highly motivated to bond to a **specific** person for protection from predators.

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ACS 5 Unforgivable Event

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- ACS 5 Unforgivable Event - 96%

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ACS 5: Unforgivable Event

The child uses an "unforgivable" past event to justify rejecting a parent.

There is no authentic reason for the child's rejection of the parent - it is a false (factitious; artificially created) attachment pathology. But the child needs a reason to provide to others.

The child co-creates a "reason" with the allied parent in manipulative "supportive" dialogue of an event - a grievance - that then serves to justify all current and future rejection.

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ACS 5: **Splitting**

Cognitive rigidity is a feature of splitting.

From Linehan: "It is not uncommon for such individuals to believe that the smallest fault makes it impossible for the person to be "good" inside." (Linehan, 1993, p. 35)

From Linehan: "Things once defined do not change. Once a person is "flawed," for instance, that person will remain flawed forever." (Linehan, 1993, p. 35)

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12 Associated Clinical Signs

ACS 6 “Liar” - “Fake”

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- ACS 6 “Liar” - “Fake” - 87%

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ACS 6: “Liar” - “Fake”

The child uses the words “liar” or “fake” to describe a parent.

The attachment system is a goal-corrected primary motivational system of the brain that always maintains the set-goal of forming an attachment bond to the parent. When the targeted parent offers affectionate overtures to the child for bonding, the child’s motivation for bonding increases. To cope with the increased motivation to bond to the targeted parent, the child must then deny the authenticity of the parent’s affection to continue rejecting that parent in opposition to their strongly motivated desire to reestablish an affectionate bond.

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ACS 6: **Grief & Guilt**

The child discounts the sadness of the targeted parent as being “fake” or that the targeted parent is a “liar” about loving the child.

The child is trying to cope with the child's **guilt** for rejecting a beloved and loving parent by denying the reality of that love.

The child is seeking to avoid the grief of loss by denying the reality of the love and loss.

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ACS 7 Themes Used to Justify Rejection

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- ACS 7: Themes Used to Justify Rejection - 100%

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ACS 7: Themes for Rejection

The child uses characteristic “themes” to justify rejecting a parent

Characteristic themes include:

- too controlling
- too angry; too hostile
- too neglectful before the divorce
- insufficiently apologetic for past wrongs
- has new romantic partner
- vague personhood failures
- unforgivable event (ACS 5)
- doesn't feed the child appropriately

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ACS 7: Co-Constructed Narrative

The attachment pathology displayed by the child is not an authentic response to the stimulus cue presented by the normal-range targeted parent. As a result of the inauthentic (un-cued) conflict, the child must construct current justifications and “reasons” for their rejection of the parent where none exist.

These “reasons” for rejecting a parent are typically co-constructed with the support of the pathological allied parent and reflect the spousal grievance themes of the allied parent.

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12 Associated Clinical Signs

ACS 8 Unwarranted Use of “abuse”

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- ACS 8 Unwarranted Use of word “abuse” - 89%

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ACS 8: Unwarranted Use of the Word "abuse"

The allied parent (or child) uses the word "abuse" to describe the normal-range parenting practices of the targeted parent.

All allegations of abuse should receive a proper risk assessment. The use of the word "abuse" to describe events is inherently inflammatory. Most normal-range people tend to use less inflammatory characterizations when there has been no abusive behavior. Borderline personality pathology, however, perceives and alleges minor emotional discomfort as "abusive" to manipulatively elicit a protective response from others.

Unwarranted use of the word "abuse" by the child can reflect borderline or dark personality pathology in the allied parent.

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ACS 8: **Inflammatory**

Borderline personalities frequently characterize other people's actions using the terms "abuse" and "abusive." Normal-range people typically use less inflammatory words.

The use of the word "abuse" has two differential diagnostic possibilities: 1) authentic abuse, 2) borderline personality pathology. A proper risk assessment is required for both parts of this differential diagnosis.

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ACS 9 Excessive Texting & Email

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- ACS 9 Excessive Emails & Texts - 30%

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ACS 9: Excessive Texting & Email

The child engages in excessive communication by text, phone, or email with one parent while in the care of the other parent.

The allied parent's unresolved childhood trauma anxiety becomes activated when separated from "the child" and the allied parent responds with "retrieval behaviors" of frequent contact with the child while in the other parent's care.

The high frequency of parent-child contact serve two functions for the allied parent's own emotional regulation: 1) reassuring parental anxiety during separations from the child, and 2) intrusions to prevent the child from developing an affectionately bonded relationship with the targeted parent.

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ACS 9: Parental Anxiety Management

The child acts as a "regulatory object" for the fragile personality structure of the narcissistic/(borderline) parent, who becomes excessively anxious when separated from the child (because the child might bond with the targeted parent).

It is the pathological parent who needs reassurance from the child, not the child from the parent (role-reversal).

Intrusion into the other parent's time prevents bonding to the that parent, which serves to regulate the activated childhood trauma anxiety of the allied parent.

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ACS 10 Role Reversal Relationship

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- ACS 10 Role Reversal - 96%

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ACS 10: Role Reversal

The child displays a role-reversal with a parent (e.g., "It's not me [the allied parent], it's the child who wants...").

Narcissistic and dark personality pathologies manipulate and exploit others for personal gain.

The allied parent is using their manipulative psychological control of the child to first generate and then exploit the child's verbally expressed wishes, which are actually the allied parent's wishes transferred to the child through enmeshment and psychological control. Once the allied parent has psychological control of the child, the parent then exploits their psychological control of the child.

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ACS 10: Manipulation & Exploitation

"It's not me, it's the child who..."

Parents are responsible for exercising decision-making and leadership within the family.

The narcissistic/borderline, dark personality parent is first manipulating the child (psychological control) to generate the desired statements, and then seeking to hide behind the child - "It's not me, it's the child who..."

This is a symptom feature of a cross-generational coalition.

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ACS 11 Deserves to be Rejected

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- ACS 11 Deserves to Be Rejected - 100%

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ACS 11: Deserves to be Rejected

The allied parent and/or child asserts that the targeted parent "deserves" to be rejected.

The belief that a person "deserves" to suffer is the justification used for intimate partner violence (e.g., "Of course I hit her, she **deserved** it, my dinner was cold.").

The narcissistic value is that it is okay to be cruel to people (absence of empathy) if they "**deserve**" it due to some failing, and the abuser then develops reasons justifying why the victim "deserves" cruelty. The healthy value system is that we are not nice to other people because of who they are, we are nice to them because of who we are.

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ACS 11: Cruelty - Absence of Empathy

The justification of cruelty represents a reflection in the current **trauma reenactment narrative** of the original childhood trauma experience of the allied pathological parent (unresolved trauma).

It is the abusive parent from the **original childhood trauma** experience of the narcissistic/borderline/dark personality parent who "deserves" to be rejected, and this theme (born in childhood attachment trauma) is being displaced from the past trauma onto the current spouse, the targeted parent.

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ACS 12 Disregard of Court Authority

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- ACS 12 Disregard of Court Authority - 93%

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ACS 12: Disregard of Court Authority

The allied parent or child disregard court orders regarding custody and visitation.

The **disregard of authority** is a characteristic feature of narcissistic- psychopathic-borderline-dark personality pathology. This spectrum of personality pathology does not recognize the right of authority to limit their behavior, and they feel entitled to disregard any discomforting limits and rules placed on them.

The disregard of judicial authority by the allied parent or child (or anyone) prominently suggests narcissistic-psychopathic-borderline-dark personality pathology in the allied parent manifesting in the child's defiance of court orders.

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ACS 12: **Power & Entitlement**

The narcissistic personality does not recognize the construct of "authority" – only the power to compel. This symptom represents narcissistic **entitlement**:

From Beck et al: "Narcissistic individuals also use **power** and **entitlement** as evidence of **superiority**... As a means of demonstrating their power, narcissists may alter boundaries, make unilateral decisions, control others, and determine exceptions to rules that apply to other, ordinary people." (Beck, et al., 2004, p. 251)

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