The handout of the 6/1/17 Powerpoint presentation of Dr. Childress and Darcy Pruter from the AFCC convention in Boston has been divided into three parts to allow for a manageable file size for downloading.

This is Part 2.

Part 2 covers issues of professional competence, assessment and diagnosis of the pathology, the DSM-5 diagnosis of child psychological abuse, the protective separation, and the key to unlocking the family law solution to high-conflict divorce.

Domains of Professional Competence

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

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

Personality Disorder Competence

Mental health professionals who are assessing, diagnosing, and treating personality disorder related pathology as it is affecting family relationships:

- Need to be professionally knowledgeable and competent in personality disorder pathology, what it is, how it functions, and how it characteristically affects family relationships following divorce.
- Failure to possess professional-level knowledge regarding personality disorder pathology when assessing, diagnosing, and treating personality disorder related pathology in the family would represent practice beyond the boundaries of professional competence in violation of professional standards of practice.

Family Systems Competence

Mental health professionals who are assessing, diagnosing, and treating families:

- Need to be professionally knowledgeable and competent in the functioning of family systems and the principles of family systems therapy.
- Failure to possess professional-level knowledge regarding the functioning of family systems and the principles of family systems therapy when assessing, diagnosing, and treating family pathology would represent practice beyond the boundaries of professional competence in violation of professional standards of practice.

Attachment System Competence

Mental health professionals who are assessing, diagnosing, and treating attachment-related pathology:

- Need to be professionally knowledgeable and competent in the attachment system, what it is, how it functions, and how it characteristically dysfunctions.
- Failure to possess professional-level knowledge regarding the attachment system when assessing, diagnosing, and treating attachment-related pathology would represent practice beyond the boundaries of professional competence in violation of professional standards of practice.

Personality Disorder Competence

Mental health professionals who are assessing, diagnosing, and treating personality disorder related pathology as it is affecting family relationships:

- Need to be professionally knowledgeable and competent in personality disorder pathology, what it is, how it functions, and how it characteristically affects family relationships following divorce.
- Failure to possess professional-level knowledge regarding personality disorder pathology when assessing, diagnosing, and treating personality disorder related pathology in the family would represent practice beyond the boundaries of professional competence in violation of professional standards of practice.
Complex Trauma Competence

Mental health professionals who are assessing, diagnosing, and treating the trans-generational transmission of complex trauma:

- Need to be professionally knowledgeable and competent in the nature of complex trauma, as expressed both individually and through family relationships.
- Failure to possess professional-level knowledge regarding the trans-generational transmission and expression of complex trauma when assessing, diagnosing, and treating family pathology involving complex trauma would represent practice beyond the boundaries of professional competence in violation of professional standards of practice.

Childress & Pruter (2017)

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

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

Childress & Pruter (2017)

There is:

pathological mourning.

Childress & Pruter (2017)

There is:

triangulation, cross-generational coalitions, and emotional cutoffs.

Childress & Pruter (2017)

There is:

the collapse of narcissistic and borderline personality structure surrounding divorce.

Childress & Pruter (2017)

There is:

the trans-generational transmission of attachment trauma.

Childress & Pruter (2017)
But there is no such thing in clinical psychology as "parental alienation." It is a made up form of "new pathology." Mental health professionals need to use standard and established psychological constructs and principles to diagnose pathology.

In proposing a "new form of pathology" - a "new syndrome" - Richard Gardner led everyone away from the path of professional psychology and into the wilderness of professional incompetence.

An attachment-based model of "parental alienation" (AB-PA) is based entirely within the standard and established constructs and principles of professional psychology. AB-PA returns us to the established path of professional psychology.

Professional Ignorance & Incompetence

Mental health professionals are currently assessing, diagnosing, and treating:

- An attachment-related pathology without expertise in the attachment system;
- A family systems pathology without expertise in family systems;
- Personality disorder pathology without expertise in personality disorder pathology.

It is time to leave the wilderness of "new forms of pathology" and return to professional standards of practice in the assessment, diagnosis, and treatment of pathology defined through the standard and established constructs and principles of professional psychology.

AB-PA is NOT a theory.

AB-PA is diagnosis.

Diagnosis is the application of standard and established constructs and principles to a set of symptoms.
Three diagnostic indicators of attachment-based "parental alienation" (AB-PA):

1.) Attachment system suppression.
2.) Narcissistic personality traits in the child’s symptom display.
3.) An encapsulated persecutory delusion in the child’s symptom display.

AB-PA: Diagnostic Indicator 1

1.) **Attachment System Suppression**

The attachment system NEVER spontaneously dysfunctions.

The attachment system ONLY becomes dysfunctional in response to pathogenic parenting.

Patho= pathology; genic= genesis, creation. Pathogenic parenting is the creation of significant pathology in the child through aberrant and distorted parenting practices.

AB-PA: Diagnostic Indicator 2

2.) **Narcissistic Personality Traits**

Five specific narcissistic personality traits are evidenced in the child’s symptom display.

These are the "psychological fingerprint" evidence of the psychological control of the child by a narcissistic or borderline personality parent.

We cannot psychologically control a child without leaving "psychological fingerprints" of the control in the child’s symptom display.

AB-PA: Diagnostic Indicator 3

3.) **Encapsulated Persecutory Delusion**

The child evidences a fixed and false belief (a delusion) that the child is supposedly being "victimized" by the normal-range parenting of the targeted-rejected parent.

This symptom represents the child being incorporated into a false trauma reenactment narrative of the narcissistic/(borderline) parent that is in the pattern: "abusive parent"/"victimized child"/"protective parent"
Pathogenic parenting that is creating significant
in the child's symptom display represents definitive diagnostic evidence of attachment-based "parental alienation" (AB–PA).

No other pathology in all of mental health will produce this specific set of three child symptoms – all three in the child's symptom display – except AB–PA as described in Foundations.

Pathogenic parenting that is creating significant

- Developmental pathology in the child (diagnostic indicator 1),
- Personality disorder pathology in the child (diagnostic indicator 2),
- Delusional-psychiatric pathology in the child (diagnostic indicator 3)

is a DSM-5 diagnosis of:

V995.51 Child Psychological Abuse, Confirmed.

Assessment leads to diagnosis.
Diagnosis guides treatment.

Diagnostic Checklist for Pathogenic Parenting:

<table>
<thead>
<tr>
<th>CriterionMet</th>
<th>CriterionAbsent</th>
<th>CriterionThreshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Attentino</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Entitlement</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Absence of empathy</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Grandiosity</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Normal range parenting</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

APA Ethics Code Standard 9.01a
Competence in Assessment

9.01 Bases for Assessments
(a) Psychologists base the opinions contained in their recommendations, reports and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings.
The attachment system NEVER spontaneously dysfunctions.
The attachment system ONLY dysfunctions in response to pathogenic parenting.

Pathogenic Parenting
Patho= pathology; genic= genesis, creation
- Pathogenic parenting is the creation of significant psychopathology in the child through aberrant and distorted parenting practices.
- Pathogenic caregiving is an established construct in both developmental and clinical psychology.
- Pathogenic parenting is most commonly used in reference to attachment-related pathology.

If a mental health professional has not even assessed for pathogenic parenting associated with an attachment-related pathology, then the diagnostic statements and forensic testimony by this mental health professional cannot possibly be based on "information and techniques sufficient to substantiate their findings."

We are assessing for pathogenic parenting associated with an attachment-related pathology in the child, NOT for "parental alienation."

Assessment leads to diagnosis.
Diagnosis guides treatment.

Treatment
DSM-5: V995.51 Child Psychological Abuse
Pathogenic parenting that is creating significant
developmental pathology in the child
(diagnostic indicator 1),
personality disorder pathology in the child
(diagnostic indicator 2),
delusional-psychiatric pathology in the child
(diagnostic indicator 3)
is a DSM-5 diagnosis of:
V995.51 Child Psychological Abuse, Confirmed.

Diagnosis guides treatment.

The Protective Separation & Treatment

Protective Separation
DSM-5: V995.51 Child Psychological Abuse
Diagnosis guides treatment.

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

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

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

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

Therapy for the Abusive Parent:  
During the period of protective separation the abusive parent is typically required to obtain individual therapy to gain and demonstrate insight into the causes of the prior abuse.  
The degree of supervision surrounding the reintroduction of this parent is typically based on this parent's cooperation with therapy.

This is true for physical child abuse;  
This is true for sexual child abuse;  
This is true for psychological child abuse.
Diagnosis guides treatment.

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

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

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

The Protective Separation & Treatment

Childress & Pruter (2017)

The Goal:

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

Childress & Pruter (2017)

Pathogenic parenting that is creating significant

- Developmental pathology in the child (diagnostic indicator 1),
- Personality disorder pathology in the child (diagnostic indicator 2),
- Delusional-psychiatric pathology in the child (diagnostic indicator 3)

is a DSM-5 diagnosis of:

V995.51 Child Psychological Abuse, Confirmed.

Childress & Pruter (2017)

Protective Separation

DSM-5 Diagnosis:

V995.51 Child Psychological Abuse

In all cases of child abuse, the professional standard of practice and duty to protect requires the child's protective separation from the abusive parent during treatment and recovery.
The adversarial foundation to the legal system contributes to and fosters the continuing conflict within high-conflict families.

Normal-Range Divorce Transition:
- Intact Family Structure
  - United by the Marital Bond
- Separated Family Structure
  - United by the Children

High-Conflict Divorce:
- "Reunification Therapy":
  - Pathological Cutoff Family Structure
The narcissistic/(borderline) parent is creating a significant degree of psychopathology in the child.

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

The Goal:

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

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

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

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