

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

Diagnosis: C.A. Childress (fall 2017)

Training & Certification in AB-PA (fall 2017)

dr craig childress blog.org



The Construct of “Parental Alienation”

The Wilderness

Childress & Pruter (2017)

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.

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.

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.

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.

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.

Returning to the Path of Professional Psychology

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

(Bowlby, 1969; 1973; 1980)

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.



An Attachment-Based Model of “Parental Alienation”

The Return to the Path of Professional Psychology

Childress & Pruter (2017)

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

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

“The deactivation of attachment behavior is a key feature of certain common variants of pathological mourning.”

(Bowlby, 1980, p. 70)

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)

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.

The narcissistic personality is characterologically
unable to process sadness, grief and loss.

Instead, the narcissist translates sadness and grief
into anger, resentment, and blame.

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)

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; Kernberg, 1975)

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

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."

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)

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)

Psychological Control:

"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)

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)

Kerig, P.K. (2005). Revisiting the construct of boundary dissolution: A multidimensional perspective. **Journal of Emotional Abuse**, 5, 5-42.

"Rather than telling the child directly what to do or think, as does the behaviorally controlling parent, the psychologically controlling parent uses indirect hints and responds with guilt induction or withdrawal of love if the child refuses to comply."

"In short, an intrusive parent strives to **manipulate** the child's thoughts and feelings in such a way that the child's psyche will conform to the parent's wishes."

(Kerig, 2005, p. 12)

Kerig, P.K. (2005). Revisiting the construct of boundary dissolution: A multidimensional perspective. **Journal of Emotional Abuse**, 5, 5-42.

"In order to carve out an island of safety and responsivity in an unpredictable, harsh, and depriving parent-child relationship, children of highly maladaptive parents may become precocious caretakers who are adept at reading the cues and meeting the needs of those around them."

"The ensuing **preoccupied attachment** with the parent interferes with the child's development of important ego functions, such as self organization, affect regulation, and emotional object constancy."

(Kerig, 2005, p. 14)

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.

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.

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)."

Family Systems Pathology

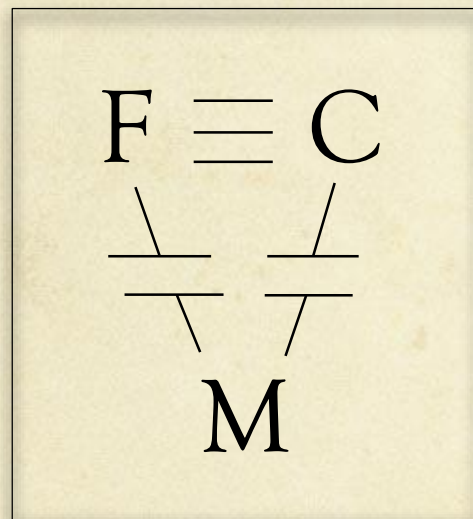
Bowen – Minuchin – Haley

- Triangulation
- Cross-generational Coalition
- Emotional Cutoff

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.

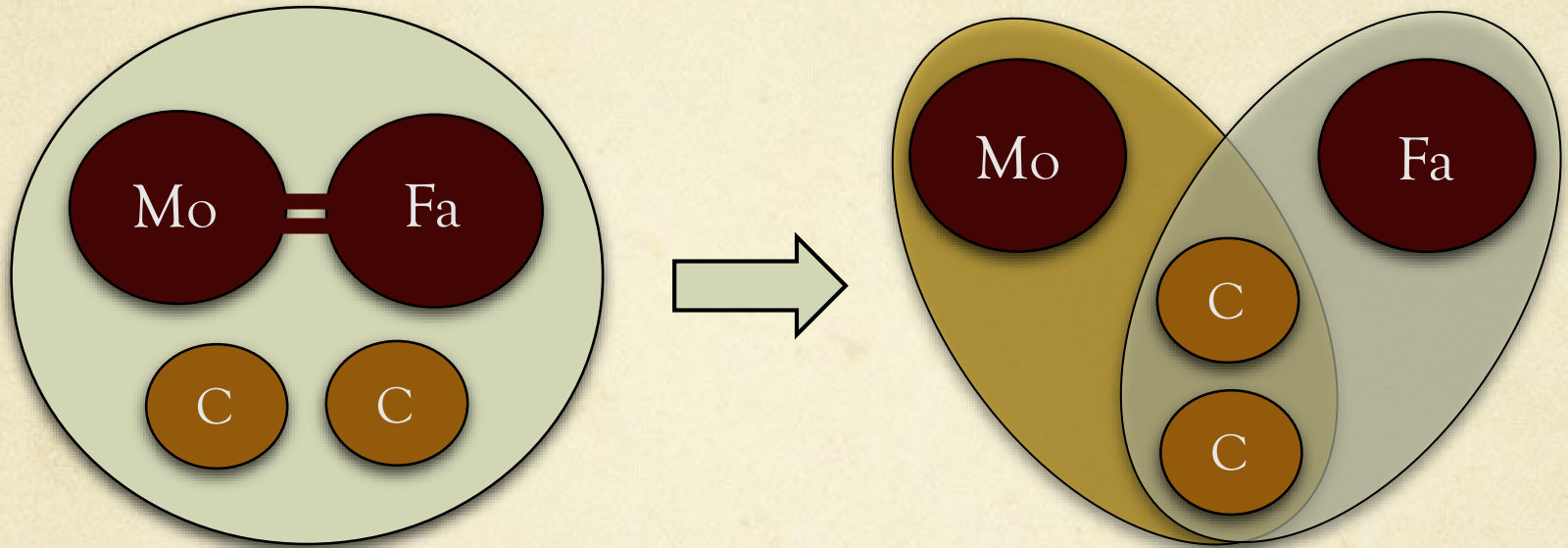
Minuchin. S. & Nichols, M.P. (1993). Family healing: Strategies for hope and understanding. New York: Touchstone.



Inverted Hierarchy, Enmeshment, Cross-Generational Coalition, & Cutoff of Mother

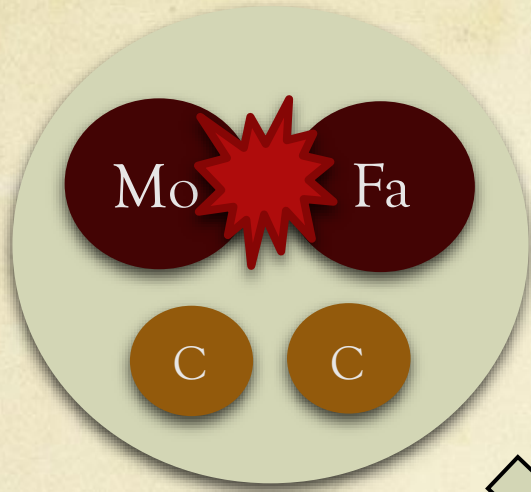
(Minuchin & Nichols, p. 42)

Divorce Transition:

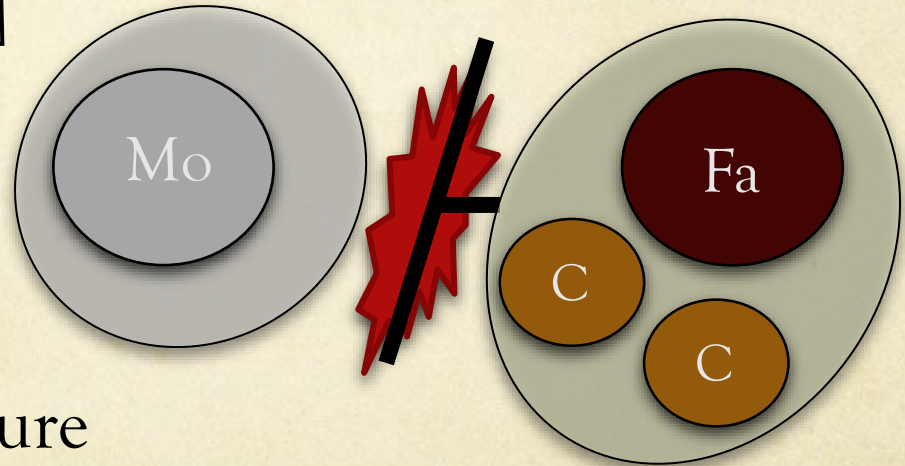
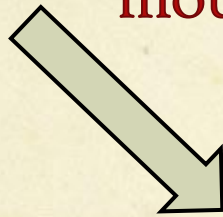
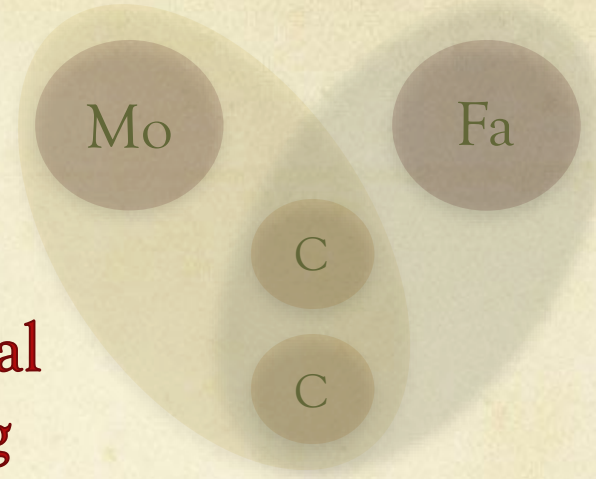


Intact Family Structure
United by the Marital Bond

Separated Family Structure
United by the Children

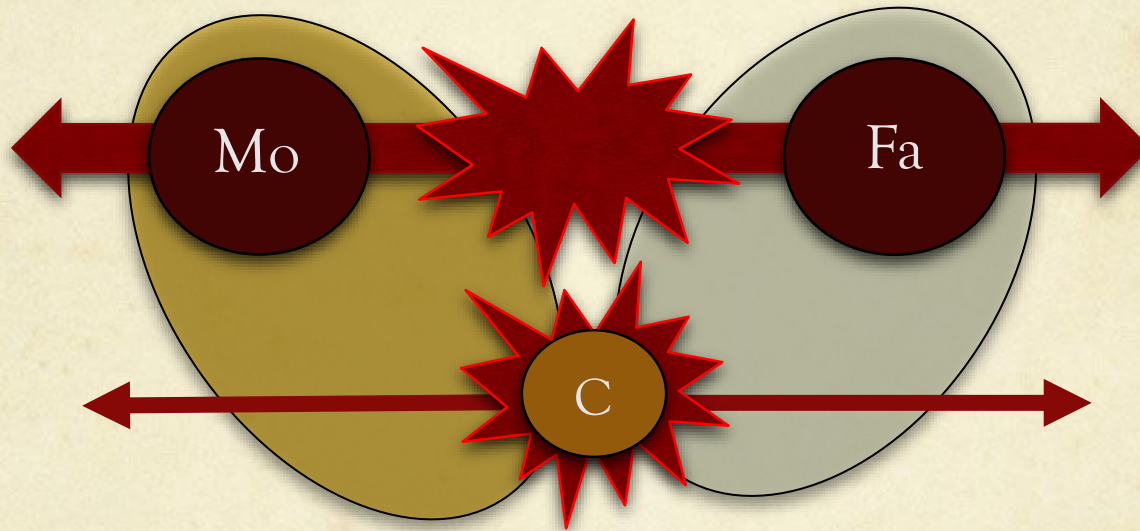


pathological
mourning

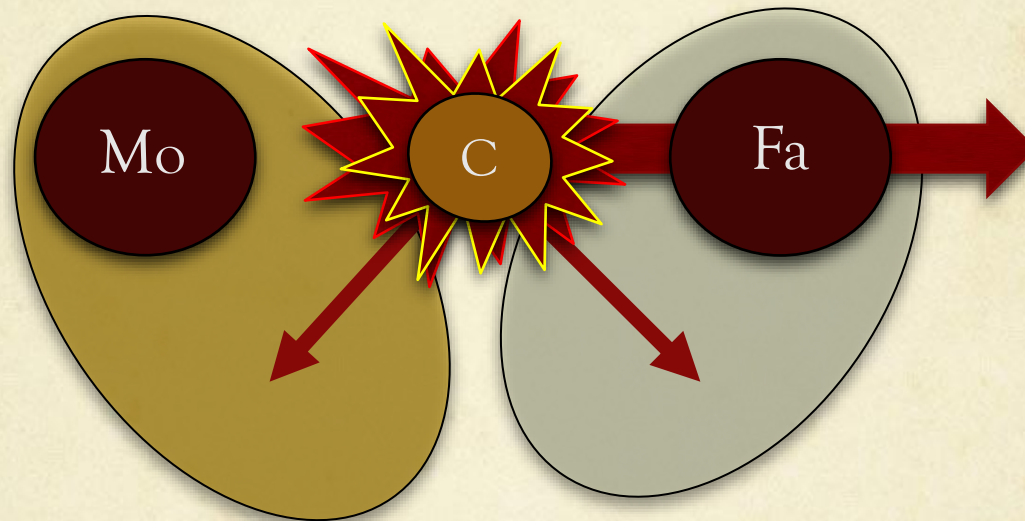


Cutoff Family Structure

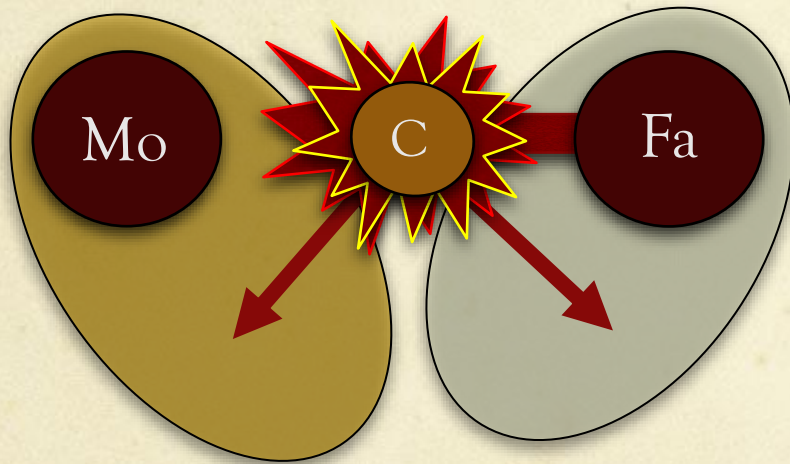
High parental conflict rips the child apart.



It only takes one parent to create conflict.



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

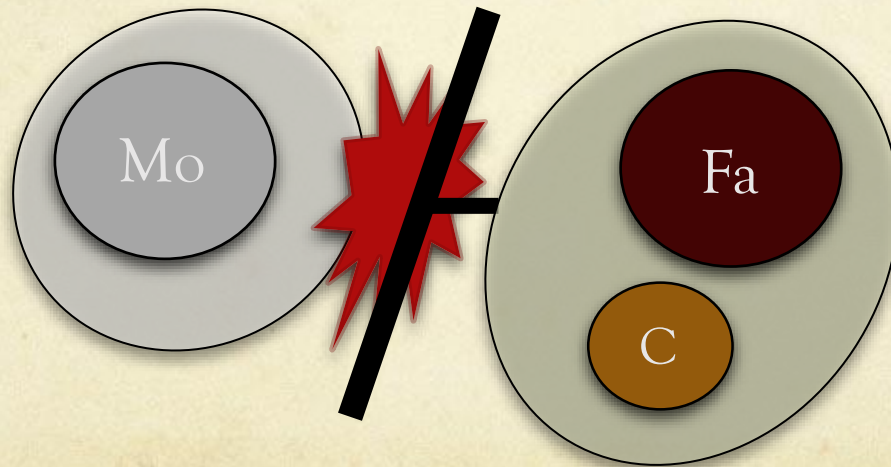


If the child tries to remain neutral – the child is placed in middle and forced to choose.

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

Cutoff Family Structure:

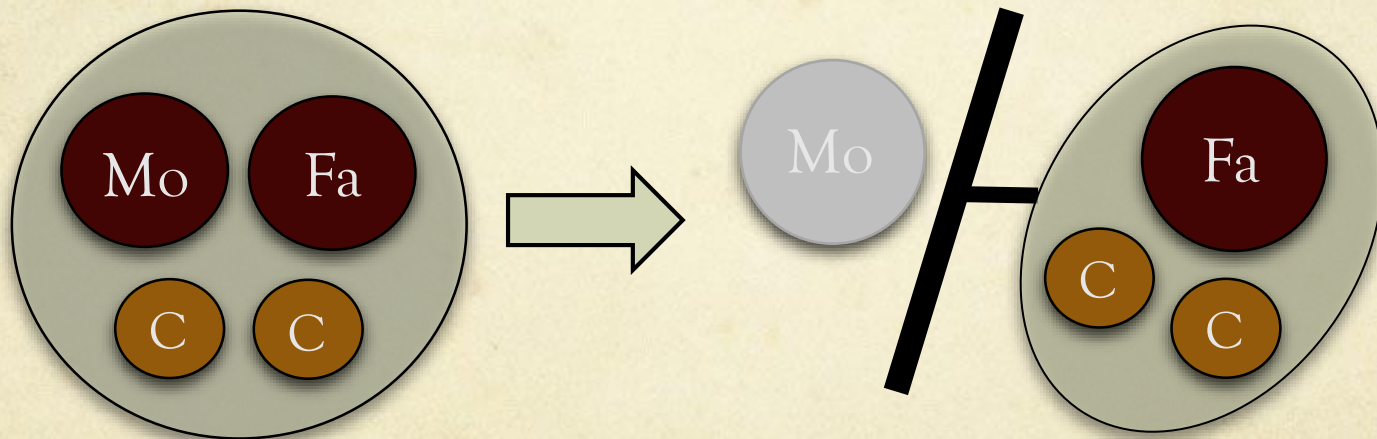
The only escape for the child from being placed in the middle of the spousal conflict created by the narcissistic/(borderline) parent is for the child to psychologically surrender to and take the side of the narcissistic/(borderline) parent.



"Death" of a Parent:

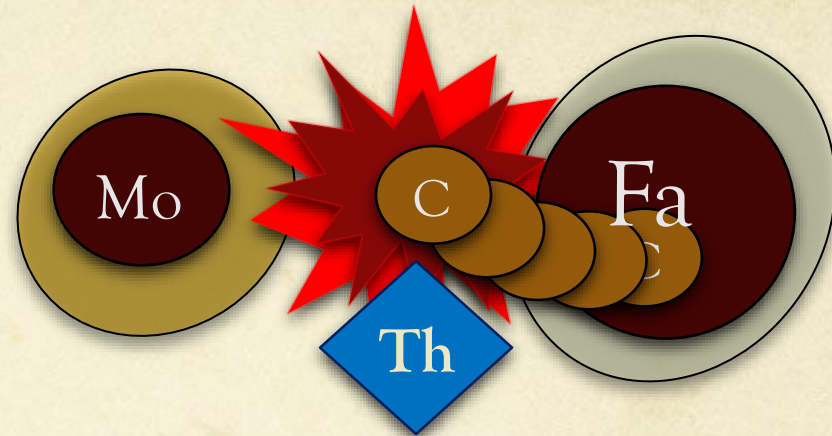
The child pays the price of losing a relationship with a beloved parent...

but at least the child escapes being placed in the middle of the spousal conflict.



"Reunification therapy" will be ineffective

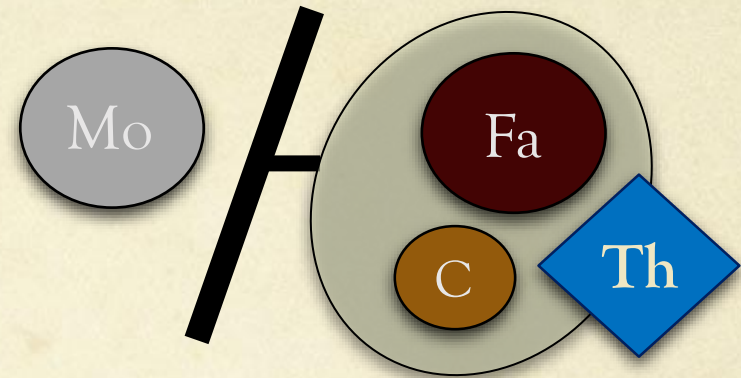
"Reunification therapy" will simply put the child back in the middle of the spousal conflict created by the narcissistic/(borderline) parent by turning the




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.

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.





The Trans-Generational Transmission of Attachment Trauma

The Attachment System Core of the Pathology

Childress & Pruter (2017)

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

Personality Pathology & Attachment

“Various studies have found that patients with BPD are characterized by **disorganized attachment** representations.”

"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)

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)

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.

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;

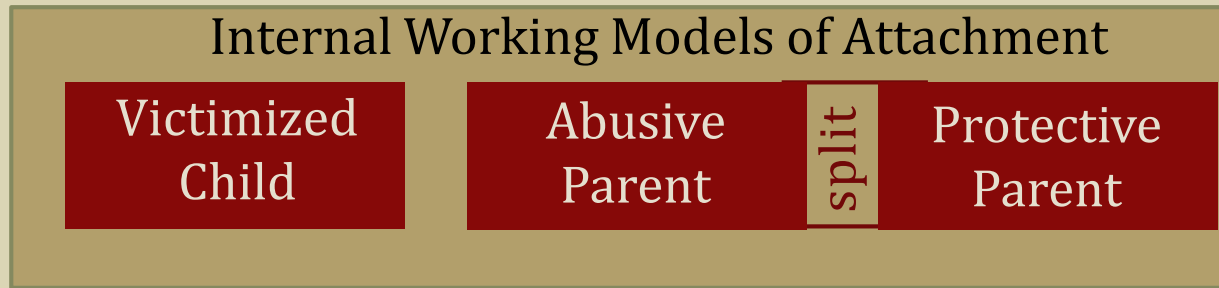
Creates a neurologically based **psychological equivalency** in these representational networks.

Childhood Attachment Trauma Pattern

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

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

One from the **PAST** childhood trauma:



One for the **CURRENT** family relationships:



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:



Psychological Equivalency:

Targeted Parent = "Abusive Parent"

Current Child = "Victimized Child"

N/(B) Parent = "Protective Parent"



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.

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

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.

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(Pearlman & Courtois, 2005, p. 455)
emphasis added

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.

The narcissistic and borderline personality is a
master at manipulation.

There is none better.

They are especially skilled at manipulating others to
become **allies**.

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."

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**"



Professional Competence

Childress & Pruter (2017)

Domains of Professional Competence

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

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

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.

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.

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.

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 the nature of **complex trauma**, as expressed both individually and through family relationships.
- Failure to possess professional-level knowledge regarding the 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.

There is no such thing in clinical psychology as
"parental alienation."

It is a made up form of "new pathology."

There is:
pathological mourning.

There is:

triangulation, cross-generational coalitions, and
emotional cutoffs.

There is:

the collapse of narcissistic and borderline
personality structure surrounding divorce.

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

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.

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.

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.

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.

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.

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.


Diagnosis.



Diagnosis

Diagnostic Indicators of Pathogenic Parenting

Childress & Pruter (2017)



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.

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.

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.

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"

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*.

Diagnostic Checklist for Pathogenic Parenting:

Diagnostic Checklist for Pathogenic Parenting: Extended Version

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

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. |

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.



Assessment

Re-Establishing Professional Standards of Practice

Childress & Pruter (2017)

Assessment leads to diagnosis.

Diagnosis guides treatment.

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**.

The attachment system NEVER spontaneously
dysfunctions.

The attachment system ONLY dysfunctions in
response to pathogenic parenting.

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.

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.**"

We are assessing for **pathogenic parenting** associated with an attachment-related pathology in the child,

NOT for "parental alienation."



Treatment

DSM-5: V995.51 Child Psychological Abuse

Childress & Pruter (2017)

Assessment leads to diagnosis.

Diagnosis guides treatment.

Pathogenic parenting that is creating significant

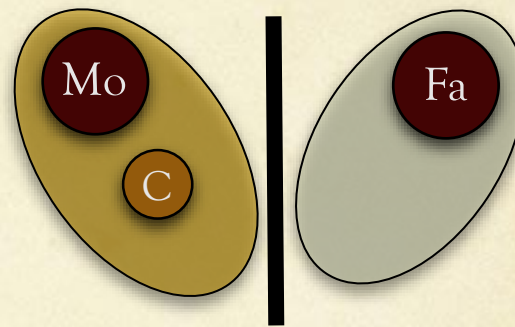
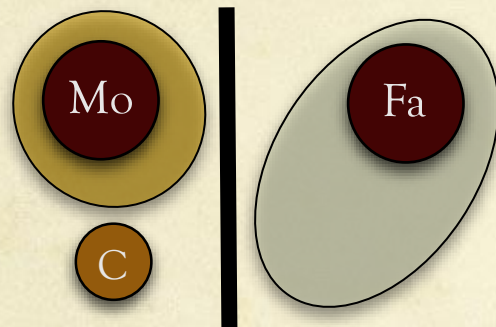
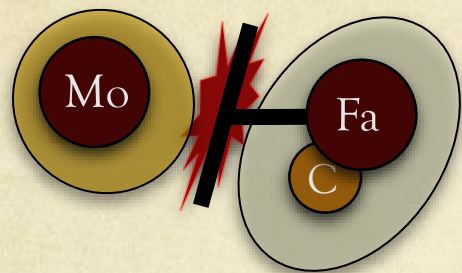
Developmental pathology in the child
(diagnostic indicator 1),

Personality disorder pathology in the child
(diagnostic indicator 2),

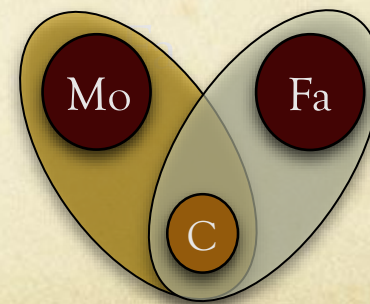
Delusional-psychiatric pathology in the child
(diagnostic indicator 3)

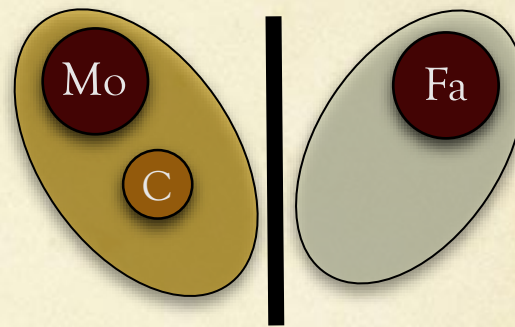
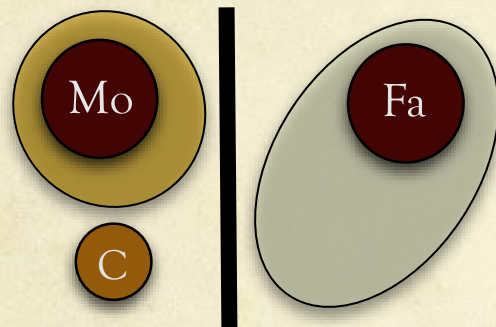
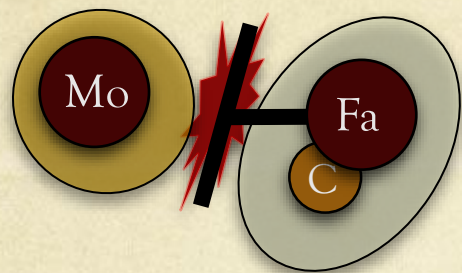
is a DSM-5 diagnosis of:

V995.51 Child Psychological Abuse, Confirmed.

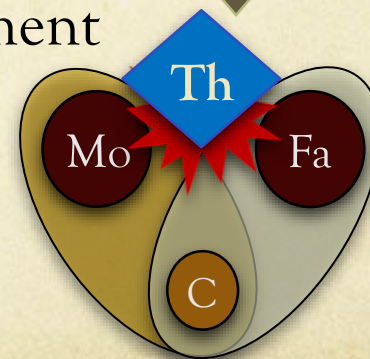


The Protective Separation & Treatment





The Protective Separation & Treatment





Protective Separation

DSM-5: V995.51 Child Psychological Abuse

Childress & Pruter (2017)

Diagnosis guides treatment.

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.

Diagnosis guides treatment.



DSM-5 Diagnosis:
V995.51 Child Psychological Abuse, Confirmed

Duty to Protect:

In all cases of child abuse, physical child abuse, sexual child abuse, and psychological child abuse, the standard of practice and duty to protect requires the child's protective separation from the abusive parent during treatment and recovery.



DSM-5 Diagnosis:

V995.51 Child Psychological Abuse, Confirmed

Therapy:

The child is then treated for the damaging consequences of the child abuse, and the child's normal-range and healthy development is recovered and restored.



DSM-5 Diagnosis:

V995.51 Child Psychological Abuse, Confirmed

Reintroducing the Abusive Parent:

When the child's normal-range and healthy development has been restored, the formerly abusive parent is then reintroduced with sufficient safeguards to ensure that the child abuse does not resume.



DSM-5 Diagnosis:

V995.51 Child Psychological Abuse, Confirmed

Therapy for the Abusive Parent:

During the period of protective separation the abusive parent is typically required to obtain individual therapy to gain and demonstrate insight into the causes of the prior abuse.

The degree of supervision surrounding the reintroduction of this parent is typically based on this parent's cooperation with therapy.



DSM-5 Diagnosis:

V995.51 Child Psychological Abuse, Confirmed

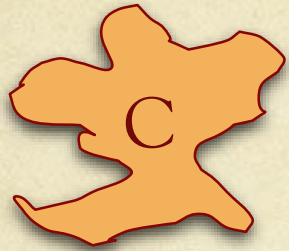
This is true for physical child abuse;

This is true for sexual child abuse;

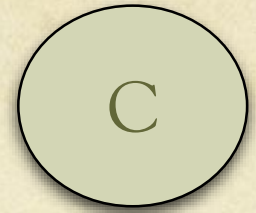
This is true for psychological child abuse.

Diagnosis guides treatment.

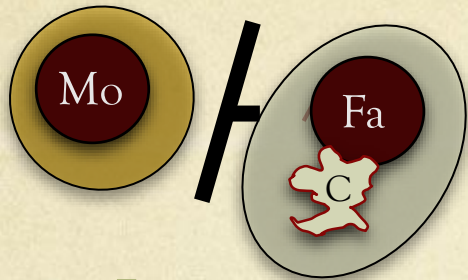
The protective separation is based on a DSM-5 diagnosis of V995.51 Child Psychological Abuse.



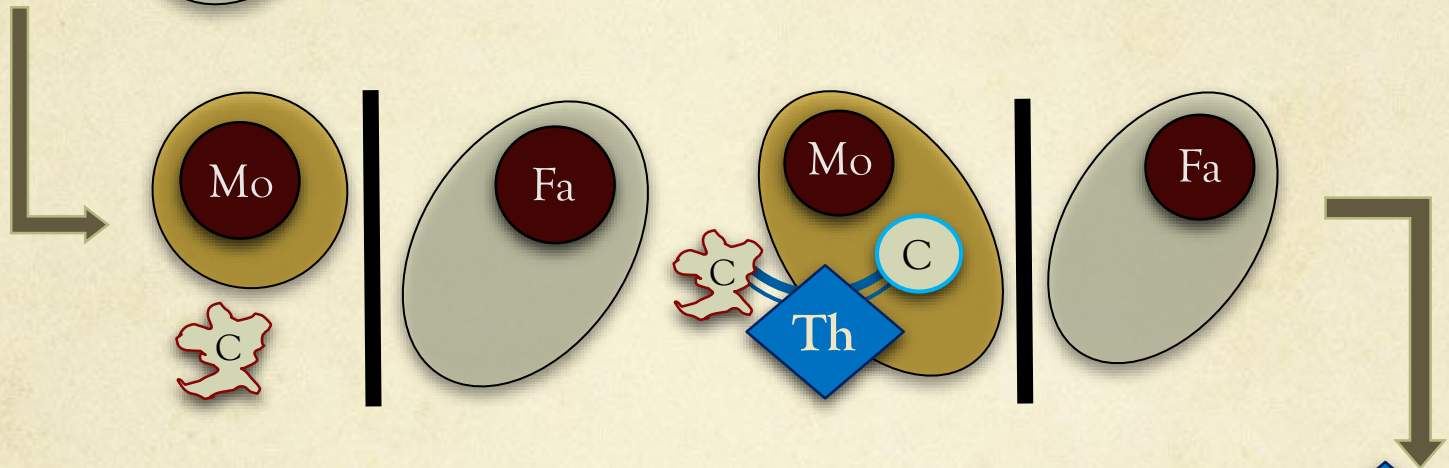
The narcissistic/(borderline) parent is creating a significant degree of psychopathology in the child.



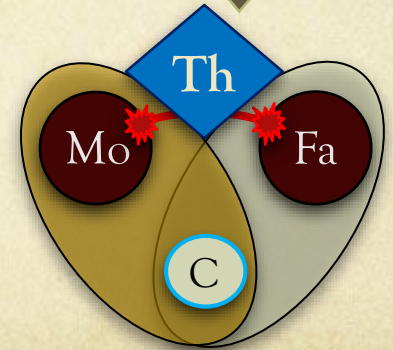
- **Developmental pathology:** suppression of the child's normal-range attachment bonding motivations.
- **Personality pathology:** narcissistic personality traits (including a prominent absence of empathy, which is associated with the capacity for human cruelty).
- **Delusional psychiatric pathology:** an encapsulated persecutory delusion.



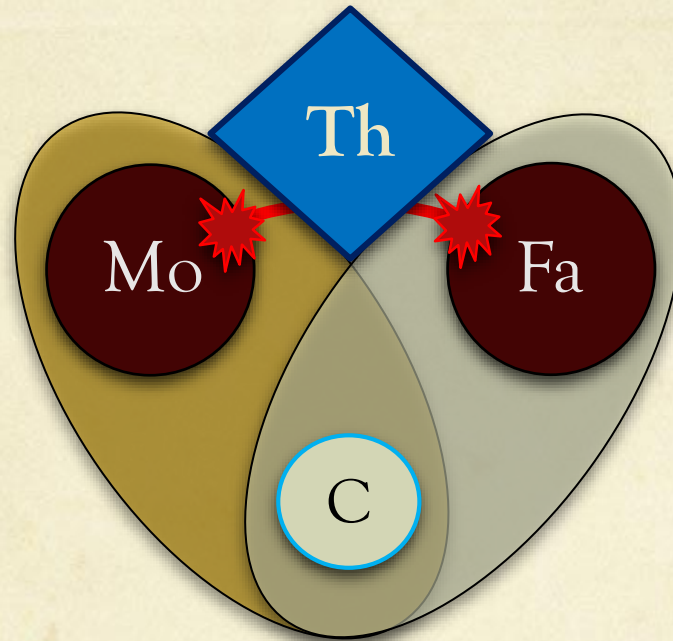
Child Psychological Abuse



The Protective Separation & Treatment



The Goal:



A successful and relatively normal-range separated family structure with long-term stabilization by a mental health professional who is knowledgeable and qualified in AB-PA

Pathogenic parenting that is creating significant

Developmental pathology in the child
(diagnostic indicator 1),

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Protective Separation

DSM-5 Diagnosis:

V995.51 Child Psychological Abuse

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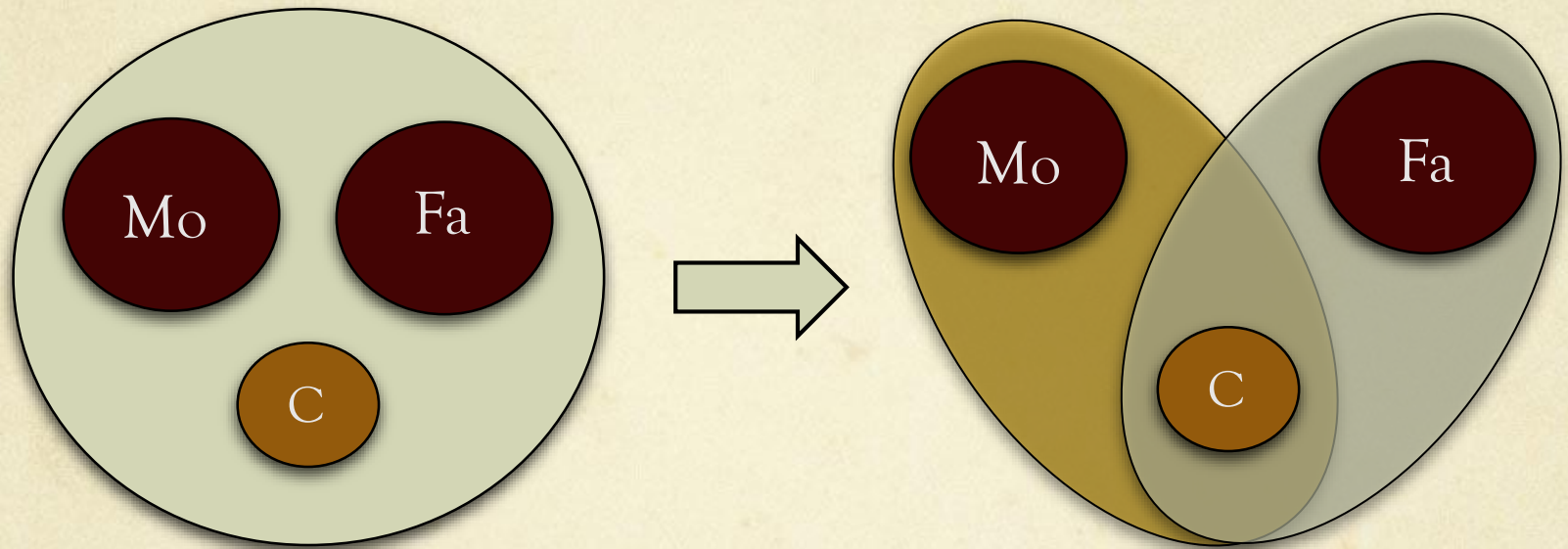
The Key to Solving High-Conflict Divorce

Amicus Attorney & AB-PA Certified MH Professional

Childress & Pruter (2017)

The adversarial foundation to the legal system contributes to and fosters the continuing conflict within high-conflict families.

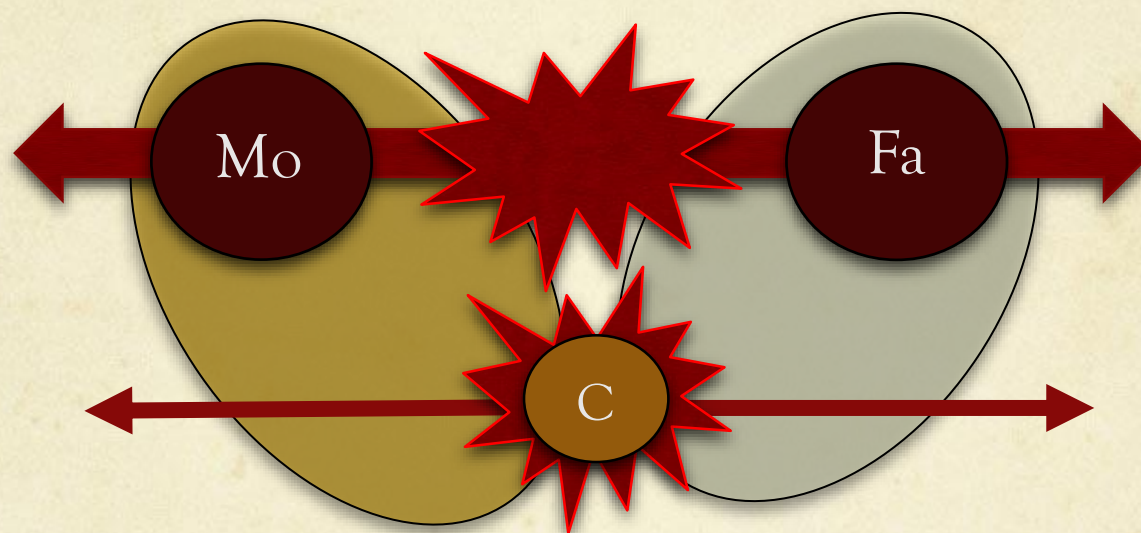
Normal-Range Divorce Transition:



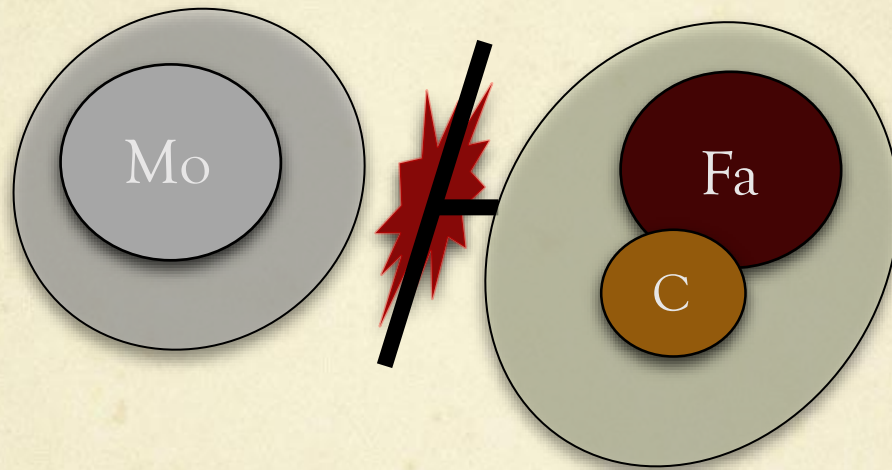
Intact Family Structure
United by the Marital Bond

Separated Family Structure
United by the Children

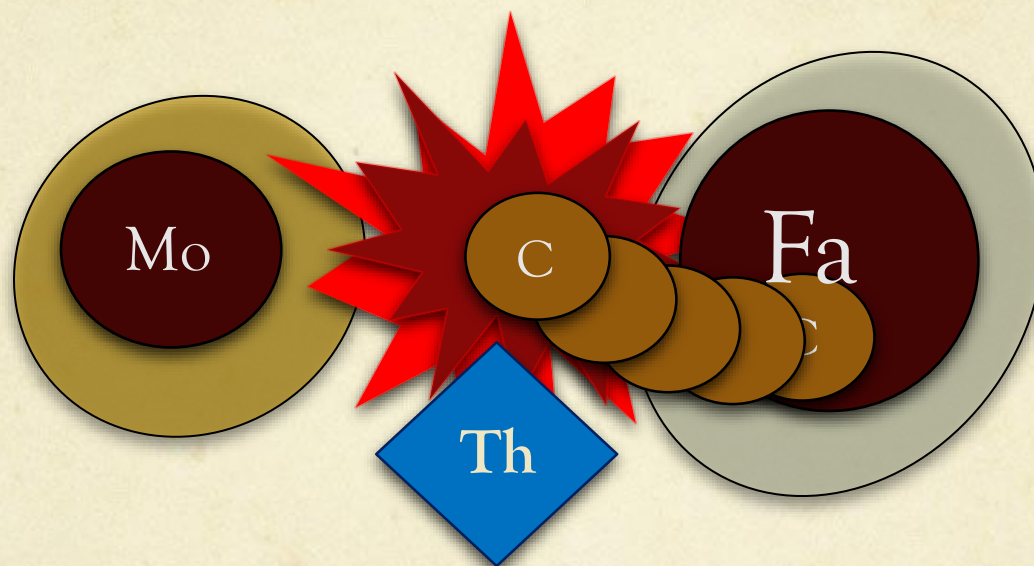
High-Conflict Divorce:



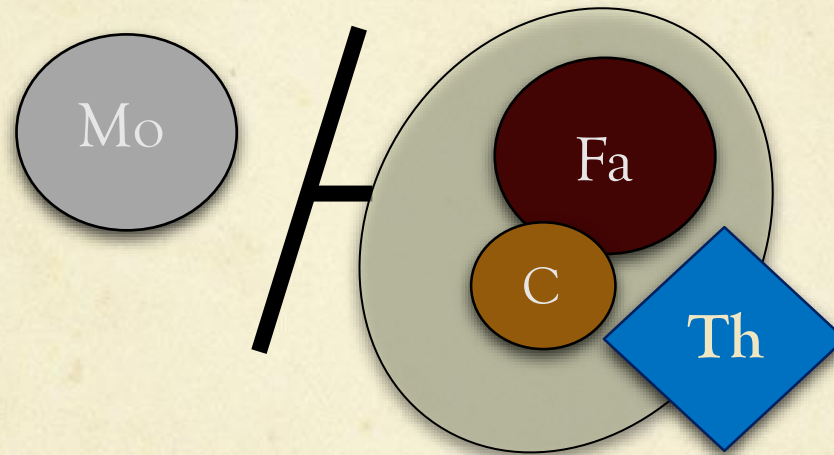
Pathological Cutoff Family Structure:

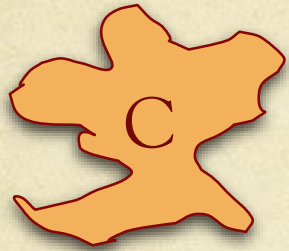


"Reunification Therapy":

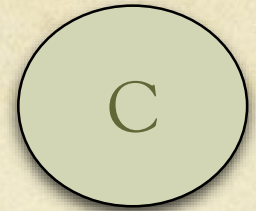


Individual Child Therapy:

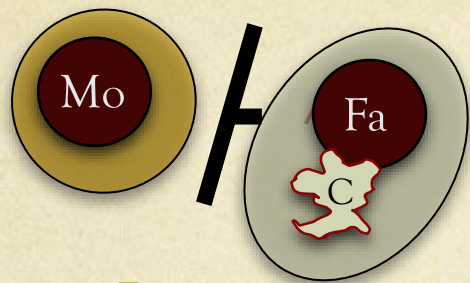




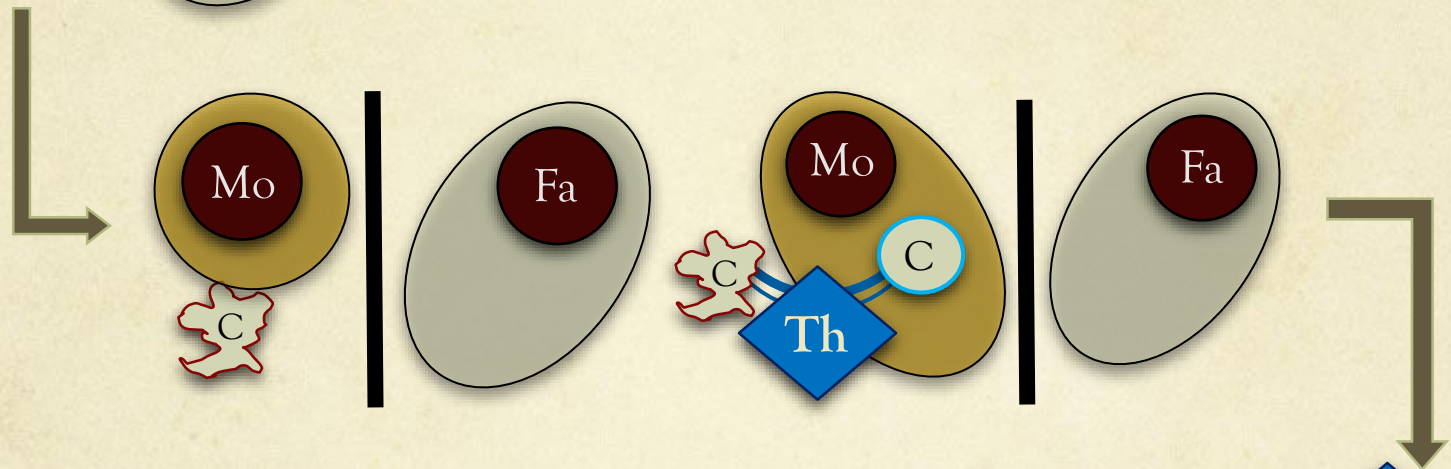
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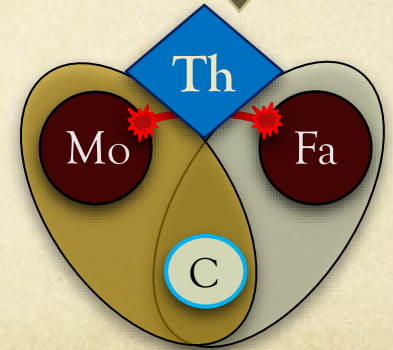
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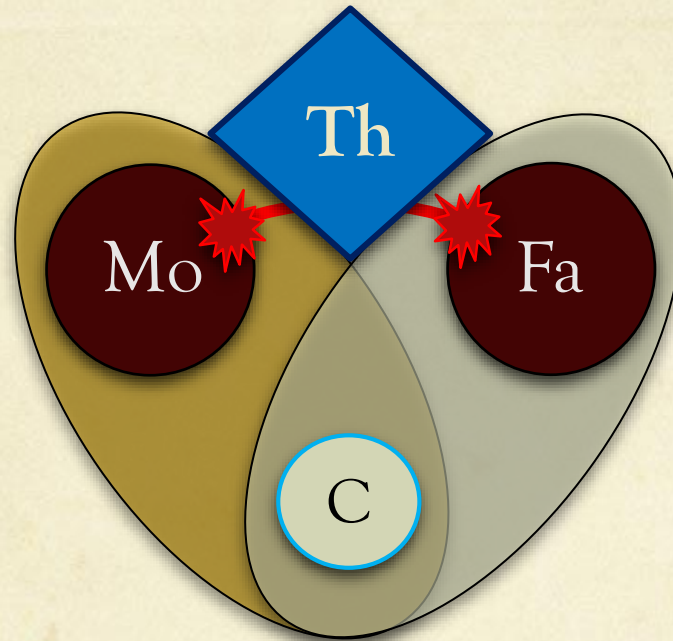
Child Psychological Abuse



The Protective Separation & Treatment



The Goal:



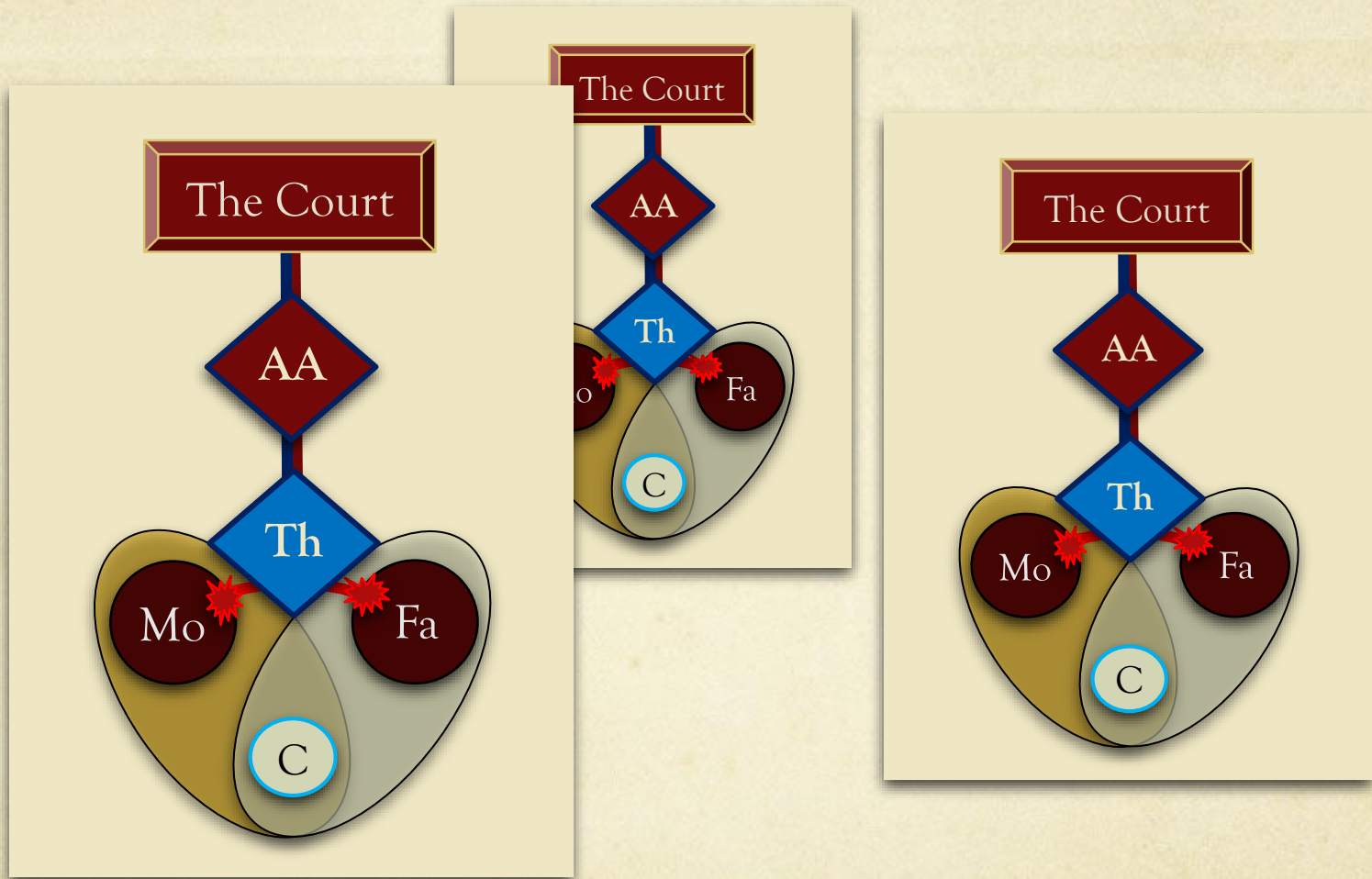
A successful and relatively normal-range separated family structure with long-term stabilization by a mental health professional who is knowledgeable and qualified in AB-PA

High-Conflict Divorce: The Family Law Solution

The Key:



An AB-PA knowledgeable amicus attorney teamed with an AB-PA Certified mental health professional

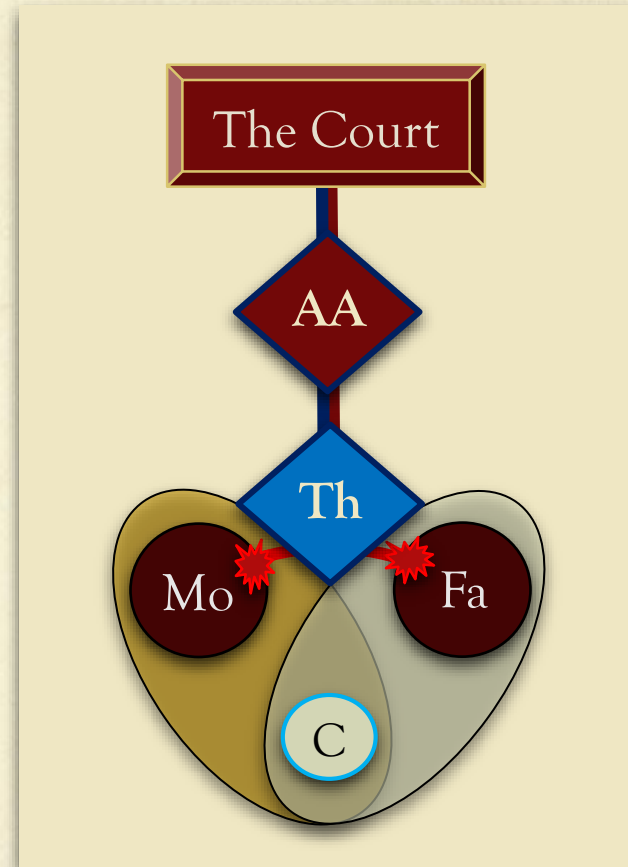


Assembling the Key:

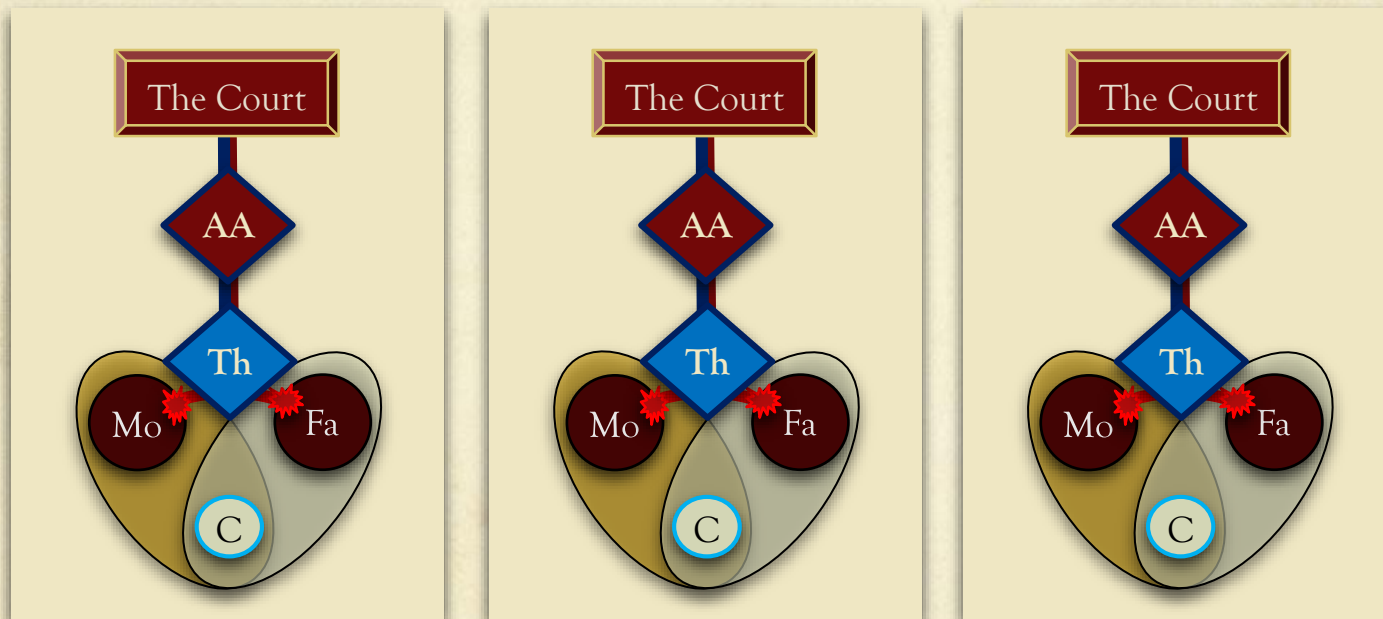


The Court will have an interchangeable pool of AB-PA Knowledgeable amicus attorneys and **AB-PA Certified** mental health professionals to draw from in assembling a key for each family.

The teaming of an AB-PA Knowledgeable amicus attorney with an **AB-PA Certified** mental health professional reduces the adversarial context of the family law system surrounding high-conflict divorce; while allowing each party to retain separate legal counsel as desired to ensure protection of their legal rights.



The teaming of an AB-PA Knowledgeable amicus attorney with an **AB-PA Certified** mental health professional is the **KEY** to solving high-conflict divorce in the family law system.



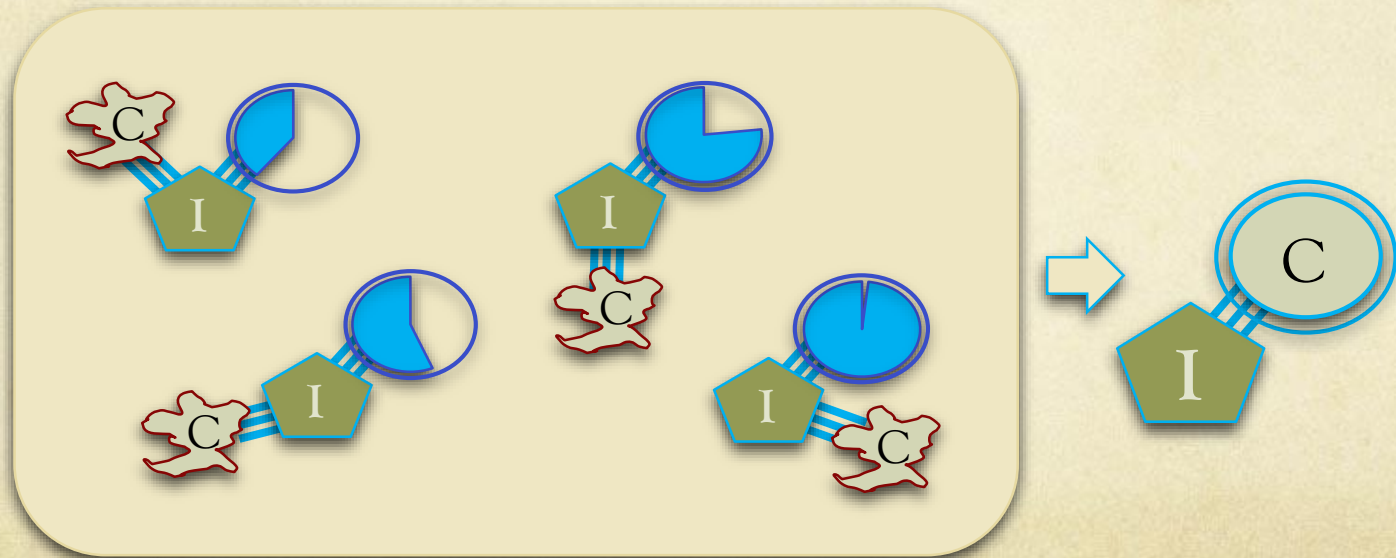
The High Road Protocol

Catalytic Psychoeducational Intervention

Childress & Pruter (2017)

Catalytic Psychoeducational Intervention

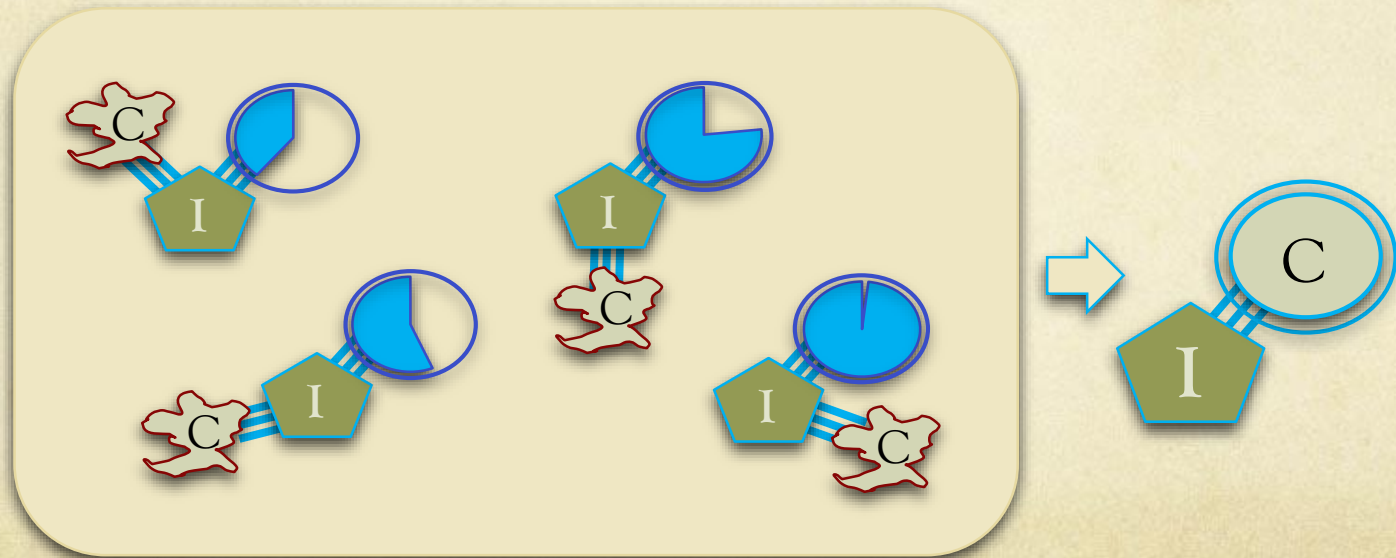
The High Road workshop is a catalytic psycho-educational intervention involving a sequence of structured activities that restores the normal-range functioning of the child's attachment system.

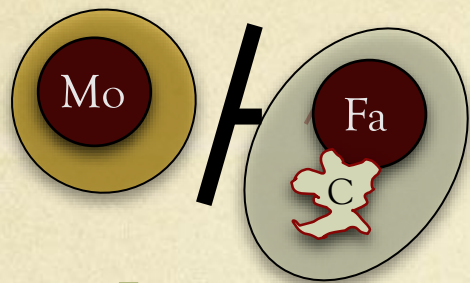


The High Road workshop uses a series of catalytic activities:

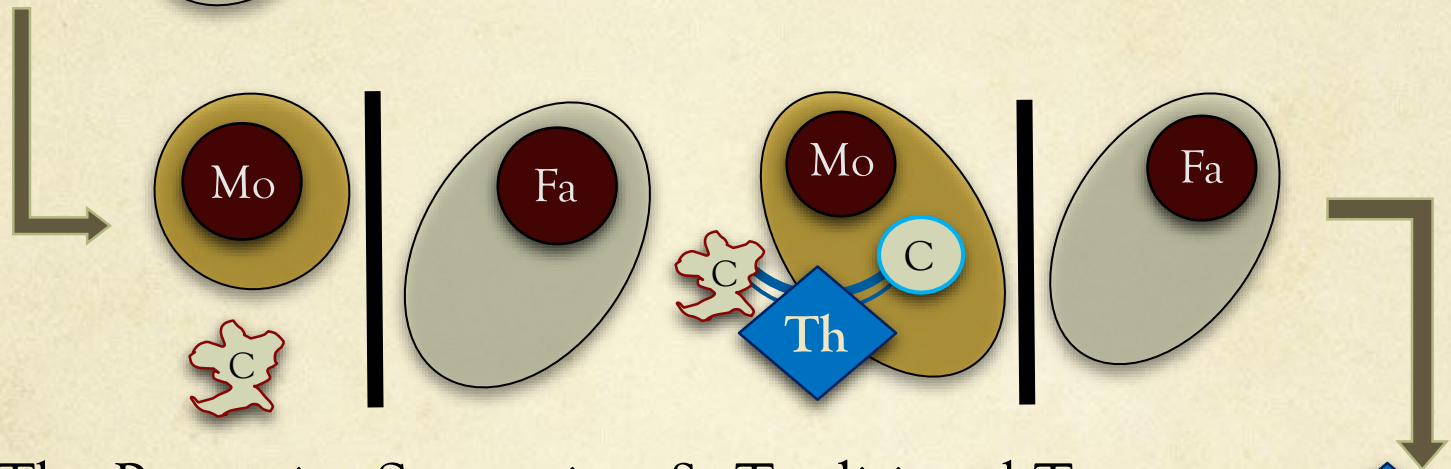
- Psychoeducational content videos and narrative-story videos;
- Structured problem solving and communication skill-building activities;

that gently and systematically restores the normal-range functioning of the child's attachment system.

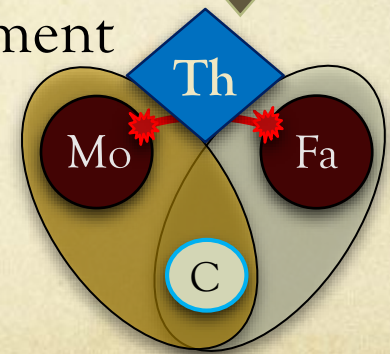


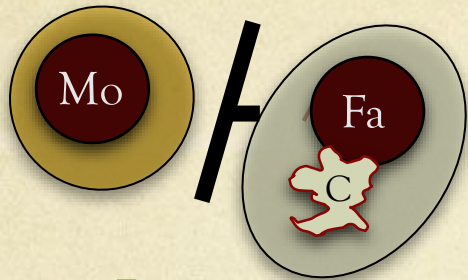


Child Psychological Abuse

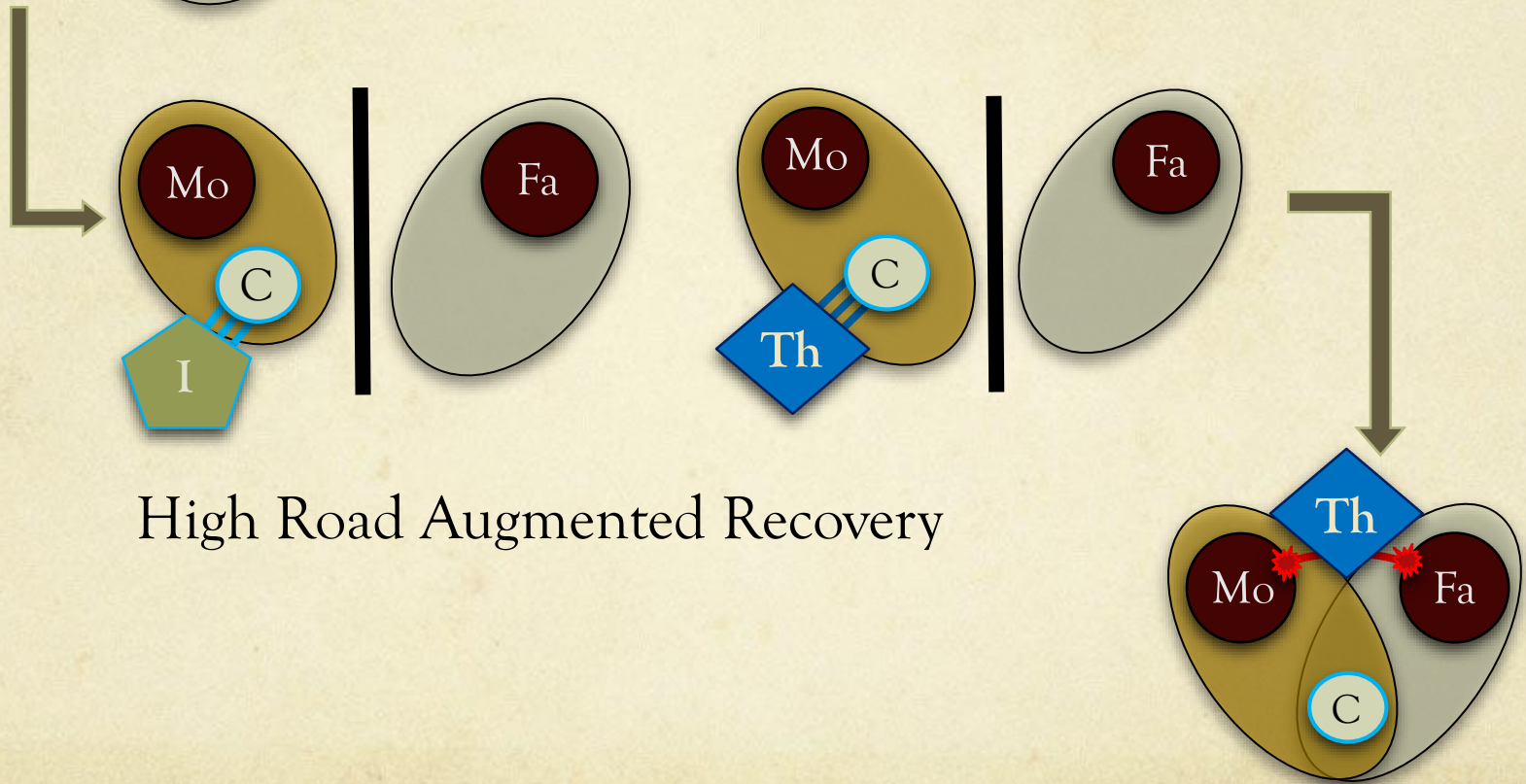


The Protective Separation & Traditional Treatment





Child Psychological Abuse



High Road Augmented Recovery

The High Road Protocol

Restoring Normal-Range Attachment

Childress & Pruter (2017)

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The High Road protocol represents the specific component videos and structured workshop activities used, and the **sequence** in which these catalytic interventions are applied.

Both the component content AND the **sequence** in which the supporting underlying brain systems are restored are critical to the successful application of catalytic interventions.

Catalytic Intervention Innovation

The High Road workshop is an entirely different type of change-agent approach than is used in any form of traditional psychotherapy.

- If the variants of traditional psychotherapy are considered to be different types of carbon-based life forms;
- Then the catalytic approach of the High Road protocol could be considered a silicon-based life form - an entirely different change-agent approach.

Catalytic Intervention Implications

The implications of the catalytic intervention approach employed by the High Road protocol for broader professional psychology extend to interventions with other forms of pathology, such as:

- Substance abuse recovery approaches;
- Prison incarceration and recidivism;
- Recovery from complex trauma experiences.

Catalytic Intervention Approach

The catalytic approach of the High Road protocol restores normal-range attachment bonding motivations but doesn't focus directly on the attachment system or the parent-child bond.

The catalytic approach of the High Road protocol restores positive and healthy family relationships, but doesn't directly focus on the relationship itself or its problems.

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The High Road Protocol

Opening Interventions

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High Road: Eight Steps

1. Remove mindset obstacles
2. Re-educate parents through co-parenting skill building
3. Recover the authentic child
4. Re-establish the attachment bond
5. Restore normal-range family interactions
6. Reintegrate in the new family paradigm
7. Rejoice and reward – A family celebration
8. Post-workshop handoff to maintenance care



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Case Study: Utah

Parental abduction

2 1/2 years no contact

10 years in the legal system

False allegations



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Case Study: NCMAC Recovery

Runaway - parental abduction

False allegations

Post-Recovery Clandestine Contact



CONSCIOUS
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Case Study: The Anarchist

Self-proclaimed "trained killer"

Expelled from school – feared violence

Substantial drug use

False allegations

A sweetie

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