

- Only family systems models of therapy address interpersonal relationships
- The primary model of family systems therapy is Structural Family Systems – Salvador Minuchin
- Other primary theorists include
  - Jay Haley, Cloe Madonnes (Strategic)
  - Virginia Satir (humanistic)

- Family Systems models of therapy require training
- Most therapists do not acquire training in family systems models of therapy
- Most therapists work from either a Cognitive-Behavioral model (CBT) which is an individualistic therapy
- Or from an Object-Relations model (Kohut) which is an individualistic therapy

But there is no such thing ever proposed or described as “reunification therapy”

“Reunification Therapy” doesn’t exist

Current “reunification therapists” don’t know what they’re doing

“Reunification therapists” aren’t working from a CBT model, because CBT is an individualistic model

“Reunification therapists” aren’t working from an object relations model, because object relations is an individualistic model

“Reunification therapists” aren’t working from a humanistic-existential model, because humanistic-existential therapy is an individualistic model

“Reunification therapists” aren’t working from a family systems model, because

- 1) They are not trained in family systems therapy
- 2) They are only working with a part of the family, and not the part containing the psychopathology

“Reunification therapists” are just making it up as they go

“Reunification therapists” don’t know what they’re doing

So who knows how to do psychotherapy with  
“parental alienation”?

No one.

Because there is no coherent model for what  
“parental alienation”

Current State of the Field

C.A. Childress, Psy.D. (2013)

- The legal system fails to appropriately respond to “parental alienation”
  - The failure of the legal system is because the mental health system fails to speak with a single voice regarding “parental alienation”
  - The failure of the mental health system to speak with a single voice is because of the failure of Gardner’s model of “parental alienation” as a paradigm
- C.A. Childress, Psy.D. (2013)

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

When the mental health system speaks with a single voice, the legal system will be able to act with the decisive clarity necessary to resolve “parental alienation”

C.A. Childress, Psy.D. (2013)

Until mental health speaks with a single voice, the legal system will be unable to act and the tragedy of “parental alienation” will continue

C.A. Childress, Psy.D. (2013)



Gardner's model of "parental alienation" is a failed paradigm.

C.A. Childress, Psy.D. (2013)

An attachment-based model of "parental alienation" represents an accurate description of "parental alienation" from entirely within standard, established, and accepted psychological constructs and principles

C.A. Childress, Psy.D. (2013)

An attachment-based model of "parental alienation" provides a theoretical framework that can bring mental health together into a single effective voice

C.A. Childress, Psy.D. (2013)

Until an attachment-based model of "parental alienation" achieves professional acceptance, no solution to "parental alienation" will be available

As soon as an attachment-based model of "parental alienation" achieves professional acceptance, the solution for "parental alienation" becomes available **immediately**

C.A. Childress, Psy.D. (2013)

Attachment-Based Model

C.A. Childress, Psy.D. (2013)



Narcissistic Presentation:

“The perception [of narcissism in a patient] is hampered by the fact that narcissistic individuals may well be intelligent, charming, and sometimes creative people who function effectively in their professional lives and in a range of social situations.”

Cohen, O. (1998). Parental narcissism and the disengagement of the non-custodial father after divorce. *Clinical Social Work Journal*, 26, 195-215

C.A. Childress, Psy.D. (2013)

Narcissistic Presentation:

“While narcissism is recognized as a serious mental disorder, its manifestations may not be immediately recognized as pathological, even by persons in the helping professions, and its implications may remain unattended to.”

Cohen, O. (1998). Parental narcissism and the disengagement of the non-custodial father after divorce. *Clinical Social Work Journal*, 26, 195-215

C.A. Childress, Psy.D. (2013)

Narcissistic Presentation: Part 1

“Narcissistic parents are seen as treating their children as extensions of themselves, expecting them to meet their own narcissistic needs, as unable to meet their children’s needs for acceptance, as critical and angry when their children try to express their own feelings, will, and independent personality; and as obstructing the development of their children’s true self.”

Cohen, O. (1998). Parental narcissism and the disengagement of the non-custodial father after divorce. *Clinical Social Work Journal*, 26, 195-215

C.A. Childress, Psy.D. (2013)

Narcissistic Presentation: Part 2

“Nonetheless, narcissistic possessiveness of the child does not necessarily exclude emotional giving. Miller (1981) notes that the narcissistic mother often loves her child passionately. Much the same may be said of narcissistic father. Many such fathers will spend a great deal of time with their children and invest a great deal of energy in fostering their children’s development.”

Cohen, O. (1998). Parental narcissism and the disengagement of the non-custodial father after divorce. *Clinical Social Work Journal*, 26, 195-215

C.A. Childress, Psy.D. (2013)

Narcissistic Presentation: Part 3

“To be sure, they will generally focus not on their children’s emotional needs, but on promoting their intellectual, artistic, or athletic development, which will serve as reflections and proof of their own success as parents.”

Cohen, O. (1998). Parental narcissism and the disengagement of the non-custodial father after divorce. *Clinical Social Work Journal*, 26, 195-215

C.A. Childress, Psy.D. (2013)

Narcissistic Presentation: Part 4

“Nonetheless, while he is married, a narcissistic man may be a highly present father, concerned with and involved in his children’s lives. Even though his involvement stems from his own needs, he, his children, and those around him may well experience him as a caring father.”

Cohen, O. (1998). Parental narcissism and the disengagement of the non-custodial father after divorce. *Clinical Social Work Journal*, 26, 195-215

C.A. Childress, Psy.D. (2013)

## Narcissist &amp; Borderline:

## Narcissist

- Primal core-self inadequacy
- Compensatory narcissistic defense of self-inflated importance
- Absence of capacity for empathy

## Borderline

- Tremendous fear of abandonment
- Empty self

C.A. Childress, Psy.D. (2013)

## Narcissistic Injury &amp; Borderline Activation:

- The divorce and family's dissolution threatens the collapse of the narcissistic defense against primal core-self inadequacy
- And activates the borderline personality fear of abandonment

C.A. Childress, Psy.D. (2013)

## Projective Displacement

- I'm not the inadequate person; you are
- I'm not the abandoned person; you are
- Narrative: "You're being abandoned because of your fundamental inadequacy as a parent and as a person"
- I'm the "all-wonderful" and ideal parent
- I'm the never-to-be-abandoned parent (and person)

C.A. Childress, Psy.D. (2013)

To the narcissistic parent, the child represents a "symbol" of their superiority - their narcissistic victory

- They have the child - they win
- AND... in possessing the coveted "child" - the borderline parent prevents the divorcing spouse from ever leaving (abandoning) them
- You can't leave me, because I have something you want, I have the child, and if you want the child you have to continue to be involved with me

C.A. Childress, Psy.D. (2013)

## Narcissistic Process:

- Delusion formation

## Borderline Process

- "Invalidating Environment"

## The Narcissistic Personality

---

### Decompensation into Delusions

C.A. Childress, Psy.D. (2013)



Narcissistic Decompensation: Part 1

“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.”

Millon, T. (2011). Disorders of personality: introducing a DSM/ICD spectrum from normal to abnormal. Hoboken: Wiley.

Theodore Millon is considered a premier theorist in the domain of personality disorders C.A. Childress, Psy.D. (2013)

Narcissistic Decompensation: Part 2

“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, T. (2011). Disorders of personality: introducing a DSM/ICD spectrum from normal to abnormal. Hoboken: Wiley.

Theodore Millon is considered a premier theorist in the domain of personality disorders C.A. Childress, Psy.D. (2013)

Narcissistic Decompensation: Part 3

“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.”

Millon, T. (2011). Disorders of personality: introducing a DSM/ICD spectrum from normal to abnormal. Hoboken: Wiley.

Theodore Millon is considered a premier theorist in the domain of personality disorders C.A. Childress, Psy.D. (2013)

Narcissistic Decompensation: Part 4

“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, T. (2011). Disorders of personality: introducing a DSM/ICD spectrum from normal to abnormal. Hoboken: Wiley.

Theodore Millon is considered a premier theorist in the domain of personality disorders C.A. Childress, Psy.D. (2013)

## The Borderline Personality

---

### “Invalidating Environment”

C.A. Childress, Psy.D. (2013)

### Invalidating Environment

“A defining characteristic of the invalidating environment is the tendency of the family to respond erratically or inappropriately to private experience and, in particular, to be insensitive (i.e., nonresponsive) to private experience.”

Linehan, M. M. & Koerner, K. (1993). Behavioral theory of borderline personality disorder. In J. Paris (Ed.), Borderline Personality Disorder: Etiology and Treatment. Washington, D.C.: American Psychiatric Press, 103-21.

Marsha Linehan is considered a premier theorist in the domain of borderline personalities C.A. Childress, Psy.D. (2013)

**Invalidating Environment”** Part 1

“Invalidating environments contribute to emotional dysregulation by:

- (1) failing to teach the child to label and modulate arousal,
- (2) failing to teach the child to tolerate stress,”

Linehan, M. M. & Koerner, K. (1993). Behavioral theory of borderline personality disorder. In J. Paris (Ed.), *Borderline Personality Disorder: Etiology and Treatment*. Washington, D.C.: American Psychiatric Press, 103-21.  
C.A. Childress, Psy.D. (2013)

**Invalidating Environment** Part 2

- (3) failing to teach the child to trust his or her own emotional responses as valid interpretations of events, and
- (4) actively teaching the child to invalidate his or her own experiences by making it necessary for the child to scan the environment for cues about how to act and feel. “

Linehan, M. M. & Koerner, K. (1993). Behavioral theory of borderline personality disorder. In J. Paris (Ed.), *Borderline Personality Disorder: Etiology and Treatment*. Washington, D.C.: American Psychiatric Press, 103-21.  
C.A. Childress, Psy.D. (2013)

**Invalidating Environment**

“In extremely invalidating environments, parents or caregivers do not teach children to discriminate effectively between what they feel and what the caregivers feel, what the child wants and what the caregiver wants (or wants the child to want), what the child thinks and what the caregiver thinks.”

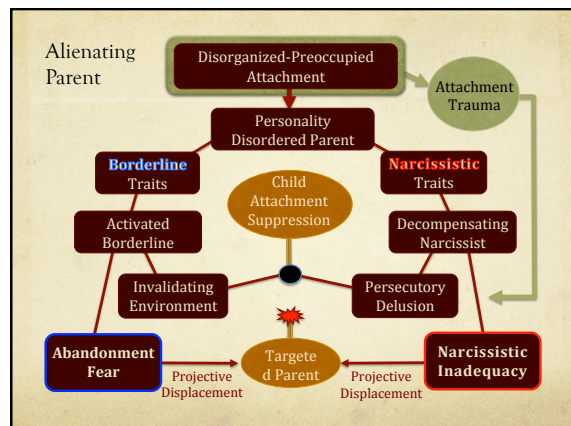
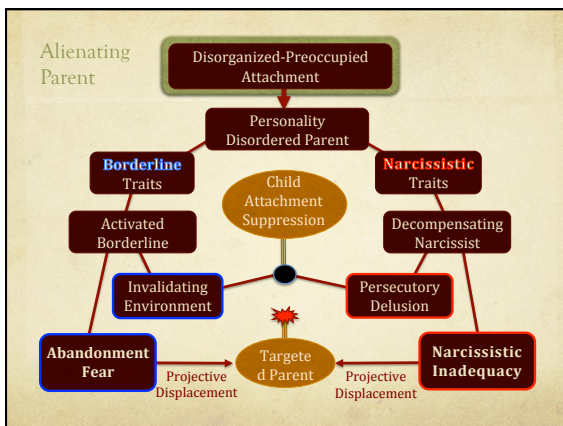
“Fruzzetti, A.E., Shenk, C. and Hoffman, P. (2005). Family interaction and the development of borderline personality disorder: A transactional model. *Development and Psychopathology*, 17, 1007-1030.  
C.A. Childress, Psy.D. (2013)

**“Parental Alienation”**

---

**Attachment-Based Model**

C.A. Childress, Psy.D. (2013)





# “Parental Alienation”

## Attachment Trauma Reenactment

C.A. Childress, Psy.D. (2013)

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

C.A. Childress, Psy.D. (2013)

**Internal Working Models of Attachment**

Victimized Child

Abusive Parent

split

Protective Parent

Current Child

Parent

Alienating Parent

Alienating Parent’s Activated Attachment Networks

The divorce and the family’s dissolution results in the activation of the alienating parent’s attachment networks to mediate the loss experience

Two sets of attachment-figure representational networks become concurrently activated, one from the internal working models of past relationships, and the other from the current relationships

**Internal Working Models of Attachment**

Victimized Child

Abusive Parent

split

Protective Parent

Current Child

Parent

Alienating Parent

Alienating Parent’s Activated Attachment Networks

↓

Victimized Current Child

Abusive Parent

Protective Alienating Parent

Psychological Fusion of Activated Attachment Networks

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

**Attachment System**

Attachment Trauma

abusive parent

nurturing protective parent

↓

victimized child

---

Internal Working Models

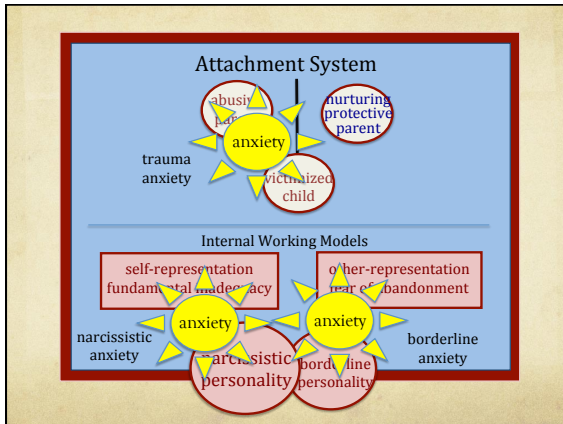
self-representation  
fundamental inadequacy

other-representation  
fear of abandonment

narcissistic personality

borderline personality

Personality Traits



- Trauma anxiety** (abusive parent/victimized child)
    - Reenactment Narrative
  - Narcissistic anxiety** (inadequacy)
    - Projected onto targeted parent by child's induced symptoms: "you're the inadequate parent; not me. I'm the ideal parent."
  - Borderline anxiety** (abandonment fear)
    - Projected onto targeted parent by child's induced symptoms: "you're the abandoned parent; not me. I'll never be abandoned."
- C.A. Childress, Psy.D. (2013)

## The Attachment System

---

### Attachment-Based Model

C.A. Childress, Psy.D. (2013)

- The Attachment System:
- The attachment system evolved in response to the selective predation of children
  - It is a neuro-biologically embedded primary motivational system that strongly motivates children to bond with parents
  - Children he do not reject parents
- C.A. Childress, Psy.D. (2013)

Part 1

**Attachment Theory:**

"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."

Ainsworth, M.D.S. (1989). Attachments beyond infancy. American Psychologist, 44, 709-716.

Mary Ainsworth is considered a premier theorist in the domain of attachment theory

C.A. Childress, Psy.D. (2013)

Part 2

**Attachment Theory:**

"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.**"

Ainsworth, M.D.S. (1989). Attachments beyond infancy. American Psychologist, 44, 709-716.

Mary Ainsworth is considered a premier theorist in the domain of attachment theory

C.A. Childress, Psy.D. (2013)

Part 1

Attachment Theory:

“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.”

Ainsworth, M.D.S. (1989). Attachments beyond infancy. American Psychologist, 44, 709-716.

Mary Ainsworth is considered a premier theorist in the domain of attachment theory

C.A. Childress, Psy.D. (2013)

Part 2

Attachment Theory:

“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.**”

Ainsworth, M.D.S. (1989). Attachments beyond infancy. American Psychologist, 44, 709-716.

Mary Ainsworth is considered a premier theorist in the domain of attachment theory

C.A. Childress, Psy.D. (2013)

## Inducing the Symptoms

---

### Attachment-Based Model

C.A. Childress, Psy.D. (2013)

The alienating parent induces the child's symptoms through over-anxious over-concerned, subtly directive questioning that...

...elicits a criticism of the targeted parent from the child

C.A. Childress, Psy.D. (2013)

The alienating parent then distorts and exaggerates this elicited child criticism into “evidence” of the “abusive” parental inadequacy of the other parent

In doing this, the alienating parent effectively defines for the child that a relationship with the targeted parent represents an “abusive” threat

C.A. Childress, Psy.D. (2013)

AP: How was your dad's house?  
Child: Ok.

AP: Did you have any problems?  
Child: No, it was okay.

AP: Really, you and your dad got along? You guys didn't argue about anything?  
Child: Well, he got mad at me because I didn't empty the dishwasher.

AP: Why would he ask you to empty the dishwasher! That's a parent's job. I can't believe he's asking you to do that. You two have so little time together, you'd think he'd want to spend it with you rather than making you do his work for him. He's just doesn't care about anybody else, it always has to be his way...



Typically the threat is defined as the targeted parent being emotionally “abusive,” i.e., that the targeted parent is not sufficiently sensitive to the child’s emotional needs

Although sometimes the threat is defined as physical abuse (or anger management) or as a sexual abuse threat

C.A. Childress, Psy.D. (2013)

In defining the targeted parent as a threat to the child, the alienating parent effectively defines the targeted parent as “the predator” relative to the functioning of the child’s attachment system

C.A. Childress, Psy.D. (2013)

Children are not motivated to bond to “the predator” – but are instead motivated to **flee the predator** and **seek protective bonding with the “protective parent”**

In the case of “parental alienation,” the “protective parent” role is the self-adopted role of the alienating parent (in contrast to the “abusive parent” – “predator” role being imposed on the targeted parent

C.A. Childress, Psy.D. (2013)

Ultimately, this perception of threat shared by the alienating parent and child regarding the “abusive” parental inadequacy of the targeted parent results in a shared, fixed and false belief that is non-responsive to change from contrary evidence (i.e., a delusion)

Regarding the “abusive” inadequacy of the targeted parent

C.A. Childress, Psy.D. (2013)

Treating “parental alienation” therefore involves treating an induced suppression of the child’s attachment bonding motivations as a result of the child’s shared delusion with a narcissistic-borderline personality disordered parent

In which the child’s symptomatic rejection of the targeted parent acts to regulate the alienating parent’s own anxieties originating in,

Activated attachment trauma networks

The threatened collapse of narcissistic defenses against the experience of primal self-inadequacy

An activated borderline personality fear of abandonment

Treating mental health professionals must therefore possess professional-level competence in diagnosing and treating

1. The induced suppression of a child's attachment bonding motivations
2. Induced delusional beliefs systems (shared delusional process)
3. Distortions to family relationships caused by the narcissistic and borderline personality disorder processes of a parent

In treating the attachment system suppression

**the therapist**

Must **actively** re-engage the child's attachment bonding motivations toward the targeted parent by **actively challenging** the child's false, delusional belief in the supposedly "abusive" parenting of the targeted parent

(i.e., treating a shared delusional belief)

C.A. Childress, Psy.D. (2013)

Thereby **re-validating** and **re-establishing** the targeted parent into the **nurturing-protective parental role** that will allow the child's attachment bonding motivations to activate

(i.e., treating an induced suppression of the child's attachment bonding motivations)

C.A. Childress, Psy.D. (2013)

Understanding what is going on at a psychological level guides our treatment response

An attachment-based model provides this underlying conceptual framework

Gardner's model does not

## Why the Child Rejects

### Understanding the Child

C.A. Childress, Psy.D. (2013)

When an attached relationship is severed, the attachment system produces a **grief response** of mourning over the lost relationship

C.A. Childress, Psy.D. (2013)

Part 2

Attachment Theory:

“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.**”

Ainsworth, M.D.S. (1989). Attachments beyond infancy. *American Psychologist*, 44, 709-716.

Mary Ainsworth is considered a premier theorist in the domain of attachment theory

C.A. Childress, Psy.D. (2013)

In response to the lost relationship with the beloved—but-now—rejected targeted parent, the child experiences an authentic, but uncomprehended grief response

C.A. Childress, Psy.D. (2013)

The narcissistic alienating parent cannot help the child understand an authentic grief response...

Because narcissistic personalities cannot comprehend grief

C.A. Childress, Psy.D. (2013)

Part 1

Narcissistic Grief:

“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.”

Kernberg, O.F. (1975). *Borderline conditions and pathological narcissism*. New York: Aronson.

Otto Kernberg is considered a premier theorist in the domain of personality disorders

C.A. Childress, Psy.D. (2013)

Part 21

Narcissistic Grief:

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, O.F. (1975). *Borderline conditions and pathological narcissism*. New York: Aronson.

Otto Kernberg is considered a premier theorist in the domain of personality disorders

C.A. Childress, Psy.D. (2013)

Under the distorting influence of the narcissistic-borderline alienating parent, the child is led into a misinterpretation of the child's authentic grief response that is instead consistent with the narcissistic parent's experience of grief,

“as anger and resentment, loaded with revengeful wishes, rather than real sadness for the loss of a person whom they appreciated.”

C.A. Childress, Psy.D. (2013)



Furthermore, in the child's experience, every time the child is with the targeted parent, the child feels an **increased** affectional bonding motivation from the authentic functioning of the child's attachment system

However, the child's failure to manifest and complete this primary motivation for affectionate bonding with the targeted parent produces an **increased grief response**

C.A. Childress, Psy.D. (2013)

On the other hand, every time the child is away from the targeted parent, and is in the custody of the alienating parent, the child's attachment bonding motivations toward the targeted parent **decrease** because the targeted parent is not present and is not available for attachment bonding

Therefore the child's **grief response decreases**

C.A. Childress, Psy.D. (2013)

The child, therefore, authentically feels an increased emotional pain (i.e., the grief response) when in the presence of the targeted parent, which is being triggered by the presence of the targeted parent

C.A. Childress, Psy.D. (2013)

And the child authentically feels a decrease in emotional pain (i.e., in the grief response) whenever the child is away from the targeted parent

C.A. Childress, Psy.D. (2013)

Under the distorting influence of the alienating parent, who has an unconscious motivational agenda to define the targeted parent as "abusive," the child is led into misinterpreting this authentically experienced, but uncomprehended, rise and fall in emotional pain ~ that's authentically associated with the presence or absence of the targeted parent ~ as "evidence" that something the targeted parent is doing is causing the pain, ~ i.e., is "abusive"

C.A. Childress, Psy.D. (2013)

The misattribution of the grief response produces a paradoxical feature of "parental alienation"

**The nicer and kinder the targeted parent is...**

**The more hostile and rejecting the child becomes**

This is because the kindness of the targeted parent increases the child's attachment motivations for affectional bonding, which thereby increase the child's grief response, causing the child increased emotional pain, which the child misinterprets as a response to something "abusive" the parent is doing

C.A. Childress, Psy.D. (2013)

Treating “parental alienation” therefore involves helping the child to make an accurate attribution of causality for the authentic experience of grief that is the product of the loss of an affectional bond with the targeted parent

C.A. Childress, Psy.D. (2013)

Therapist: “No, you don’t hate your mother (father). You actually love her very much. It’s just that you don’t allow yourself to love her because of all the crazy messed-up family stuff going on.”

“So the fact that you’re not expressing and receiving love is making you sad. Once you let yourself express and receive love from your mother (father), the pain you’re experiencing, it will just vanish.”

C.A. Childress, Psy.D. (2013)

Treating “parental alienation” without resolving the child’s misattribution of an authentic but uncomprehended grief response will be ineffective in restoring the parent-child relationship

C.A. Childress, Psy.D. (2013)

## Treatment Phases

C.A. Childress, Psy.D. (2013)

### Phase 1: Protective Separation

Failure to protectively separate the child during the active phase of treatment from the ongoing psychopathology of the narcissistic-borderline parent will result in making the child a “psychological battleground” between the aberrant and distorted meaning constructions emanating from the personality disordered parent, who is continually trying to induce child symptomatology, and the balanced and normal-range meaning constructions being provided by therapy

C.A. Childress, Psy.D. (2013)

Making the child a psychological battleground is not healthy for the child.

A protective separation of the child from the personality disordered psychopathology of the narcissistic-borderline parent during the active phase of the child’s treatment and recovery is a necessary prerequisite for effective therapy that protects the child’s psychological and emotional well being

C.A. Childress, Psy.D. (2013)

#### Phase 2: Recovering Child Authenticity

Once the child is protected from the psychopathology of the personality disordered parent, the second phase of treatment is recovering the child's authentic self-experience.

This involves active therapist attunement to expressions of child authenticity and active therapist misattunements to the child's symptomatic expressions.

C.A. Childress, Psy.D. (2013)

#### Phase 3: Restoring the Parent-Child Relationship

This co-occurring phase involves the therapist's active re-validation of the targeted parent as an affectionate, nurturing, and protective parent, thereby allowing the child's natural attachment bonding motivations to activate

The therapist should also support normal-range parent-child conflict, and lead the parent and child through a healthy resolution of normal-range conflict

C.A. Childress, Psy.D. (2013)

#### Phase 4: Reintegration with the Pathogenic Parent

Once the child's symptoms have resolved, the final phase of therapy is the reintroduction of the child to the psychopathology of the narcissistic-borderline parent

If the child's symptoms return, then the personality disordered parent may need to be placed on monitored visitations, or another period of protective separation and therapy may be needed

C.A. Childress, Psy.D. (2013)

However, the necessary and appropriate therapy will not be available until a standard of professional practice is established

A standard of professional practice is not available from Gardner's model of "parental alienation"

Effective therapy only becomes available from within an attachment-based model of "parental alienation" that can be used to guide treatment

C.A. Childress, Psy.D. (2013)

The longer Gardner's model of "parental alienation" remains the active paradigm, the longer the nightmare of parental alienation will continue

The sooner an attachment-based model of parental alienation is adopted within mental health, the sooner a solution becomes available

C.A. Childress, Psy.D. (2013)

Craig Childress, Psy.D.  
547 S. Marengo Ave, Ste. 105  
Pasadena, CA 91101  
(909) 821-5398

drccraigchildress@gmail.com  
www.drcachildress.org