

12 Associated Clinical Signs

C.A. Childress, Psy.D.

Diagnostic Checklist for Pathogenic Parenting

Diagnostic Checklist for Pathogenic Parenting: Extended Version

C.A. Childress, Psy.D. (2015/2017)

All three of the diagnostic indicators must be present (either 2a OR 2b) for a clinical diagnosis of attachment-based "parental alienation." Sub-threshold clinical presentations can be further evaluated using a "Response to Intervention" trial.

1. Attachment System Suppression

Present	Sub-Threshold	Absent	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The child's symptoms evidence a selective and targeted suppression of the normal-range functioning of the child's attachment bonding motivations toward one parent, the targeted-rejected parent, in which the child seeks to entirely terminate a relationship with this parent (i.e., a child-initiated cutoff in the child's relationship with a normal-range and affectionally available parent).

Secondary Criterion: Normal-Range Parenting:

yes	no	
<input type="checkbox"/>	<input type="checkbox"/>	The parenting practices of the targeted-rejected parent are assessed to be broadly normal-range, with due consideration given to the wide spectrum of acceptable parenting that is typically displayed in normal-range families. Normal-range parenting includes the legitimate exercise of parental prerogatives in establishing desired family values through parental expectations for desired child behavior and normal-range discipline practices.

2(a). Personality Disorder Traits

Present	Sub-Threshold	Absent	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The child's symptoms evidence all five of the following narcissistic/(borderline) personality disorder features displayed toward the targeted-rejected parent.
Sub-Criterion Met			
yes	no		
<input type="checkbox"/>	<input type="checkbox"/>		Grandiosity: The child displays a grandiose perception of occupying an inappropriately elevated status in the family hierarchy that is above the targeted-rejected parent from which the child feels empowered to sit in judgment of the targeted-rejected parent as both a parent and as a person.
<input type="checkbox"/>	<input type="checkbox"/>		Absence of Empathy: The child displays a complete absence of empathy for the emotional pain being inflicted on the targeted-rejected parent by the child's hostility and rejection of this parent.
<input type="checkbox"/>	<input type="checkbox"/>		Entitlement: The child displays an over-empowered sense of entitlement in which the child expects that his or her desires will be met by the targeted-rejected parent to the child's satisfaction, and if the rejected parent fails to meet the child's entitled expectations to the child's satisfaction then the child feels entitled to enact a retaliatory punishment on the rejected parent for the child's judgment of parental failures
<input type="checkbox"/>	<input type="checkbox"/>		Haughty and Arrogant Attitude: The child displays an attitude of haughty arrogance and contemptuous disdain for the targeted-rejected parent.
<input type="checkbox"/>	<input type="checkbox"/>		Splitting: The child evidences polarized extremes of attitude toward the parents, in which the supposedly "favored" parent is idealized as the all-good and nurturing parent while the rejected parent is entirely devalued as the all-bad and entirely inadequate parent.

Checklist of Associated Clinical Signs (ACS)

evident	not evident	
<input type="checkbox"/>	<input type="checkbox"/>	ACS 1: Use of the Word "Forced"
<input type="checkbox"/>	<input type="checkbox"/>	ACS 2: Enhancing Child Empowerment to Reject the Other Parent
		evident not evident
	<input type="checkbox"/>	"Child should decide on visitation"
	<input type="checkbox"/>	"Listen to the child"
	<input type="checkbox"/>	Advocating for child testimony
<input type="checkbox"/>	<input type="checkbox"/>	ACS 3: The Exclusion Demand
<input type="checkbox"/>	<input type="checkbox"/>	ACS 4: Parental Replacement
<input type="checkbox"/>	<input type="checkbox"/>	ACS 5: The Unforgivable Event
<input type="checkbox"/>	<input type="checkbox"/>	ACS 6: Liar - "Fake"
<input type="checkbox"/>	<input type="checkbox"/>	ACS 7: Themes for Rejection
		evident not evident
	<input type="checkbox"/>	Too Controlling
	<input type="checkbox"/>	Anger management
	<input type="checkbox"/>	Targeted parent doesn't take responsibility/apologize
	<input type="checkbox"/>	New romantic relationship neglects the child
	<input type="checkbox"/>	Prior neglect of the child by the parent
	<input type="checkbox"/>	Vague personhood of the targeted parent
	<input type="checkbox"/>	Non-forgivable grudge
	<input type="checkbox"/>	Not feeding the child
<input type="checkbox"/>	<input type="checkbox"/>	ACS 8: Unwarranted Use of the Word "Abuse"
<input type="checkbox"/>	<input type="checkbox"/>	ACS 9: Excessive Texting, Phone Calls, and Emails
<input type="checkbox"/>	<input type="checkbox"/>	ACS 10: Role-Reversal Use of the Child ("It's not me, it's the child who...")
<input type="checkbox"/>	<input type="checkbox"/>	ACS 11: Targeted Parent "Deserves" to be Rejected
<input type="checkbox"/>	<input type="checkbox"/>	ACS 12: Allied Parent Disregards Court Orders and Court Authority
		evident not evident
	<input type="checkbox"/>	Child disregard of court orders for custody
	<input type="checkbox"/>	Child runaway behavior from the targeted parent

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%

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.

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).

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.

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.

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.

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.

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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ACS 1 Use of the Word “forced”

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- ACS 1 Use of Word “forced” - 85%

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.

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%

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.

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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ACS 3 Exclusion Demand

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- ACS 3 Exclusion Demand - 63%

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.

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%

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.

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%

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.

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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ACS 6 “Liar” - “Fake”

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- ACS 6 “Liar” – “Fake” - 87%

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.

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%

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

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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ACS 8 Unwarranted Use of “abuse”

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

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.

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 Texting & Email - 30%

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.

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%

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.

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%

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.

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%

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 discomfoting 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.

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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