Amicus Submission for the Joint Parliamentary Inquiry into Family Law and Child Support

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I am a licensed clinical psychologist with professional background in treating children's attachment-related pathology surrounding divorce. I am providing this professional analysis of high-intensity family conflict surrounding divorce and its treatment for consideration in developing solutions for the family courts in Australia.

Intimate Partner Violence (IPV): Emotional Abuse of the Ex-Spouse

The pathology of professional concern surrounding highly litigated post-divorce family conflict is the potential IPV spousal abuse (Intimate Partner Violence; "domestic violence") of the ex-spouse (targeted parent) through the subtly manipulative and abusive parenting of the allied parent, who is using the child as the weapon of spousal abuse. By weaponizing the child into the spousal conflict, the allied and abusive parent seeks to punish their ex-spouse (the targeted parent) for perceived failures in the marriage and the divorce.

Through destroying the child's loving and bonded relationship to the targeted parent, the emotionally and psychologically abusive ex-spouse is essentially killing, emotionally and psychologically, the other parent's child out of revenge and in retaliation for the failed marriage and subsequent divorce. Prior to the divorce, the targeted parent had a bonded and loving relationship with the child; they had a child, they were a parent. Following the divorce, however, the psychologically abusive spouse, now ex-spouse, systematically destroys the child's attachment bond to the other parent in retaliation for the failed marriage and divorce, so that the targeted parent no longer has a child, is no longer a parent. The emotionally and psychologically abusive ex-spouse has essentially killed the child of their ex-spouse in retaliation for the failed marriage and divorce.

Psychologically and emotionally killing the child of their ex-spouse in retaliation for the divorce represents a deeply savage and brutal form of IPV spousal abuse, and it is allowed to be effective, and indeed it receives collaboration from the family courts and forensic psychology. Instead of restoring parent-child relationships damaged during the divorce, the family courts and forensic psychology are collaborating with the brutal IPV emotional abuse of the ex-spouse through the abject ignorance and incompetence of forensic psychology. It is the failure of forensic psychology in its professional obligation to properly identify and diagnose the family pathology of using the child as a weapon of spousal abuse that then fails to provide the family courts with the necessary information required for the court's decision-making surrounding the family.

The emotional cutoff (Bowen) and damage to the child's loving bond with the targeted parent created by the destructive and manipulative parental influence of the abusive ex-spouse (and parent) can span years, decades, and often lifetimes. The immense grief and suffering caused to the targeted parent by the loss of their child represents an emotionally savage, brutal, and unrelenting form of IPV spousal abuse, experienced daily

by the targeted parent across years of loss and grief. The failure of forensic psychology to diagnose and stop the IPV spousal abuse effectively colludes with and supports the deeply savage emotional abuse of the ex-spouse by using the child, and the destruction of the child's bond to the parent, as the weapon of IPV spousal abuse.

Psychological Child Abuse

As devasting as the loss is to the parent, the damage done to the child is equally severe; the child loses a mother, the child loses a father, as if that parent were dead. The emotional and psychological damage done to the child by the destructive parenting of the abusive spouse-and-parent is severe and irreparable. Childhood is only once. Childhood bonds once lost are gone. While adult bonds between the child and parent may eventually be recovered, the formative bonds of childhood are forever lost, leaving lasting psychological scars and damage for the child's emotional and psychological development.

When children are used as weapons of spousal revenge, their normal-range childhood is destroyed by the high-intensity and unresolved family conflict created by the destructive parenting of the abusive spouse-and-parent. The targeted parent loses a child, and the child loses a mother, the child loses a father. The allied and abusive parent psychologically compels the child to emotionally and psychologically kill his or her own parent, inflicting a savage and brutal form of psychological child abuse and devastating the child's healthy development. The love of a mother, a father's love, is brutally stolen from the child by the abusive spouse-and-parent, as the child is turned into a weapon of spousal revenge for the failed marriage and divorce.

The child unites two families, two family heritages, two family cultures, two family lineages, within the very fabric of who the child is. The child unities two families, two parents, both mother and father, into the very fabric of the child's self-identity. The child belongs to and unites two families. For the child to reject a parent is to reject one half of the child's own self-identity, half of the child's family context and heritage. The devastating psychological impact on the child from the loss of a bonded relationship to a parent during childhood is lifelong, and the damage will be passed on to future generations when the child grows and becomes a mother or a father, a husband and wife, with emotional and psychological wounds unhealed and unresolved.

Family conflict surrounding divorce is not about child custody. The child custody conflict is a symptom of a deeper pathology, a trauma pathology that remains unresolved in the family. The administrative legal task of establishing a child visitation schedule following divorce is a relatively straightforward matter to resolve; parents should each have as much time and involvement with the child as possible. Children thrive when they receive abundant opportunities for a mother's love, and abundant opportunities to receive a father's love.

Parent-child bonds are not generic, they are specific to the type of bond. There are four unique types of parent-child relationship bond, and each unique type of parent-child

bond is immensely valuable and important to the child's healthy development; mother-son, mother-daughter, father-son, father-daughter. These are each unique. A mother is not expendable from the life of her child, and a father is not expendable from the life of his son or daughter. Each type of parent-child bond is unique, each is essential, none are interchangeable, and none are expendable.

Divorce ends a marriage, not the family. As long as there are children present, there will always be a family. Solutions are needed in the family courts that restore fractured families and shattered love in the parent-child bond following the end of the marriage in divorce. Family conflict is about family conflict, not child custody. The child custody conflict is a symptom.

Solving Family Conflict: Treatment-Oriented Solutions

Resolving family conflict requires the application of knowledge from multiple professional domains; from family systems therapy (Minuchin, Bowen, Haley, Madanes), from attachment (Bowlby, Ainsworth, Sroufe, Tronick), and from personality disorder pathology and complex trauma (Beck, Millon, Kernberg, van der Kolk). In clinical psychology, we apply knowledge to solve pathology.

Family systems therapy is the first source of knowledge to turn to in solving family conflict pathology. The established constructs and principles of family systems therapy can fully solve the pathology of complex family conflict surrounding divorce, when they are applied. The further application of knowledge from additional domains of professional psychology, such as the attachment system, personality disorder pathology, and complex trauma, will further increase the ability of professional psychology and the family courts to accurately diagnose and effectively resolve the high-intensity and highly litigated family conflict pathology surrounding divorce.

The best interests of the child are always served by supporting the family's successful post-divorce transition from their prior intact family structure into a new, healthy and bonded separated family structure, a family which is now united by the child's shared bonds of affection with each parent and with the child's extended family on both sides of the family. For a child to be emotionally cutoff (Bowen) from a parent is for the child to lose half of their self-identity, half of their inner core of self-value. To reject a parent is to reject a part of themselves.

High-litigation child custody conflict in the family courts is not about child custody, it's about unresolved family conflict (unresolved trauma moving through generations; Bowen, van der Kolk). Successfully resolving family conflict requires the application of knowledge from family systems therapy, not changes to the child visitation schedules that are based on the destructive manipulations of one spouse-and-parent who seeks to use the child and the court as the weapon of spousal abuse. Altering child custody visitation schedules to eliminate a mother or father from the life of their son, from the life of their daughter, is **not** a form of family therapy.

Harm to the Parent & Child

Children thrive when they receive abundant parental love and involvement, and parenting a child is a core source of meaning for a person's life. The lost love of a parent is devastating for the child, and the loss of a child is devastating to the life of the parent. Human personal identity is defined by our parental role – we are a mother, we are "mom," we are a father, we are "dad." To rip that love and bonding away from the parent is an act of savage brutality.

Limiting a parent's time and involvement with their child would harm that parent, and would harm the child. If there is parent-child conflict, we fix it. Standard 3.04 of the *Ethical Principles of Psychologists and Code of Conduct* of the American Psychological Association expressly prohibits psychologists from acting in any way that harms the client, even if psychologists think that the harm caused to a person is for an allegedly "greater good" (Standard 3.04b). Psychologists are not allowed to harm anyone, not the parent, not the child.

> **3.04 Avoiding Harm**
> (a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

The Australian Psychological Society *Code of Ethics* also prohibits harming the client in multiple statements of principle,

> **General Principle B Propriety:** "Psychologists ensure that they are competent to deliver the psychological services they provide. They provide psychological services to benefit, and not to harm."
>
> **General Principle B Explanations:** "Psychologists anticipate the foreseeable consequences of their professional decisions, provide services that are beneficial to people and do not harm them. Psychologists take responsibility for their professional decisions."
>
> **Standard B.3.c:** "[psychologists] take reasonable steps to prevent harm occurring as a result of their conduct;"

Except in cases of child abuse, that then incur child protection obligations, actions that limit or restrict either parent's time and involvement with the child would harm the parent and the child. Parents have the foundational human right to parent according to their cultural values, their personal values, and their religious values. Psychologists should not recommend restricting a parent's time and involvement with their child for any reason other than child protection factors, and if there are child protection considerations then this should be accompanied by a formal DSM-5 diagnosis of child abuse.

There are four DSM-5 diagnoses of child abuse in the Child Maltreatment Section of the DSM-5; Child Physical Abuse (V995.54), Child Sexual Abuse (V995.53), Child Neglect (V995.52), and Child Psychological Abuse (V995.51). These are all equivalent in the severity of emotional and psychological damage done to the child, differing only in type. If a child is being abused, then the abuse should be diagnosed, and the child should be protected. If, however, there are no diagnosed child protection considerations in the family, then parents have the right to parent according to their cultural values, their personal values, and their religious values. Parent-child conflict in a family is not a child custody issue, it is a family therapy issue.

The highly litigated post-divorce child custody conflict in the family is a symptom of family pathology that needs solution through family therapy, not by court orders regarding visitation schedules. The issue of central concern is successfully resolving the parent-child conflict, which is the domain of family systems therapy (Minuchin, Bowen, Haley, Madanes) to develop an answer; how do we end the destructive family conflict, and how do we restore a healthy and normal-range childhood for the child? That is a treatment-related question, not a child custody question. The answer for solving family conflict therefore comes from clinical psychology (i.e., psychotherapy), not from forensic psychology (i.e., child custody).

Diagnosis Guides Treatment

To resolve family conflict, we need a treatment plan, and a treatment depends on the diagnosis; the treatment for cancer is <u>different</u> than the treatment for diabetes. Diagnosis guides treatment. The first step to solving highly litigated family conflict is to obtain a diagnosis of the family conflict from clinical psychology. The diagnosis then guides development of an effective treatment plan (with outcome measures to measure and document success). The family court's decision-making surrounding high-intensity post-divorce family conflict would benefit significantly from having a formal DSM-5 diagnosis of the pathology in the family that is causing the high-intensity family conflict, with recommendations regarding what the treatment-oriented solutions are.

Determining post-divorce custody visitation schedules for the child is a relatively straightforward matter for the court's decision and can reasonably be made by the court surrounding the divorce event. The involvement of professional psychology should be to assist the court in determining whether legitimate child protection factors are present (i.e., a DSM-5 diagnosis of child abuse), and what the treatment needs for the family are. It is beyond the appropriate professional role of a psychologist to determine whether a parent "deserves" to be a parent if child protection factors are <u>not</u> a consideration. Parents have the right to parent according to their cultural values, their personal values, and their religious values, and that fundamental right and source of deep personal meaning to one's life should not be abrogated by the poorly formed and ill-considered opinions of the psychologist.

Psychologists are prohibited by their professional standards of practice from harming anyone. Anyone. In compliance with Standard 3.04 of the APA Ethical Principles of Psychologists and Code of Conduct and Principle B of the Australian Psychological Society Ethics Code, the only allowable opinion on child custody from a psychologist is that each parent should have as much time and involvement with the child as possible, to avoid causing harm to either parent, and to avoid causing harm to the child's relationship bond to either parent. Following this ethical requirement would then lead to a structured step-down hierarchy of choices for the court based on the practical limitations and restrictions of the specific circumstances

For a psychologist to recommend restrictions on either parent's time and involvement with the child for any reason other than child protection (accompanied by a DSM-5 diagnosis of child abuse) would cause harm to the parent and child, which is prohibited by Standard 3.04 of the APA ethics code and Principle B of the APS ethics code. Psychologists are not allowed to harm people, anyone, for any reason, including parents. Psychologists protect people, psychologists protect children. That is the appropriate professional role of clinical psychologists.

Treatment Oriented Solutions

Solutions for the family and the family court's response to high-litigation custody conflict surrounding divorce will come from clinical psychology and treatment, not from forensic psychology and its focus on child custody schedules. Child custody conflict seeks to divide the child between the parents like property based on ill-considered and unsupported foundations for decision, and ongoing litigation of child custody and visitation opens the child to weaponization by a parent in their spousal conflict surrounding the divorce.

Family conflict is a matter for family systems therapy. Child custody visitation schedules are a matter for the court's decision and are not relevant to developing a treatment plan for resolving the family conflict. It is the responsibility of parents to reach these decisions prior to initiating the divorce, and most normal-range parents accomplish this responsibility. It is both normal and healthy parenting for parents to cooperatively determine the visitation schedule for the child surrounding divorce.

With some parents, however, the intensity of the spousal conflict prevents the cooperation required for the family's transition to a new post-divorce separated family structure of shared co-parenting. This represents a failure in parental responsibility yet can be a somewhat understandable consequence of the intense spousal conflict that is surrounding the divorce event and the conflict between spouses. In these cases of normal-range spousal conflict at the time of the divorce event, the parents can benefit from an initial court determination of the post-divorce custody visitation schedule, usually selecting between a variant of equal shared co-parenting (approximately 50%-50%) or a step-down choice to an every-other-weekend schedule for one parent, with weekday school-week parenting by the other parent.

Once this determination is made by the court, normal and healthy parents follow court orders and adjust to the new separated family structure and parenting custody visitation schedule. Continued post-divorce custody conflict surrounding divorce once the court has determined the visitation schedule is not normal, it is not healthy, and it is indicative of parental pathology in one or both parents. Normal-range parents do NOT put their children through extended custody conflict. Normal-range parents have the capacity to cooperate with each other and to cooperate with and follow court orders. Normal-range parents teach their children the importance of cooperation with court authority. Extended litigation family conflict surrounding child custody is a symptom of family pathology requiring treatment.

The focus of forensic psychology, however, is on child custody not treatment. The absence of solutions that are provided by forensic psychology with its focus on child custody is clearly evident in years of unresolved family conflict and endless litigation surrounding the ongoing and unsolved family conflict. This destroys childhoods of children by placing them in the middle of years of unrelenting intense family stress surrounding the spousal conflict, and leaving unresolved anger and rejection in the vitally important parent-child bonds that are necessary for the child's healthy emotional and psychological development.

That is not a solution for these families, for these children. Families struggling with the difficult interpersonal transitions surrounding divorce need treatment from clinical psychology. These treatment solutions need to be supported, in turn, by the family courts in a collaborative partnership with the family therapist, in order to bring the family conflict surrounding the child to an end. The treatment goal is to guide the family into a new successful post-divorce separated family structure of bonded and healthy family relationships. Divorce ends the marriage, not the family. The family is merely transitioning into a new separated family structure.

The effective collaboration of the court with the treating family therapist will be key to achieving a solution by integrating treatment factors into the court's decision-making. The goal of this collaboration is to restore healthy family bonding throughout the family that will allow the child to have a normal-range and healthy childhood, free of ongoing, unresolved family stress and conflict. This is achievable from clinical psychology when treatment is supported by the court. A potential role of an amicus attorney appointed to represent the interests of the court in the child's treatment, who is knowledgeable in family pathology and its treatment to collaborate with the family therapist in achieving the child's healthy and normal-range development, should be considered. The knowledge exists in professional psychology to solve this high-intensity family conflict pathology, it simply needs to be applied.

The Failure to Apply Knowledge

In the mid-1980s, the courts and forensic psychology were improperly guided onto a flawed and incorrect professional path by a forensic psychiatrist, Richard Gardner, who

proposed creating a new form of pathology in professional psychology which he termed "parental alienation." Gardner had noticed a constellation of symptoms in his patients who were engaged in high-conflict/high-litigation divorce in which one parent would act in ways to destroy the child's relationship with the other parent in revenge for the failed marriage and divorce. He called his proposal for a new form of pathology "Parental Alienation Syndrome" (PAS), and he proposed a set of eight new and entirely unique symptoms for his proposed new pathology, symptom identifiers that he created entirely on his own from his anecdotal personal experiences working with court-involved family conflict.

That is professionally inappropriate practice. In proposing a supposedly "new form of pathology" rather than grounding his diagnosis in established professional knowledge, Gardner and the supporters of his PAS proposal led forensic psychology and the family courts away from professional standards of practice, which has created substantial harm to parents and children, a damaging and divisive controversy within professional psychology, and no solutions for families or the family courts. Professional psychology and the family courts must return to the scientifically established knowledge of professional psychology to solve pathology (attachment, family systems therapy, personality disorders, complex trauma, and the neuro-development of the brain in the parent-child relationship; Bowlby, Minuchin, Beck, van der Kolk, Tronick;).

The most egregious and damaging professional action of Gardner is that he bypassed the foundational step of diagnosis for treatment plan development. Diagnosis is the application of the scientifically established knowledge of professional psychology to a set of symptoms. Gardner did not do that. Instead, he opted for a conceptually lazy and indolent approach of proposing a "new form of pathology," complete with an entirely unique new set of symptoms that he simply created based on personal experience and individual whims, rather than maintaining the profession rigor required for a diagnosis.

The professional practices of Gardner in bypassing the established step of professional diagnosis was, and remains, <u>beneath</u> acceptable standards of professional practice. His failure to diagnose pathology, and to instead propose a "new form of pathology" unique in all of psychology, resulted in forensic psychology failing to apply any scientifically established knowledge of professional psychology to solving high-intensity family conflict surrounding divorce.

The failure to both know the established knowledge (practice beyond boundaries of competence), and then to apply the scientifically established knowledge of professional psychology (Bowlby, Minuchin, Beck, van der Kolk, Tronick), represents a failure in required professional obligations codified in professional ethical standards of both the APA and APS. In the United States, Standards 2.04 and 2.01a of the APA ethics code require the application of the scientifically established knowledge of professional psychology, and practice only within boundaries of professional competence based on prior education, training, and experience;

2.04 Bases for Scientific and Professional Judgments
Psychologists' work is based upon established scientific and professional knowledge of the discipline.

2.01 Boundaries of Competence
(a) 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.

In Australia, Standard B.1.2 the *APS Code of Ethics* for the Australian Psychological Society addresses these same requirements,

B.1. Competence
B.1.2. Psychologists only provide psychological services within the boundaries of their professional competence. This includes, but is not restricted to: (a) working within the limits of their education, training, supervised experience and appropriate professional experience; (b) basing their service on the established knowledge of the discipline and profession of psychology; (c) adhering to the Code and the Guidelines;

Both the APA in the United States and APS in Australia are clear in their requirements for all psychologists to base "their service on the established knowledge of the discipline and profession of psychology." The "established scientific and professional knowledge of the discipline" is Bowlby (and others) in attachment, Minuchin (and others) in family systems therapy, Beck (and others) in personality disorders, van der Kolk (and others) in complex trauma, and Tronick (and others) regarding the neuro-development of the brain during childhood. All Gardnerian PAS advocates and all court-involved forensic psychologists are currently failing to do this, in clear violation of professional standards of practice.

In reaction to Dr. Gardner's problematic proposal for a new form of pathology, sides developed within professional psychology to either promote Gardner's ill-considered proposal or to actively challenge his proposed "new pathology" as lacking scientific foundations, which is an accurate critique of PAS. The discord and division created within professional psychology has led to a fracturing of professional psychology and a continuing failure to apply the scientifically established knowledge of professional psychology.

Both sides in this divisive, unnecessary, and deeply nonproductive argument are partially correct, and both are entirely wrong. There does exists a brutal and savage IPV spousal abuse pathology surrounding child custody conflict and divorce, in which the child is used as the weapon of spousal abuse and, the proposal by Gardner and his followers for a new form of pathology called "parental alienation" is <u>not</u> scientifically grounded and is substantially beneath professional standards of practice when use in a professional capacity.

Diagnostic Guidance from the APA

In 2013, the American Psychiatric Association published the latest update to their formal diagnostic system, the DSM-5 (Diagnostic and Statistical Manual, 5th Edition). In preparation for the publication of the DSM-5, the American Psychiatric Association had full and ample opportunity to hear from and consider the arguments offered by the Gardnerian PAS advocates regarding their proposal for a new form pathology called "parental alienation." Following this full and complete review of the construct of "parental alienation," the American Psychiatric Association essentially said, "No." The American Psychiatric Association did not recognize the pathology of "parental alienation" in any manner, not even by mention, in any of its diagnostic categories. This omission is made more pointed in that they did add a diagnosis to the DSM-5 that is directly relevant to the family conflict pathology surrounding divorce, a new V-Code diagnosis of V61.29 Child Affected by Parental Relationship Distress in the section, "Other Conditions that May Be the Focus of Clinical Attention" (the same section of the DSM-5 that includes the child abuse diagnoses).

This clear and pointed omission of the "parental alienation" construct from the new V-Code diagnosis, Child Affected by Parental Relationship Distress, is a clear rebuke of the "parental alienation" construct. However, the addition of this new diagnostic category which is directly relevant to the pathology is also of prominent note and can be interpreted as representing two statements from the American Psychiatric Association, "Yes, we recognize that a pathology exists" (the addition of the new V-Code diagnosis for Child Affected by Parental Relationship Distress), and, "No, it is not a new form of pathology," that the pathology of concern is already fully diagnosable within the DSM-5 (the pointed omission of the construct of "parental alienation").

Of additional diagnostic note is that following their review of the "parental alienation" construct, the American Psychiatric Association also added an additional V-Code diagnosis in the *Child Maltreatment and Neglect* section of the DSM-5, V995.51 Child Psychological Abuse. The addition of two V-Code diagnoses, one for Child Affected by Parental Relationship Distress and the other for Child Psychological Abuse, provides diagnostic guidance regarding the post-divorce family pathology of using the child as a weapon of spousal revenge and retaliation for the failed marriage and divorce. Child psychological abuse involves the creation of significant psychopathology in the child through aberrant and distorted parenting practices (called "pathogenic parenting").[1]

Gardner's PAS proposal has continued to divide and functionally immobilize the response of both the mental health system and the family courts to high-intensity family

[1] Pathogenic parenting: patho=pathology; genetic=genesis, creation. Pathogenic parenting is the creation of significant psychopathology in the child through aberrant and distorted parenting practices. The term pathogenic parenting is typically used surrounding child attachment pathology, since attachment pathology can only be created by pathogenic parenting.

conflict pathology surrounding divorce. The mental health professionals who continue to advocate for Gardner's ill-formed proposal of a new pathology have similarly left the path of established standards of practice and diagnosis, often fashioning themselves as "PAS experts," and the field of forensic psychology also continues to use Gardner's ill-formed construct of "parental alienation" to varying degrees in their flawed analysis of the family conflict. These two groups of court-involved psychologists, the PAS advocates and the field of forensic child custody evaluators, both continue to fail in their professional obligation to apply the scientifically established knowledge of professional psychology toward diagnosing the pathology in the family.

Gardnerian PAS "experts" and the forensic psychology "experts" in child custody evaluation have both adopted the construct of "parental alienation" to varying degrees. In doing so, they have both abandoned the path of established professional psychology, they have failed in their professional ethical obligations to apply the established knowledge of professional psychology to diagnosis, and they have failed in their professional obligations to their clients and the court to solve this family conflict pathology. This has led to an endless and nonproductive debate surrounding a poorly constructed proposal for a new form of pathology (PAS; "parental alienation"), rather than applying the established knowledge of professional psychology to the diagnosis of pathology as required by professional standards of practice (APA Standard 2.04; APS Standard B.1.2.b).

Applying Professional Knowledge

Professional competence in complex family conflict and attachment pathology surrounding a divorce requires professional-level knowledge in five domains of professional psychology.

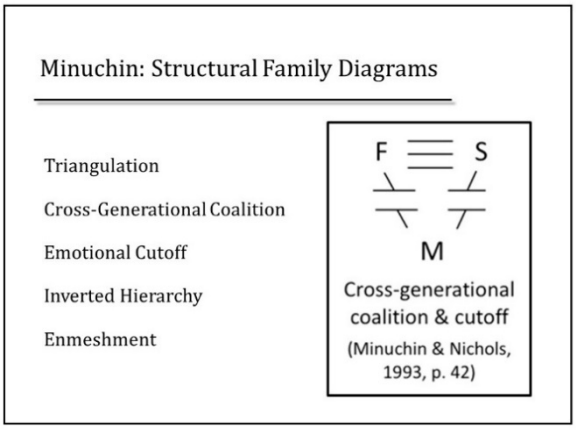
1. **Attachment (Bowlby):**

   A child rejecting a parent is an attachment pathology. The attachment system is the brain system governing all aspects of love and bonding throughout the lifespan, including grief and loss. A child rejecting a parent is a problem in love-and-bonding, in attachment. A child rejecting a parent is an attachment pathology and requires for professional competence the application of professional knowledge from the field of attachment, as required by Standard B.1.2 of the APS ethics code and Standard 2.04 of the APA ethics code.

2. **Family Systems Therapy (Minuchin):**

   It is self-evident that family conflict involves family relationships. Family systems therapy (Minuchin, Bowen, Haley, Madanes) is one of the four primary schools of psychotherapy, and the only school of psychotherapy that focuses on resolving family problems. Family systems therapy is THE school of psychotherapy to apply in resolving family conflict

In his 1993 book co-authored with Michael Nichols, *Family Healing*, Minuchin provided a Structural family diagram for EXACTLY the pathology of concern surrounding this high-intensity family conflict pathology. This diagram from Minuchin and Nichols depicts the child's "*triangulation*" into the spousal conflict, the "*cross-generational coalition*" of the child with one parent against the other parent that empowers the child to judge and reject the other parent (called an "*inverted hierarchy*"), and the "*emotional cutoff*" in the child's bond to the targeted parent.



The professional knowledge base of family systems therapy represents a grounding foundation for resolving family conflict from the "established knowledge of the discipline and profession of psychology" that is required by Standard B.1.2 of the APS ethics code and Standard 2.04 of the APA ethics code.

3. Personality Disorder Pathology (Beck):

Narcissistic and borderline personality pathologies are recognized disorders in the DSM-5. Among the prominent experts in this field are Arron Beck, Otto Kernberg, Theodore Millon, and Marsha Linehan. The field of professional psychology recognizes that narcissistic personality pathology is vulnerable to collapse in response to rejection, and that borderline personality pathology collapses in response to abandonment. Both rejection and perceived abandonment are inherent to divorce, so divorce will trigger a full activation of narcissistic and/or borderline pathology in a spouse-and-parent.

Narcissistic and borderline personalities are both high-conflict personalities, and both have their origins in unresolved childhood attachment trauma. The scientifically established knowledge from personality disorder pathology represents a foundational basis of professional competence surrounding high-intensity family conflict from the "established knowledge of the discipline and profession of psychology," knowledge required by Standard B.1.2 of the APS ethics code and Standard 2.04 of the APA ethics code.

4. Complex Trauma (van der Kolk):

Complex trauma is a relationship-based trauma that is created by prolonged exposure to high-levels of relationship stress in childhood (van der Kolk). The field of trauma psychology has long understood that unresolved childhood trauma is then transferred to other relationships in the future through a process called "the transference" by Freud (i.e., the transfer of trauma patterns from childhood to current relationships) and described within trauma research literature by van der Kolk as the "reenactment" of childhood trauma in future relationships.

> **From van der Kolk:** "When the trauma fails to be integrated into the totality of a person's life experiences, the victim remains fixated on the trauma. Despite avoidance of emotional involvement, traumatic memories cannot be avoided: even when pushed out of waking consciousness, they come back in the form of reenactments, nightmares, or feelings related to the trauma… Recurrences may continue throughout life during periods of stress." (van der Kolk, 1987, p. 5)[2]

Scientifically established knowledge from the field of complex trauma has identified the trans-generational transmission of unresolved childhood trauma to future generations, and the field of complex trauma is directly linked to the formation of personality disorder pathology in adulthood. The domain of complex trauma represents the "established knowledge of the discipline and profession of psychology" required by Standard B.1.2 of the APS ethics code and Standard 2.04 of the APA ethics code for professional competence.

5. Neuro-Development in Childhood (Tronick):

Research on brain neuro-development in childhood, specifically through the parent-child relationship (i.e., "scaffolding" the development of the brain's social and regulatory systems), has expanded by exponential magnitude since 1980. A leading figure in this field is Dr. Tronick at Harvard University, with over 40 years of research using a type of parent-child research paradigm called the still-face paradigm. Dr. Tronick provides an example and describes the parent-child breach-and-repair sequence from his research in a YouTube presentation (Dr. Tronick: Still Face).[3]

Dr. Tronick's work is not about infants, although it is that as well. The still-face research paradigm from Dr. Tronick is about understanding the foundational brain systems for social, emotional, and behavioral regulation. The research is conducted with infants because the primary features of the brain's regulatory networks are more clearly evident in early childhood, before the more complicated systems of later development build on top of and cover the fundamental neural-social structures of relationship and social communication systems.

Of prominent note in the YouTube description by Dr. Tronick of the research paradigm is his direct comparison of the various components of the breach-and-repair sequence to "the good, the bad, and the ugly." The "good" is the normal-range negotiation of social relationships through the multiple give-and-take exchanges of normal-range relationship breaches, followed by their repair in the parent-child interaction. The "bad" represents a major breach to the relationship that is not repaired, and the child's extreme discomfort to the loss of a parent-child bond is evident in the video. The "ugly"

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[2] van der Kolk, B.A. (1987). The psychological consequences of overwhelming life experiences. In B.A. van der Kolk (Ed.) Psychological Trauma (1-30). Washington, D.C.: American Psychiatric Press, Inc.

[3] Tronick Still Face: https://www.youtube.com/watch?v=apzXGEbZht0

is to leave un-repaired the breach to the parent-child bond, that is the WORST possible thing to do. Yet that is exactly what forensic psychology routinely does, it leaves an un-repaired breach in the parent-child bond, and frequently the input from forensic psychology to the court actually recommends leaving the breach in the parent-child relationship unrepaired, the "ugly" described by Tronick is actually often the recommendation from forensic psychology, who take a custody-oriented rather than a treatment-focused approach.

Professional knowledge regarding the neuro-development of the brain and the importance of the breach-and-repair sequence to both healthy child development and to creating pathological child development is a critical and central component of the "established knowledge of the discipline and profession of psychology" that is required to be applied by Standard B.1.2 of the APS ethics code and by Standard 2.04 of the APA ethics code.

Five domains of professional knowledge (symbolically represented by a leading figure each domain) are needed to competently assess, diagnose, and treat high-intensity court-involved family conflict surrounding divorce. Yet, while this professional knowledge is necessary for professional competence and its application is required by professional standards of practice (APS & APA ethics codes), court-involved forensic psychology routinely fails to both know and apply the scientifically established knowledge of professional psychology.

Solutions and Remedies for the Family Courts

Forensic psychology is failing families and is failing the family courts by not knowing and by not applying the scientifically established knowledge of professional psychology (Bowlby, Minuchin, Beck, van der Kolk, Tronick), in violation of professional standards of ethical practice (APS Standard B.1.2; APA Standards 2.01a & 2.04). Forensic psychology is focused on the child custody conflict, which is a symptom, and in focusing on the symptom without applying professional knowledge, forensic psychology often colludes with the enactment of this brutal form of IPV spousal abuse surrounding divorce, in which the child is used as a weapon of spousal abuse.

In using the child as a weapon of spousal abuse, the allied parent (who has formed a cross-generational coalition with the child against the other parent; Appendix 1: Family Systems Therapy) creates such significant psychopathology in the child that the parenting practices of the allied pathogenic parent warrant a DSM-5 diagnosis of V995.51 Child Psychological Abuse. Children are not weapons, and children should never be used as weapons of spousal revenge and retaliation against the other spouse-and-parent for the failed marriage and divorce.

Creating significant psychopathology in the child as a means of destroying that child's attachment bond to the other spouse-and-parent is child psychological abuse, in addition to IPV spousal abuse, and becomes a child (and spousal) protection issue, not a

child custody issue. The solution is for the family courts to turn to clinical psychology for a treatment-oriented assessment and diagnosis of the family conflict pathology, with treatment recommendations for resolving the child and family pathology. It is always in the child's best interests for the family to make a successful transition to a healthy and normal-range separated family structure following divorce, and it is always in the child's best interests to restore a son's relationship to his mother or to his father, and the daughter's bonded relationship to her mother or her father. It is NEVER in the child's best interests to leave an unrepaired breach to the parent-child attachment bond.

A son's affectionate bond to his mother is too vital to the son's emotional and psychological development to leave this central relationship unrepaired; and a son's affectionate bond to his father is equally too important, equally too vital to the son's healthy emotional and psychological development to leave unrepaired. A daughter's affectionate bond to her father is key to her healthy development, and an affectionate mother-daughter bond is likewise essential to the daughter's healthy emotional and psychological development. To leave these special and unique relationships unrepaired and in open breach would be the "ugly" described by Tronick, the worst thing we could possibly do. A mother is not expendable from the life of a child, a father is not expendable from the life of a child. Children thrive when they receive abundant love from their mothers and fathers, that is always in the best interests of the child.

Family conflict is a treatment issue, not a child custody issue, and it requires a treatment-oriented solution from family systems therapy (Minuchin, Bowen, Haley, Madanes). The additional application of information sets from attachment (Bowlby), personality disorder pathology (Beck), complex trauma (van der Kolk), and the neuro-development of the brain in the parent-child relationship (Tronick) will bring added clarity to the diagnosis and treatment. Clinical psychology solves pathology through the application of knowledge, with assessment leading to diagnosis, and diagnosis guiding treatment.

The family courts will need to turn to clinical psychology and a treatment-focused assessment of the family pathology, with the recommended referral question of:

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

This limited-scope and treatment oriented referral question can typically be answered in six to eight weeks through a series of clinical interviews with the involved family members, in which the information sets from family systems therapy, attachment, personality disorder pathology, complex trauma, and the breach-and-repair sequence of neuro-development are applied to the child's and family's symptoms. This treatment-related information from a clinical psychology assessment of the pathology can then provide the family courts with the proper guidance on resolving the family conflict and providing the child with a healthy and normal-range childhood, a childhood of affectionate

and healthy attachment bonding to both the child's mother and father, free from the spousal conflict surrounding the divorce.

Providing the courts with information from a structured clinical psychology assessment protocol will provide the necessary information to the court that is central to its decision-making surrounding the family, and will provide the remedies and solutions needed for resolving family conflict, leading to less litigation in the family courts and lower emotional and financial costs for the family. When structured assessment protocols applying the established knowledge of professional psychology are provided for the court's consideration, then family courts will be able to better understand and effectively anticipate and plan for these high-intensity family conflicts, which will allow the courts to more efficiently structure their approach to moving these high-intensity family conflicts into solution-focused remedies that restore the child's normal-range and healthy childhood, free from the spousal conflict surrounding the divorce.

Pilot Programs for the Family Courts

The family courts would benefit from collaboration with local area universities in developing a set of three pilot programs for the family courts to examine treatment-oriented solutions based in clinical psychology rather than the traditional child custody orientation of forensic psychology. Pilot program research for the family courts with collaborative university involvement would allow for well-considered and data-driven decision-making regarding solutions for children, families, and the court.

In developing a pilot program model for the family courts, strong consideration should be given to developing a new professional role for attorneys within the family courts of an amicus attorney appointed to represent the interests of the court in the child's treatment and recovery. Whenever family conflict involving a child enters the family courts, the court acquires a legitimate interest in the child's treatment and recovery. The role of an amicus attorney representing the court and collaborating with the treating family therapist serves that interest. The amicus attorney should have a professional level understanding for family systems factors, and for the family's attachment and complex trauma pathology, with the goal of monitoring therapy and assisting the court in its decision-making regarding the treatment needs of the child and family. The role of the amicus attorney in the family courts would be to represent the interests of the court in the family therapy and to work collaboratively with the family therapist toward solutions.

A structured assessment protocol for the family pathology is needed from clinical psychology that ensures the application of the scientifically established knowledge of professional psychology to both the assessment and diagnosis of family pathology, with clear documentation of the symptom data on which decision-making is based. The structured assessment protocol should include an assessment component for potential IPV spousal abuse using the child as the weapon, and for a potential DSM-5 diagnosis of Child Psychological Abuse. All clinical psychology assessment reports to the court should include a DSM-5 diagnosis, and all treatment for court-involved family pathology should be based

on a written treatment plan with identified outcome measures. In clinical psychology, assessment leads to diagnosis, and diagnosis then guides treatment, and a written treatment plan with specified outcome measures is considered standard of practice.

The Petition to the APA & the Role of the APS

In the United States, a *Petition to the American Psychological Association* signed by over 20,000 parents was submitted to the APA seeking three remedies. It describes the family pathology of concern as well as the rampant and unchecked violations of the APA ethics code within forensic psychology. The *Petition to the APA* seeks three remedies, the last of which is relevant to developing solutions in Australia. The third remedy in the *Petition to the APA* calls for the American Psychological Association to convene a conference of experts in attachment pathology, family systems therapy, personality disorders, complex trauma, and the neuro-development of the brain in childhood (not forensic psychology, not "parental alienation" as neither applies established knowledge), to examine attachment pathology in the family courts and create a white paper on its analysis and recommendations. This initial conference on pathology should be a preliminary conference to a more general examination of the role of professional psychology in the family courts that includes additional representation from Ethics, Cultural Psychology, Clinical Psychology, and Psychometrics of Assessment.

I would respectfully offer that the Australian Psychological Society should convene a similar set of two conferences, the first focused on the specifics of the pathology and the second focused on a broader examination of the role of professional psychology in the family courts, with each leading to a white paper offering guidance from professional expertise in established domains of professional psychology. Additional legal conference events sponsored by law schools and legal organizations regarding the appropriate roles of forensic and clinical psychology in the family courts would also be valuable in developing a broader discussion of the solutions available for the family courts.

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Appendix 1: Family Systems Therapy Constructs

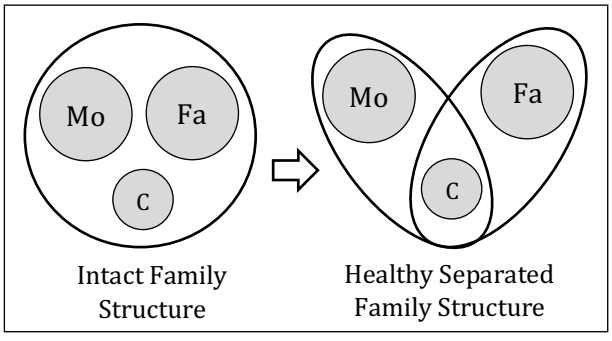
Family Systems Therapy

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

- Psychoanalytic Psychotherapy: Emerged from the work of Sigmund Freud, develops insight into unconscious motivations. Individual focus to therapy.
- Cognitive-Behavioral Therapy: Emerged from laboratory experiments with animals on Learning Theory and behavior change using principles of reward and punishment. Individual focus to therapy.
- Humanistic-Existential Therapy: Emerged from philosophical roots of existentialism, with a focus on personal growth and self-actualization. Individual focus to therapy.
- Family Systems Therapy: Describes the interpersonal processes of both healthy and dysfunctional family relationships. Interpersonal focus.

Of the four primary schools of psychotherapy, only family systems therapy deals with resolving current family conflict within families. All the other models of psychotherapy are individually focused forms of therapy. Of the four primary schools of psychotherapy, the appropriate conceptual framework for understanding and resolving family conflict and family pathology is family systems therapy (Minuchin, Bowen, Haley, Madanes).

Divorce ends the marriage, but not the family. With divorce, the family structure is transitioning from its prior *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 bonds of shared affection between the children and both parents.

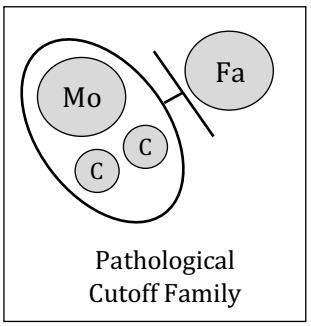


Families must adapt to various transitions over the developmental course of the family. A central tenet of family systems therapy is that when a family is unable to successfully adapt to a transition (such as a divorce and the transition to a new separated family structure), symptoms emerge within the 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 new separated family structure now 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).[4]

Within the established principles of family systems therapy, the child's rejection of a normal-range parent surrounding divorce is the result of the child's "*triangulation*" into the spousal conflict through the formation of a "*cross-generational coalition*" with the allied parent against the targeted parent that results in an "*emotional cutoff*" in the child's relationship with the targeted-rejected parent. The symptom of an "*emotional cutoff*" in the family is the result 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.



Pathological
Cutoff Family

Cross-Generational Coalition

A cross-generational coalition occurs when an emotionally fragile parent creates an alliance with the child against the other spouse (and parent) in order to stablize the fragile parent's own emotional needs. This coalition between the allied parent and child provides additional power to the allied parent in the spousal conflict (i.e., two against one). However, a cross-generational coalition is also extremely damaging to the child, who is being used by one parent as a weapon against the other spouse (and parent) in the marital conflict.

In milder cases, the arguing and conflict between the child and targeted parent which is being instigated and supported by the allied parent is high, but the child and targeted parent nevertheless maintain their bonded relationship. In more severe cases, however, the allied parent requires the child to end the child's relationship with the other parent out of "loyalty" to the allied parent in their coalition (i.e., the emotional cutoff). 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 therapist, Jay Haley (co-founder of the *Strategic* school of family systems therapy), provides a professional definition of the cross-generational coalition:

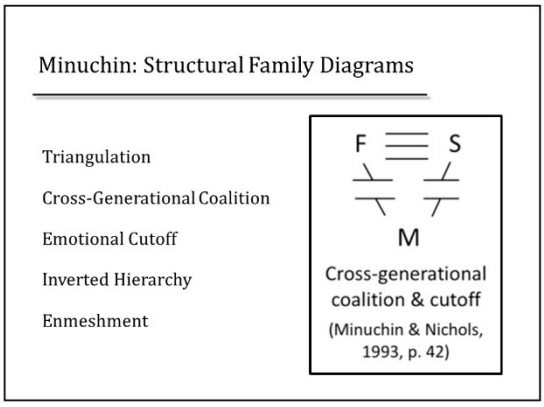
> **From Haley:** "The people responding to each other in the triangle are not peers, but one of them is of a different generation from the other two… In the process of their interaction together, the person of one generation forms a coalition with the person

[4] 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.

> 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. (Haley, 1977, p. 37)[5]

One of the preeminent family systems therapists is Salvador Minuchin who developed the *Structural* school of family systems therapy. Minuchin and Nichols provide a structural family diagram for the pathology of concern in their book, *Family Healing*.[6] In this structural diagram, the triangular pattern to the family relationships is evident, with the child being "*triangulated*" by the allied father into the father's spousal conflict toward the mother.



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

The *emotional cutoff* caused by the *cross-generation coalition* is reflected in the broken lines going from the child to the mother, and from the father to the mother. The break in spousal relationship line reflects the divorce, the break in the mother-son line represents the emotional cutoff of the child from the mother created by the negative parental influence on the child by the allied parent; i.e., the cross-generational coalition with the father. The child is essentially being induced by the father's influence and psychological control to also "divorce" the mother.

The three lines between the father and son represent an overly intrusive and over-involved relationship that involves the father's violation of the child's self-autonmy and psychological integrity (called "*enmeshment*"). This is a very destructive psychological relationship for a child to have with a parent. The violation of the child's psychological

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[5] Haley, J. (1977). Toward a theory of pathological systems. In P. Watzlawick & J. Weakland (Eds.), The interactional view (pp. 31-48). New York: Norton.

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

boundaries and self-integrity is why Haley calls the cross-generational coalition a "perverse triangle." The psychological boundaries and child's self-autonomy should always be respected by the parent. Many times, the allied parent experienced this type of psychological "boundary violation" in their own childhood relationships with their parents, and the psychological violation of the current child's self-autonomy and psychological integrity represents the "trans-generational transmission" of the parent's own childhood attachment trauma.

In her book, *Changing Relationships: Strategies for Therapists and Coaches*, the famed family systems therapist Cloe Madanes (co-founder of the Strategic school of family systems therapy with Jay Haley) provides a description of the cross-generational coaltion 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.

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 father. A husband might join his father 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.