

C. A. CHILDRESS, Psy.D.

LICENSED CLINICAL PSYCHOLOGIST, PSY 18857

219 N. INDIAN HILL BLVD., STE. 201 • CLAREMONT, CA 91711 • (909) 821-5398

---

Date: 9/11/19

To: Assessing mental health professional

Re: Evaluation of high-intensity family conflict surrounding divorce

### Scope of Current Consultation

Dr. Childress is providing this consultation letter regarding the nature of the psychological and family assessment required in complex family conflict surrounding divorce. The key element is to identify the diagnosis, this then will lead to the development of an effective treatment plan. This consultation letter is designed to be provided by parents to the assessing mental health professional and describes the areas of recommended assessment.

### Referral Question

Assessment is always organized by the referral question. The referral question for assessment of attachment-related pathology surrounding divorce (such as a child rejecting a relationship with a parent) is:

Referral Question: Which parent is the source of pathogenic parenting<sup>1</sup> creating the child's attachment pathology, and what are the treatment implications?

### Differential Diagnoses

Diagnosis is through a process called "differential diagnosis" in which all possible explanations for a set of symptoms are considered, and information is systematically collected that supports certain alternatives and rules-out other alternative explanations. The two broad differential diagnoses for the referral question are

- **Targeted Parent Pathogenic Parenting:** That the parenting of the targeted parent is responsible for the child's attachment bonding problems to this parent. To create a child's rejection of a parent would require pathogenic parenting in the child abuse range of parenting. The attachment system is a primary motivational system of the brain and strongly motivates the child to bond to the parent. Children want and seek the love of parents. Only severely abusive parenting will terminate the child's attachment bonding motivations toward a parent.

The outcome of this portion of the differential diagnosis (i.e., assessment of the targeted parent's parenting practices) should be documented using the *Parenting Practices*

---

<sup>1</sup> Patho=pathology; genic=genesis, creation. Pathogenic parenting is the creation of significant psychopathology in the child through aberrant and distorted parenting practices. The construct of pathogenic parenting is commonly used with attachment-related pathology since the attachment system only becomes dysfunctional in response to pathogenic parenting.

*Rating Scale* (Appendix 1). This will bring clarity to discussion of the family relationship conflict by providing a clearly documented rating from the assessing mental health professional regarding the quality and nature of the targeted parent's parenting practices (Levels 1 & 2 parenting is Abusive Level; Levels 3 & 4 parenting is Normal-Range parenting). If the targeted parent's parenting is determined to be Level 1 (Abusive) or Level 2 (Highly Problematic), then this should be the focus of clinical attention until the parenting is brought into normal-range (Levels 3 & 4 parenting practices).

- **Allied Parent Pathogenic Parenting:** Potential pathogenic parenting of concern by the allied parent would involve a family system process called a "cross-generational coalition" in which the child takes the side of the allied parent against the targeted parent, resulting in an "emotional cutoff" of the child's relationship with the targeted parent (Minuchin, Bowen, Haley, Madanes; Appendix 2).

The clinical description for the pathology depends on which information sets from professional psychology are applied to the symptoms::

Family Systems Description: The child is being **triangulated** into the spousal conflict by the allied parent through the formation of a **cross-generational coalition** with the child against the targeted parent, resulting in an **emotional cutoff** in the child's relationship with the targeted parent.

Triangulated = child put in the middle of the spousal conflict. The two person spousal conflict becomes a three-person, parent-child-parent, conflict.

Cross-generational coalition = one parent manipulates and psychologically coerces the child into taking this parent's side in the spousal conflict.

Emotional cutoff = a family member rejects a family member, such as a child rejecting a parent. The presence of an emotional cutoff in the family is the product of unresolved "multi-generational trauma" in the parent which is being passed on to the child (Bowen; Titelman)<sup>2</sup>

Attachment Trauma Description: The trans-generational transmission of unresolved attachment trauma from the childhood of an allied narcissistic-borderline personality parent to the current family relationships, mediated by the personality disorder pathology of the parent that is itself a product of this parent's own childhood attachment trauma.

For assessment of this second diagnostic description (multi-generational trauma), I recommend that the assessing mental health professional assesses for and documents the potential presence of three symptoms in the child's symptom display:

---

<sup>2</sup> Bowen, M. (1978). *Family Therapy in Clinical Practice*. New York: Jason Aronson.

Titelman, P. (2003). *Emotional Cutoff: Bowen Family Systems Theory Perspectives*. New York: Haworth Press.

## Child Symptoms:

1. Attachment bonding suppression toward a normal-range parent.

Present – Absent - Partial

2. Narcissistic personality disorder traits in the child's symptom display (grandiosity in judging the adequacy of the parent, entitlement, absence of empathy, haughty and arrogant attitude, splitting).

Present – Absent - Partial

3. An encapsulated persecutory delusion, a fixed and false belief in the child's supposed "victimization" by the normal-range parenting of the targeted parent.

Present – Absent - Partial

This third symptom, the encapsulated persecutory delusion, is highly important to have assessed and identified if present. If the targeted parent's parenting is determined to be normal-range yet the child has an encapsulated persecutory delusion in supposed "victimization," then a more precise assessment of the child's false belief in supposed victimization can be done using the *Brief Psychiatric Rating Scale*.

## Consultation

This consultation letter is designed to be provided to the mental health professional conducting the assessment and if desired I would be available for professional-to-professional consultation with the assessing mental health professional regarding the development of an appropriate assessment protocol for the complex family conflict.



Craig Childress, Psy.D.  
Clinical Psychologist, PSY 18857

Appendix 1: Parenting Practices Rating Scale

## Parenting Practices Rating Scale

C.A Childress, Psy.D. (2016)

Name of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Rater: \_\_\_\_\_

Indicate all that apply.

Child Abuse Ratings: Do not indicate child abuse is present unless allegations have been confirmed. In cases of abuse allegations that have neither been confirmed nor disconfirmed, or that are unfounded, use Allegation subheading rating not Category rating.

### Level 1: Child Abuse

- 1. Sexual Abuse  
As defined by legal statute.
  - Allegation: Neither confirmed nor disconfirmed
  - Allegation: Unfounded
  
- 2. Physical Abuse  
Hitting the child with a closed fist; striking the child with an open hand or a closed fist around the head or shoulders; striking the child with sufficient force to leave bruises; striking the child with any instrument (weapon) such as kitchen utensils, paddles, straps, belts, or cords.
  - Allegation: Neither confirmed nor disconfirmed
  - Allegation: Unfounded
  
- 3. Emotional Abuse  
Frequent verbal degradation of the child as a person in a hostile and demeaning tone; frequent humiliation of the child.
  - Allegation: Neither confirmed nor disconfirmed
  - Allegation: Unfounded
  
- 4. Psychological Abuse  
Pathogenic parenting that creates significant psychological or developmental pathology in the child in order to meet the emotional and psychological needs of the parent, including a role-reversal use of the child as a regulatory object for the parent's emotional and psychological needs.
  - Allegation: Neither confirmed nor disconfirmed
  - Allegation: Unfounded
  
- 5. Neglect  
Failure to provide for the child's basic needs for food, shelter, safety, and general care.
  - Allegation: Neither confirmed nor disconfirmed
  - Allegation: Unfounded
  
- 6. Domestic Violence Exposure  
Repeated traumatic exposure of the child to one parent's violent physical assaults toward the other parent or to the repeated emotional degradation (emotional abuse) of the other parent.
  - Allegation: Neither confirmed nor disconfirmed
  - Allegation: Unfounded

## Level 2: Severely Problematic Parenting

- 7. **Overly Strict Discipline**  
Parental discipline practices that are excessively harsh and over-controlling, such as inflicting severe physical discomfort on the child through the use of stress postures, using shaming techniques, or confining the child in an enclosed area for excessively long periods (room time-outs are not overly strict discipline).
- 8. **Overly Hostile Parenting**  
Frequent displays (more days than not) of excessive parental anger (a 6 or above on a 10-point subjective scale).
- 9. **Overly Disengaged Parenting**  
Repeated failure to provide parental supervision and/or age-appropriate limits on the child's behavior and activities; parental major depression or substance abuse problems.
- 10. **Overly Involved-Intrusive Parenting**  
Enmeshed, over-intrusive, and/or over-anxious parenting that violates the psychological self-integrity of the child; role-reversal use of the child as a regulatory object for the parent's anxiety or narcissistic needs.
- 11. **Family Context of High Inter-Spousal Conflict**  
Repeated exposure of the child to high inter-spousal conflict that includes excessive displays of inter-spousal anger.

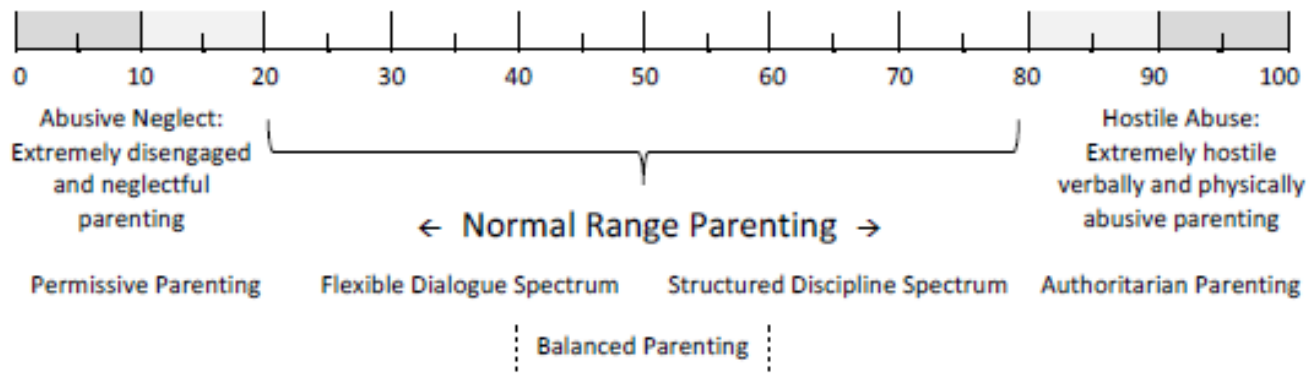
## Level 3: Problematic Parenting

- 12. **Harsh Discipline**  
Excessive use of strict discipline practices in the context of limited displays of parental affection; limited use of parental praise, encouragement, and expressions of appreciation.
- 13. **High-Anger Parenting**  
Chronic parental irritability and anger and minimal expressions of parental affection.
- 14. **Uninvolved Parenting**  
Disinterested lack of involvement with the child; emotionally disengaged parenting; parental depression.
- 15. **Anxious or Over-Involved Parenting**  
Intrusive parenting that does not respect interpersonal boundaries.
- 16. **Overwhelmed Parenting**  
The parent is overwhelmed by the degree of child emotional-behavioral problems and cannot develop an effective response to the child's emotional-behavioral issues.
- 17. **Family Context of Elevated Inter-Spousal Conflict**  
Chronic child exposure to moderate-level inter-spousal conflict and anger or intermittent explosive episodes of highly angry inter-spousal conflict (intermittent spousal conflicts involving moderate anger that are successfully resolved are normal-range and are not elevated inter-spousal conflict).

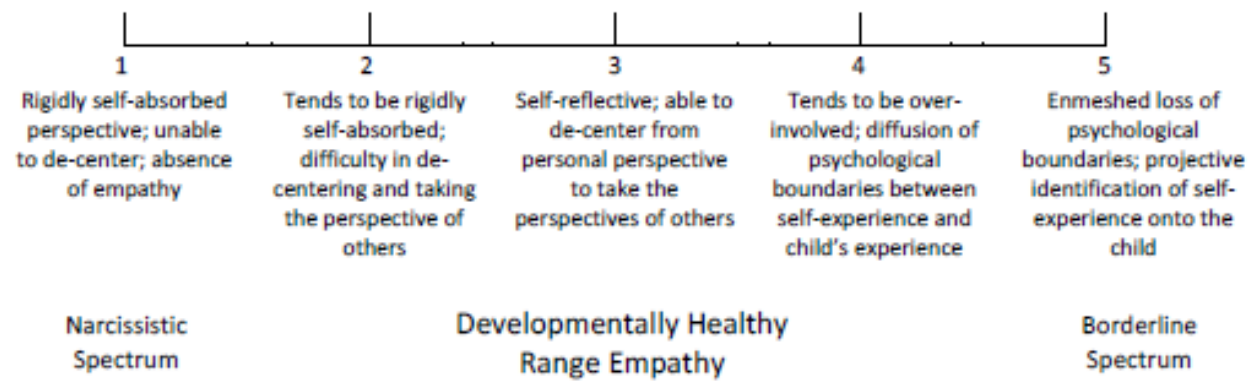
## Level 4: Positive Parenting

- 18. **Affectionate Involvement – Structured Spectrum**  
Parenting includes frequent displays of parental affection and **clearly structured** rules and expectations for the child's behavior. Appropriate discipline follows from clearly defined and appropriate rules.
- 19. **Affectionate Involvement – Dialogue Spectrum**  
Parenting includes frequent displays of parental affection and **flexibly negotiated** rules and expectations for the child's behavior. Parenting emphasizes dialogue, negotiation, and flexibility.
- 20. **Affectionate Involvement – Balanced**  
Parenting includes frequent displays of parental affection and parenting effectively balances structured discipline with flexible parent-child dialogue.

Permissive to Authoritarian Dimension Rating: \_\_\_\_\_



Capacity for Authentic Empathy Rating: \_\_\_\_\_



Parental Issues of Clinical Concern (CC)

- CC 1: Parental schizophrenia spectrum issues  
Stabilized on medication?     Yes     No     Variable
- CC 2: Parental bipolar spectrum issues  
Stabilized on medication?     Yes     No     Variable
- CC 3: Parental major depression spectrum issues (including suicidality)  
Stabilized by treatment?     Yes     No     Variable
- CC 4: Parental substance abuse issues  
Treated and in remission (1 yr)?     Yes     No     Variable
- CC 5: Parental narcissistic or borderline personality disorder traits  
In treatment?     Yes     No     Variable
- CC 6: Parental history of trauma  
Treated or in treatment?     Yes     No     Variable



## Appendix 2: Family Systems Therapy

### **Family Systems Therapy**

Family systems therapy is one of the four primary schools of psychotherapy:

**Psychoanalytic Psychotherapy:** Emerged from the work of Sigmund Freud developing insight into deep unconscious motivations. Individual focus to therapy.

**Cognitive-Behavioral Therapy:** Emerged from laboratory experiments with animals on the Learning Theory and behavior change principles of reward and punishment. Individual focus to therapy.

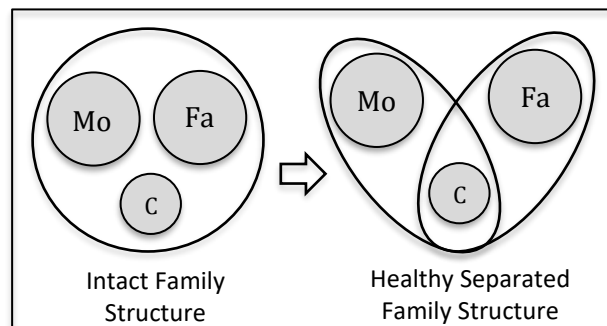
**Humanistic-Existential Therapy:** Emerged from philosophical roots of existentialism, personal growth, and self-actualization. Individual focus to therapy.

**Family Systems Therapy:** Describes the interpersonal processes of both healthy and pathological family relationships. Interpersonal focus.

Of the four primary schools of psychotherapy, only family systems therapy deals with resolving the current interpersonal relationships within families. All of the other models of psychotherapy are individually focused forms of therapy. Family systems therapy is therefore the appropriate conceptual framework for understanding and resolving family conflict and family pathology.

Divorce ends the marriage, but not the family. With divorce, the family structure shifts from an *intact family structure* that was previously united by the marriage, to a new *separated family structure* that is now united by the children, through the continuing co-parenting responsibilities and by the continuing bonds of shared affection between the children and both parents.

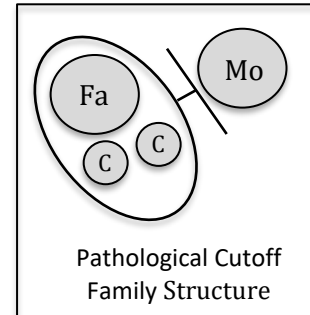
Families must adapt to various transitions over the developmental course of the family. A central tenet of family systems therapy is that when a family is unable to successfully adapt to a transition (such as a divorce and the transition to a new separated family structure), symptoms emerge within the family (often with the children) to stabilize the family's maladaptive functioning.



Divorce represents one of the most impactful transitions that any family must navigate; the transition from an intact family structure united by the marriage to a separated family structure united by the children. One of the principle founders of family

systems therapy, Murray Bowen, refers to the symptom of one family member rejecting another family member as an “emotional cutoff.” (Bowen, 1978; Titelman, 2003).<sup>3</sup>

Within the principles of family systems therapy (one of the four primary schools of psychotherapy and the applicable therapy approach for resolving family conflict), a child’s rejection of a parent following divorce represents the symptom of an “*emotional cutoff*” that is the product of the family’s unsuccessful transition from its prior intact family structure united by the marriage to the new separated family structure following divorce, a separated family structure that is now united by the child’s shared bonds of affection with both parents.



Within the standard and established principles of family systems therapy, the child’s rejection of a normal-range parent surrounding divorce represents the child’s “triangulation” into the spousal conflict through the formation of a “cross-generational coalition” of the child with the allied parent, that results in an “emotional cutoff” in the child’s relationship with the targeted-rejected parent.

### Cross-Generational Coalition

A cross-generational coalition is when an emotionally fragile parent creates an alliance with the child against the other spouse (and parent). This coalition between the parent and child provides additional power to the allied parent in the spousal relationship (two against one). However, a cross-generational coalition is also very damaging to the child, who is being used by one parent as a weapon against the other parent in the spousal conflict. In mild cases, the arguing and conflict between the child and targeted parent is high, but they maintain their relationship. In severe cases, the allied parent requires the child to terminate (cutoff) the child’s relationship with the other parent out of “loyalty” to the allied parent in their coalition. When this occurs, the emotional and psychological damage to the child is severe.

Children are not weapons, and children should never be used as weapons by one parent against the other parent in their marital-spousal disputes.

The renowned family systems therapy (co-founder of the *Strategic* school of family systems therapy), Jay Haley, provides the professional definition of a cross-generational coalition:

**From Haley:** “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

<sup>3</sup> Bowen, M. (1978). *Family therapy in clinical practice*. New York: Jason Aronson.

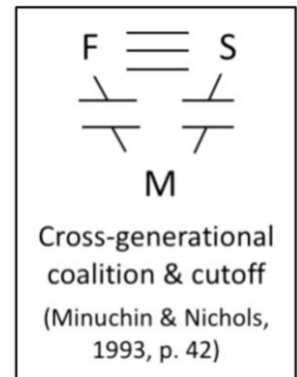
Titelman, P. (2003). *Emotional cutoff: Bowen family systems theory perspectives*. New York: The Hawthorn Press, Inc.



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. (Haley, 1977, p. 37)<sup>4</sup>

Most mental health professionals consider Salvador Minuchin or Murray Bowen to be the preeminent family systems therapists. Salvador Minuchin (the founder of *Structural* family systems therapy) provides a *structural* family diagram for the pathology of concern, in his book with Michael Nichols, *Family Healing*.<sup>5</sup> In this diagram, the triangular pattern to the family relationships is evident, with the child "**triangulated**" into the spousal conflict.

Also evident is a symptom feature called the "inverted hierarchy" in which the child becomes empowered by the coalition with the allied parent into an elevated position in the family hierarchy, from which the child is empowered to judge the parent (as if the parent were the child). In the diagram by Minuchin, this symptom feature of the ***inverted heirarchy*** is reflected in the child's elevated position above the hierarchy line with the father, above the mother who is being "judged" by the child.



The ***emotional cutoff*** caused by the ***cross-generation coalition*** is reflected in the broken lines from the child to the mother, and from the father to the mother; but that spousal break is divorce. The break in the spousal line reflects the divorce, the break in the mother-son line represents the influence on the child by the allied parent; the cross-generational coalition.

The three lines between the father and son represent the violation of the child's self-autonomy and psychological integrity (psychological boundary violations; called "enmeshment"). This is a very destructive psychological relationship for a child to have with a parent. It's why Haley calls it the "perverse triangle." Psychological boundaries and self-autonomy in a child should always be respected by the parent. Many times, the parent experienced this type of "boundary violation" in their own childhood relationships, and the current psychological violation of the child's autonomy and psychological integrity represents the "trans-generational transmission" of the parent's attachment trauma.

In her 2018 book, *Changing Relationships: Strategies for Therapists and Coaches*, the famed family therapist Cloe Madanes provides a description of the cross-generational coalition at the start of Chapter 3 on Hierarchies.

From: Madanes, C. (2018). *Changing relationships: Strategies for therapists and coaches*. Phoenix, AZ: Zeig, Tucker, & Theisen, Inc.

<sup>4</sup> Haley, J. (1977). Toward a theory of pathological systems. In P. Watzlawick & J. Weakland (Eds.), *The interactional view* (pp. 31-48). New York: Norton.

<sup>5</sup> Minuchin, S. & Nichols, M.P. (1993). *Family healing: Strategies for hope and understanding*. New York: Touchstone.

## Cross-Generational Coalition

In most organizations, families, and relationships, there is hierarchy: one person has more power and responsibility than another. Whenever there is hierarchy, there is the possibility of cross-generational coalitions. The husband and wife may argue over how the wife spends money. At a certain point, the wife might enlist the older son into a coalition against the husband. Mother and son may talk disparagingly about the father and to the father, and secretly plot about how to influence or deceive him. The wife's coalition with the son gives her power in relation to the husband and limits the husband's power over how she spends money. The wife now has an ally in her battle with her husband, and the husband now runs the risk of alienating his son. Such a cross-generational coalition can stabilize a marriage, but it creates a triangle that weakens the position of both husband and wife. Now the son has the source of power over both of them.

Cross-generational coalitions take different forms in different families (Madanes, 2009). The grandparent may side the grandchild against a parent. An aunt might side with the niece against her mother. A husband might join his mother against the wife. These alliances are most often covert and are rarely expressed verbally. They involve painful conflicts that can continue for years

Sometimes cross-generational coalitions are overt. A wife might confide her marital problems to her child and in this way antagonize the child against the father. Parents may criticize a grandparent and create a conflict in the child who loves both the grandparent and the parents. This child may feel conflicted as a result, suffering because his or her loyalties are divided.