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## Welcome! Master Lecture Series

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- Introduction
- About the Master Lecture Series
- Parental Alienation: An Attachment-based Model

First, locate the toolbar at the top of your screen and reveal its contents by hovering your cursor on it.

Click on the arrow to the right of the toolbar.

Next, click on the Q&A tab at the top of the dropdown menu.

Type your question in the box provided, and send it to "Q+A Moderator/Host."

### Treatment of Attachment-Based “Parental Alienation”

C. A. Childress, Psy.D.

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### Review of Theoretical Foundations

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### PAS Paradigm:

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

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## PAS is a Failed Paradigm:

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

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Gardner’s model of “parental alienation”  
is a failed paradigm.

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- Gardner’s model is a failed **theoretical** paradigm
- Gardner’s model is a failed **diagnostic** paradigm
- Gardner’s model is a failed **legal** paradigm
- Gardner’s model is a failed **therapeutic** paradigm

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## Attachment-Based Paradigm:

An attachment-based model of “parental alienation” acknowledges both:

- The clinical acumen of Gardner in identifying a valid clinical construct
- And, the theoretical limitations of his anecdotal conceptual formulation that is not grounded in established psychological principles and constructs

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## Attachment-Based Paradigm:

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

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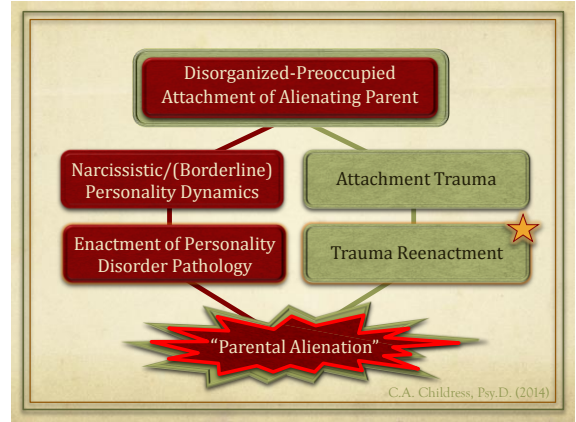
An attachment-based model of “parental alienation”  
represents a new paradigm for defining the construct  
of “parental alienation” in high-conflict divorce.

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## Paradigm Shift

Attachment-Based Model

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## 3 Levels of Analysis

- ❖ Family Systems Level
- ❖ Personality Disorder Level
- ❖ Attachment System Level

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Family Systems Distortions



Narcissistic/(Borderline)  
Personality Disorder Distortions



Attachment System Distortions

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## Family Systems Level

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## Surface Level

Family Systems Dynamics:

- Inability of the family to transition from an intact family structure to a separated family structure
- **Triangulation** of the child into the spousal conflict through the formation of a **cross-generational coalition** of the child with the narcissistic/(borderline) parent

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

“The **rigid triangle** can also take the form of a stable coalition. One of the parents joins the child in a rigidly bounded **cross-generational coalition against the other parent.**” (p. 102)

– Minuchin, 1974

“The people responding to each other in the **triangle** are not peers, but one of them is of a **different generation** from the other two...

In the process of their interaction together, the person of one generation forms a **coalition** with the person of the other generation against his peer. By ‘coalition’ is meant a process of joint action which is **against the third person...**

The coalition between the two persons is denied. That is, there is certain behavior which indicates a coalition which, when it is queried, will be denied as a coalition...

In essence, the **perverse triangle** is one in which the separation of generations is breached in a covert way. When this occurs as a repetitive pattern, the system will be pathological.” (p. 37)

– Haley, 1975

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

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## Personality Disorder Level

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## Equivalency of Narcissistic and Borderline Processes

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

– Kernberg, 1975

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

- Kernberg, 1975

## Narcissistic/Borderline Decompensation into Delusions

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### Narcissistic: Persecutory Delusion

"Under conditions of unrelieved adversity and failure, narcissists may decompensate into **paranoid disorders**.

Owing to their excessive use of fantasy mechanisms, they are disposed to misinterpret events and to construct **delusional beliefs**.

Unwilling to accept constraints on their independence and unable to accept the viewpoints of others, narcissists may isolate themselves from the corrective effects of shared thinking.

Alone, they may ruminate and weave their beliefs into **a network of fanciful and totally invalid suspicions.**"

- Millon, 2011

### Narcissistic: Persecutory Delusion

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

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

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

- Millon, 2011

### Borderline Personality: Psychosis

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

- Beck et al., 2004

### The Narcissistic Dynamic

The excessive anxiety associated with

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

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

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

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The narcissistic/(borderline) parent **psychologically expels** through projective displacement onto the other parent the narcissistic fear of inadequacy and the borderline fear of abandonment by means of the child’s induced symptomatic rejection of the other parent:

- “**You’re** the inadequate parent/(person) – not me”
- “**You’re** the abandoned parent/(person); not me”
- “The child is rejecting you, the child wants me.”
- “I’m the ideal all-wonderful parent, who will never be abandoned by the (narcissistic object) child”

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

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By projectively displacing (expelling) these inadequacy and abandonment fears onto the other parent through the child’s rejection of this parent

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## Attachment System Level

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## Attachment Trauma Reenactment

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### The Alienating Parent’s Attachment System

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

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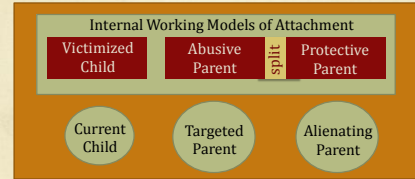
### Attachment Trauma:

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

← "splitting"

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### Alienating Parent's Activated Attachment Networks

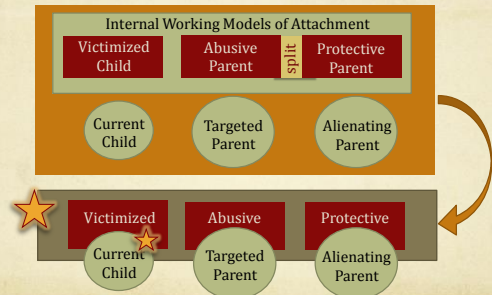


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The co-activation within the attachment system of **two sets** of representational networks, one for the persons in the current family relationships and one set embedded in the "internal working models" of the attachment system, creates a **psychological fusion**, or psychological equivalency between the patterns embedded in the "internal working models" and the current people in the current relationships.

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### Psychological Fusion of Activated Attachment Networks



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So that rather than responding to the actual people in the current family relationship situation...

The personality disordered alienating parent instead **reenacts past childhood attachment trauma** through the current relationships.



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### Victimized Child



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## Understanding the Pathology


### The Reenactment Narrative

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

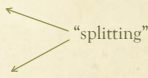
1. **Narcissistic anxiety** surrounding the threatened collapse of the narcissistic defense against the experience of **primal self-inadequacy**
2. **Borderline anxiety** surrounding a tremendous **fear of being abandoned**
3. **Trauma anxiety** around the internal working models of attachment created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

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

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


- Abusive Parent
  - Victimized Child
  - Protective Parent
- 
- “splitting”

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## Inducing the Child’s Symptoms

### Creating the Reenactment Narrative

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

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

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The key to creating the reenactment narrative is to induce the child into adopting the “**victimized child**” role...

Everything else flows from this.

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

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

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

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### Inducing the Child Symptoms: **Exaggerate and Distort the Criticism**

The narcissist parent responds to the elicited “child” criticism of the other parent by distorting and exaggerating the alleged criticism into “evidence” of abusive parental inadequacy by the other parent

- Child: “Well, it was kind of boring.”
- AP: “Oh!, I can’t believe your father didn’t have anything planned to do! He only has one weekend with you, you’d think he could arrange to have something to do. He’s just so selfish, he only thinks of what he wants.”

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### Inducing the Child Symptoms: Subtle Communications – **the “Supportive Parent”**

- Supposedly, it’s the child who appears to be criticizing the other parent
- The narcissistic/(borderline) parent is supposedly simply being a supportive, understanding, and nurturing parent
- Which is a presentation that is in direct contrast to the one being created for other parent, the targeted-rejected parent, who is being cast into the role as the insensitive “abusive” parent

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### Inducing the Child Symptoms: Subtle Communications – **Acquiring Proper Answers**

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

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### Inducing the Child Symptoms: Subtle Communications – **Conveying Meaning**

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


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

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

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

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

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

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Attachment System Suppression

Defining a Threat

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By inducing the child into adopting the **“victimized child”** role...

The other parent, the targeted parent, is immediately and automatically defined into the **“abusive parent”** role

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

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

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

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Which are EXACTLY the symptoms of  
“parental alienation”

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The child seeks to flee from the (supposed) threat  
posed by the (allegedly) “abusive” targeted parent;  
And the child seeks the continual “protective”  
proximity of the (supposedly) **protective parent**,  
which is the role being prominently displayed and  
adopted by the narcissistic/(borderline) parent

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But NONE of this narrative is true:

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

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It is a false narrative

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

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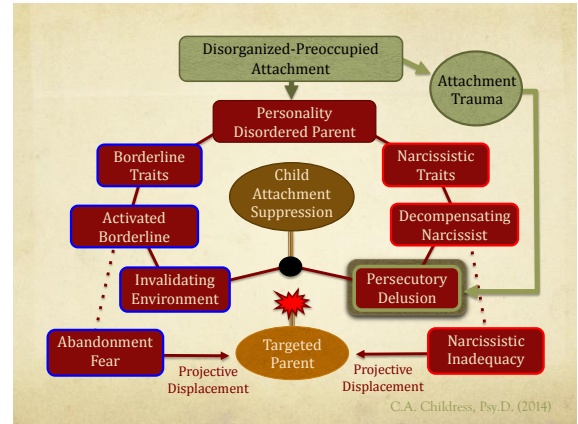
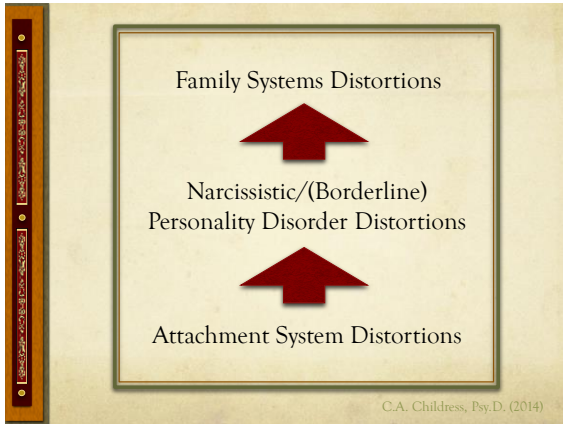
It is a false narrative.

At its core, the varied processes of “parental  
alienation” represent an outward manifestation of  
**psychotic/delusional**  
processes of a narcissistic/borderline parent arising  
from distorted “internal working models” of  
attachment in which past childhood trauma is being  
recreated and reenacted in current relationships

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Schematic Diagrams

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## Diagnosis

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- ❖ 3 Diagnostic Indicators
- ❖ DSM-5 Diagnosis

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## Diagnostic Indicators:

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

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

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## Diagnosis

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### Criterion 1: Attachment System Suppression

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## Criterion 1: Attachment System Suppression

### A: Attachment System Suppression:

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

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### Criterion 1: Attachment System Suppression

#### B: Absence of **Severely** Dysfunctional Parenting by the Targeted-Rejected Parent:

A clinical assessment of the parenting behavior of the rejected parent provides no evidence for **severely** dysfunctional parenting (such as chronic parental substance abuse, parental violence, or parental sexual abuse of the child) that would account for the child's complete rejection of the parent.

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### Criterion 1: Attachment System Suppression

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

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

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## Diagnosis

### Criterion 2: Narcissistic Personality Symptoms

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### Criterion 2: Narcissistic Personality Symptoms

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

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### Criterion 2: Narcissistic Personality Symptoms

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

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

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### Anxiety Variant

- Some children may display extreme and excessive anxiety symptoms toward the targeted-rejected parent rather than narcissistic and borderline personality disorder traits.
- In the anxiety variant of attachment-based "parental alienation" the child's anxiety symptoms will meet DSM-5 diagnostic criteria for a Specific Phobia.
- The type of phobia displayed by the child will be a bizarre and unrealistic "father type" or "mother type."

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## Diagnosis

### Criterion 3: Persecutory Delusional Belief

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### Criterion 3: Delusional Belief

**Delusional Belief System:** The child’s symptoms display an intransigently held, fixed and false belief (i.e., a delusion) regarding the fundamental parental inadequacy of the targeted-rejected parent in which the child characterizes a relationship with the targeted-rejected parent as being emotionally or psychologically “abusive” of the child.

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### Criterion 3: Delusional Belief

The child may use this fixed and false belief regarding the supposedly “abusive” inadequacy of the targeted parent to justify the child’s rejection the targeted parent (i.e., that the targeted parent “deserves” to be rejected because of the supposedly “abusive” parenting practices of this parent).

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### Dr. Childress Comment:

The actual underlying psychotic process supporting the delusional belief system is the **Reenactment Narrative** originating in the traumatized attachment networks of the narcissistic/(borderline) parent’s attachment system, in which there is a psychological **equivalency** of past internal working models of attachment and current family relationship representations.

The narcissistic/(borderline) parent is **reenacting past trauma in current relationships** by inducing the child into adopting the “victimized child” role.

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

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

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## DSM-5 Diagnosis

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## DSM-5 Diagnosis

- 309.4 Adjustment Disorder with mixed disturbance of emotions and conduct
- V61.20 Parent-Child Relational Problem
- V61.29 Child Affected by Parental Relationship Distress
- V995.51 Child Psychological Abuse, Confirmed

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## Psychological Child Abuse

The processes of “parental alienation” represent pathogenic parenting by a narcissistic/(borderline) parent that is inducing significant

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

in the child, that is resulting in the loss for the child of an affectionally bonded relationship with a normal-range and affectionally available parent.

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Attachment-based “parental alienation” is not a child custody issue, it is a **child protection** issue.

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## Therapy

Special Population – Specialized Expertise

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Therapy requires knowing what we’re treating.

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

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Mental health therapists and evaluators working with this **“special population”** should possess a professional-level of competence in the following:

1. **The attachment system**, its characteristic patterns of functioning and dysfunctioning
2. **Personality disorder dynamics** with a particular focus on narcissistic & borderline processes
3. **Delusional belief systems**, particularly surrounding narcissistic and borderline personality disorder processes and trauma reenactment
4. **Family systems theory**, particularly focused on recognizing cross-generational parent-child coalitions

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#### Attachment Theory:

The professionally competent assessment and treatment of a serious distortion to the child’s attachment system requires a professional level of competence related to

- The developmental origins of the attachment system
- The interpersonal and psychological functions served by the attachment system across the lifespan
- The characteristic features of the attachment system and characteristic patterns of dysfunctioning
- The attachment system’s expression in parent-child relationships, particularly with regard to the neuro-developmental role of child “protest behavior” in eliciting increased parental involvement

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#### Personality Disorder Dynamics

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

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#### Delusional Processes:

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

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#### Family Systems Theory:

The child’s symptoms are a product of interrelated family relationship processes.

- Professionally competent assessment and treatment of this special population of children and families requires an understanding of family systems theory, with a knowledge of Structural and Strategic family systems theory being strongly recommended.
- The professional recognition of child triangulation issues and the features of a cross-generational parent-child coalition are essential.

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

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

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

Standard 2.02 Boundaries of Competence

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

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

Humanistic child therapy that focuses on  
“**validating the child’s feelings**”

is absolutely the  
**WRONG THING TO DO**

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

The family processes of “parental alienation” represent a shared delusional belief system in which the child is being induced into adopting and accepting the false role as a “victim” within the trauma reenactment narrative of a narcissistic/(borderline) parent.

**Validating a patient’s delusional beliefs** as the result of professional ignorance regarding the necessary areas of professional expertise required for treatment is colluding with the pathology and represents **incompetent therapy**.

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

Professionally incompetent therapy as a product of professional ignorance and from practice beyond the boundaries of professional competence, in violation of professional practice standards, that results in **harm to the client**,

i.e., unresolved developmental, personality, and psychiatric pathology and the loss for the child of a relationship with a normal-range and affectionally available parent,

would likely represent professionally irresponsible and negligent practice that could expose the therapist to a malpractice lawsuit from the targeted parent.

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

Therapy requires knowing what we’re treating.

Children and families evidencing the clinical and diagnostic indicators of attachment-based “parental alienation” represent a “**special population**” requiring specialized professional knowledge and expertise to competently diagnose and treat.

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

## Therapy

### Attachment-Based Model

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

An attachment-based model of “parental alienation” provides a coherent description of what we’re treating at the

1. Family system level
2. Personality disorder level
3. Attachment level

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## Family Systems Level:

- At the family systems level we are treating the failure of the family to transition from an intact family structure to a separated family structure
- As the result of the child’s triangulation into the spousal conflict through a cross-generational coalition of the child with a narcissistic/(borderline) parent that is targeting the other parent for the child’s rejection
- The two central impediments to transition are an unprocessed grief response and the splitting dynamic of the narcissistic/(borderline) parent

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## Personality Disorder Level:

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

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## Attachment System Level:

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

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

## Psychological Child Abuse

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

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

pathology in a child...

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## Psychological Child Abuse

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

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

**Represents the psychological abuse of the child.**

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

## Therapy

Misattribution of Grief Response

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

The central feature of the child’s experience in attachment-based “parental alienation” is the misattribution by the child of an authentic grief response.

Initially the grief is triggered by the loss of the intact family, then this grief and loss experience for the child is increased exponentially once the child begins rejecting an affectionally bonded relationship with the beloved-but-now-rejected targeted parent.

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

## The Attachment System

“I define an “affectional bond” as a relatively long-enduring tie in which the partner is important as a unique individual and is **interchangeable with none other**. In an affectional bond, there is a desire to maintain closeness to the partner.

In older children and adults, that closeness may to some extent be sustained over time and distance and during absences, but nevertheless there is at least an intermittent desire to reestablish proximity and interaction, and **pleasure – often joy – upon reunion**. Inexplicable separation tends to cause distress, and **permanent loss would cause grief.**” (p. 711)

– Ainsworth, 2011

## The Attachment System

An “attachment” is an affectional bond, and hence an attachment figure is never wholly interchangeable with or replaceable by another, even though there may be others to whom one is also attached.

“In attachments, as in other affectional bonds, there is a need to maintain proximity, distress upon inexplicable separation, pleasure and joy upon reunion, and **grief at loss.**” (p. 711)

– Ainsworth, 2011

## Narcissistic Processing of Sadness

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

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

– Kernberg, 1975

### Misattribution of Grief

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

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### The child’s unprocessed sadness and grief

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

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

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

### Misinterpreted “Evidence”

- Under the distorting influence of the interpretations of the narcissistic/(borderline) parent (i.e., anger and resentment loaded with revengeful wishes) the child misinterprets this differential rise and fall in **authentic** hurt as directly experienced “evidence” that the targeted-rejected parent is doing something that is causing the child’s hurt, since the child hurts **more** when **with** the targeted parent and **less** when **away** from the targeted parent.
- When, in truth, this is just a product of the natural functioning of the child’s attachment system that is producing a rise and fall in the grief response depending on whether the targeted-rejected parent is available or unavailable in the environment.

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

- The central feature of therapy is helping the child to make an accurate interpretation of the child’s authentic grief response at the loss of an affectionally bonded relationship with the beloved-but-now-rejected targeted parent.
- Once the child is able to express an affectionally bonded relationship with the targeted parent, the child’s grief response will immediately disappear and the child will achieve an **accurate interpretation** for the child’s previous hurt as having been from the loss of a desired relationship with the targeted parent.

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## Phases of Therapy

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### “Reunification Therapy”

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### Phases of Therapy:

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

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

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## Therapy

### Phase 1: Protective Separation

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### Rescue of the Child – Protective Separation

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

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

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### Rescue of the Child – Protective Separation

Initiating therapy with children in this "special population" without **first** acquiring the child's protective separation from the ongoing pathogenic parental influence of the narcissistic/(borderline) parent places the child at risk of **harm** from,

- 1) Ongoing exposure to psychological/developmental child abuse
- 2) During psychotherapy, from being turned into a **psychological battleground** between the goals of therapy to restore the child's healthy development and the goals of the narcissistic/(borderline) parent to maintain the child's symptomatic rejection of the other parent

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"The breakdown of appropriate generational boundaries between parents and children significantly **increases the risk for emotional abuse.**"

"When parent-child boundaries are violated, the implications for developmental psychopathology are significant. Poor boundaries interfere with the child's capacity to progress through development which, as Anna Freud (1965) suggested, is **the defining feature of childhood psychopathology.**"

- Kerig, 2005

"Only insofar as parents fail in their capacity for empathic attunement and responsiveness can they objectify their children, **consider them narcissistic extensions of themselves**, and abuse them.

It is the parents' view of their children as vehicles for satisfaction of their own needs, accompanied by the simultaneous disregard for those of the child, that make the victimization possible.

- Moor & Silvern, 2006

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### Psychological/Developmental Child Abuse

Pathogenic parenting that induces child psychopathology involving:

- Severe distortions to the child's attachment system
- Severe distortions to the child's personality formation
- Delusional beliefs regarding the other parent that create a cut-off of the child's relationship with a normal-range, loving, and affectionate parent

Represents a form of psychological/developmental child abuse that **warrants a child protection response**

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

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

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## Rescue of the Child – Protective Separation

### Psychological Battleground

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

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## Rescue of the Child – Protective Separation

### Psychological Battleground

- The active resistance of the narcissistic/(borderline) parent will turn the child into a psychological battleground between the balanced and normal-range meaning constructions being offered through therapy and the aberrant and distorted meaning constructions being provided by the pathogenic parenting of the narcissistic/(borderline) parent.

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

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

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

#### Standard 3.04 Avoiding Harm

“psychologists take reasonable steps to **avoid harming** their clients/patients... and to minimize harm where it is foreseeable and unavoidable.”

#### Standard 10.10a Terminating Therapy

“(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, **is not likely to benefit**, or is being harmed by continued service.”

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**Requiring** the protective separation of the child from the ongoing pathogenic parenting practices of the narcissistic/(borderline) parent **during the active** phase of the child’s treatment meets the professional obligation to “minimize harm where it is foreseeable and unavoidable”

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### No Protective Separation

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

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

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## Therapy

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### Phase 2: Recovery of Child Authenticity

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### Recovering Child Self-Authenticity:

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

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## Therapy

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### Phase 3: Restoring Relationship

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### Restoring the Parent-Child Relationship

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

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

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## Therapy

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### Phase 4: Reintroduce Pathogenic Parent

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### Reintroduction of the Pathogenic Parent

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

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