The Construct of "Parental Alienation"

In the 1980s, a psychiatrist, Richard Gardner, proposed the existence of a new form of pathology called "parental alienation" - which he claimed represented a "new syndrome" unique in all of mental health; identifiable by an equally unique new set of eight symptom identifiers that Gardner simply made up to be specific for this pathology alone.

(Young & Childress, 2018)

The Wilderness of "Parental Alienation"

In proposing a "new form of pathology," Gardner led professional psychology into the wilderness of diagnostic chaos, where everyone simply defines the pathology of "parental alienation" in any way they want. There is no structure – no foundation – to the description of the pathology or its diagnosis.

(Young & Childress, 2018)

Child Custody Evaluations

The current method of assessing and diagnosing "parental alienation" is through an excessively lengthy and financially costly child custody evaluation, typically requiring six to nine months to complete and costing between 20 to 40 thousands of dollars.

(Young & Childress, 2018)
Child Custody Evaluations:

No Established Validity
Child custody evaluations are not scientifically supported or valid assessments.
- **No inter-rater reliability:** If an assessment procedure is not reliable, it cannot, by definition, be valid.
- Two different custody evaluators can reach entirely different conclusions and recommendations based on exactly the same data.

(Young & Childress, 2018)

Child Custody Evaluations:

No Interpretation Guidelines
Child custody evaluators spend significant time (billable) in collecting data and in report writing (billable), but when it comes to interpreting what the family data means... they simply make it up.

Child custody evaluators are not required to apply any standard and established psychological constructs or principles to the interpretation of the family data.

(Young & Childress, 2018)

Child Custody Evaluations:

No Interpretation Guidelines
Child custody evaluators are free to apply, misapply, or not apply any, some, or none of the standard and established constructs and principles of professional psychology to the family data.

The interpretation of the family data is entirely subjective and arbitrary, unique to the attitudes, beliefs, and biases of that individual evaluator.

(Young & Childress, 2018)

THE RETURN OF CLINICAL PSYCHOLOGY

Clinical & Forensic Psychology

Clinical psychology has been banned from offering child custody recommendations – ONLY a child custody evaluation can provide a child custody recommendation.

The attachment-related pathology of "parental alienation" - weaponizing the child into the spousal conflict surrounding divorce - is NOT a child custody issue, it is a child treatment issue.

(Young & Childress, 2018)

The Return of Clinical Psychology

Clinical psychology is reentering the domain of forensic practice, providing a clinical assessment for the Court of attachment-related family pathology surrounding divorce:

- Based on the standard and established constructs and principles of professional psychology.
- Including professional standards of practice for assessment.
Court Involved Clinical Assessment of Pathology

The return of clinical psychology to court involved assessment begins by establishing a more foundationally grounded, scientifically and professionally supported definition of the pathology under assessment.

Gardnerian PAS is dead.
There is no such thing as "parental alienation" – there is no valid definition for the construct of "parental alienation" in the clinical psychology literature.

(Young & Childress, 2018)

Clinical Psychology Definitions

Family Systems Clinical Definition:
- The child's triangulation into the spousal conflict through the formation of a cross-generational coalition with the allied parent against the targeted parent, creating an emotional cutoff in the parent-child relationship with the targeted parent.

Attachment System Clinical Definition:
- The trans-generational transmission of attachment trauma from the childhood of the allied narcissistic/(borderline) parent to the current family relationships, mediated by the personality disorder pathology of the parent that is itself a product of this parent's childhood attachment trauma.

(Young & Childress, 2018)

An Attachment-Based Model of "Parental Alienation" (AB-PA)

Foundations provides a comprehensive definition of the pathology from within the established constructs and principles of professional psychology.

An attachment-based model of "parental alienation" (AB-PA) is based in the work of Bowlby, Minuchin, Beck, Haley, Millon, Bowen, and the established research and literature of professional psychology.

(Citation support for the constructs and principles of AB-PA is available on my website: www.drcachildress.org)

(Young & Childress, 2018)

Scientific Professional Practice

AB-PA relies on scientifically established constructs and principles, and anchors assessment in the scientific method.
AB-PA makes a prediction regarding the child's symptoms:
- The child's symptoms will evidence a specific set of three disparate and distinct symptoms that require explanation,
- AB-PA both explains and predicts these three disparate, distinct, and otherwise difficult to explain symptoms in the child's symptom display.

(Young & Childress, 2018)

Three Diagnostic Indicators of AB-PA

- **Attachment System Suppression**: The suppression of the child's attachment bonding motivations toward a normal-range and affectionally available parent.
- **Personality Disorder Pathology**: Five specific narcissistic personality traits are evidenced in the child's symptom display (the "psychological fingerprint" evidence of the child's psychological control by a narcissistic/(borderline) parent).
- **Persecutory Delusion**: The child evidences a fixed and false belief in the child's supposed "victimization" by the normal-range parenting of the targeted parent; an encapsulated persecutory delusion.

(Young & Childress, 2018)
Assessment Protocol

Assessment
Normal-Range Parenting

The normal-range parenting of the targeted parent is documented using the Parenting Practices Rating Scale:

This symptom documentation instrument is available at:
www.drcachildress.org

Structured & Standardized Assessment Protocol

Together, these two symptom documentation instruments serve as the foundation for a structured and standardized six-session assessment protocol for attachment-related pathology surrounding divorce. Assessment of Attachment-Related Pathology Surrounding Divorce

Six-Session Assessment Protocol

The required information to complete the two data documentation instruments can typically be collected in six clinical interview sessions:

Sessions 1 & 2: Individual sessions with each parent to obtain history and symptom information.
Sessions 3 & 4: Joint parent-child sessions with the targeted parent and child(ren) for direct observation of relationship features and symptoms.
Sessions 5 & 6: Feedback consultation sessions with each parent individually.
Structured Report

A treatment focused assessment results in a structured 6 to 10 page report describing the data, and the treatment implications. The structured interpretation of the data is based on standard and established constructs and principles of professional psychology.

Pathogenic Parenting

Pathogenic parenting is the creation of significant psychopathology in the child through aberrant and distorted parenting practices. The construct of pathogenic parenting is an established construct in both developmental and clinical psychology, and is typically used in reference to attachment-related pathology. Attachment pathology is always created by pathogenic parenting.

Psychological Child Abuse

Pathogenic parenting that is creating significant:

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

Is a DSM-5 diagnosis of V995.51 Child Psychological Abuse, Confirmed.

Standard of Practice

In all cases of child abuse, physical child abuse, sexual child abuse, psychological child abuse, the professional standard of practice and duty to protect requires the protective separation of the child from the abusive parent.

The consequences of the child abuse on the child's development are then treated, and the child's healthy psychological development is recovered and restored.

Restoring Contact

Once the child's healthy development has been recovered and stabilized, contact with the previously abusive parent is restored with sufficient safeguards to ensure that the abuse does not resume when contact with the abusive parent is reintroduced.

The abusive parent is typically required to obtain collateral therapy to gain and demonstrate insight into the causes of the prior child abuse.
CONTINGENT VISITATION SCHEDULE

(Young & Childress, 2018)

Strategic Family Systems Therapy

A Strategic family systems intervention is available that can treat the family pathology and eliminate the child's symptoms without the need for a protective separation from the allied narcissistic/(borderline) parent.

- Strategic family systems therapy (Haley; Madanes) recognizes the child's symptoms as conferring power within the family.
- Strategic family systems develops a prescriptive intervention that alters how the child's symptoms confer power within the family.

(Young & Childress, 2018)

Contingent Visitation Schedule

A Contingent Visitation Schedule is a Strategic family systems intervention designed to alter how the child's symptoms confer power to the allied parent to:

- Nullify Court orders for shared custody and visitation,
- Inflict suffering on the targeted parent in spousal revenge and retaliation for the divorce.

(Young & Childress, 2018)

Custody Visitation Time Share Schedule

Custody visitation time-share is recommended at 50-50% based on the foundational principle that children benefit from a complex relationship with both parents.

Four types of parent-child relationship:

- mother-son; mother-daughter;
- father-son; father-daughter.

Each relationship type is unique, each relationship type is crucial to the child's healthy development, all four relationships are equal in value, and none of them are expendable.

(Young & Childress, 2018)

Rating Child Symptoms

During the Contingent Visitation Schedule, the child's symptoms with the targeted parent are rated daily using the Parent-Child Relationship Rating Scale:

1. Affection
2. Cooperation
3. Social Involvement

(Young & Childress, 2018)

Structure for the Contingent Visitation Schedule

Successful Day

- Ratings of 4 or higher on all three scales (affection, cooperation, social involvement) is considered a Successful Day.

Successful Week

- Five Successful Days out of a seven-day custody visitation week is considered a Successful Week.

(Young & Childress, 2018)
Unsuccessful Week

If the child has less than five Successful Days during a seven-day custody visitation week, then the child remains in the care of the targeted parent and must achieve an additional three consecutive Successful Days before standard 50-50% custody is resumed.

(Young & Childress, 2018)

Attribution of Responsibility

The previous treatment-focused assessment identifies the source of pathogenic parenting creating the child's symptoms as being the allied and supposedly "favored" parent who has formed a cross-generational coalition with the child against the targeted parent.

When the child's symptoms increase, the attribution for the increase in child symptoms is to the pathogenic parenting of the allied parent who is forming a cross-generational coalition with the child (is weaponizing the child) against the targeted parent.

(Young & Childress, 2018)

Treatment Intervention

Since the pathogenic parenting of the allied parent is responsible for creating the child's symptoms, that then damage the child's relationship with the targeted parent,

- When the child becomes symptomatic (less than five Successful Days during a seven-day custody visitation period), time with the allied narcissistic/(borderline) parent is reduced, to reduce the pathogenic influence of this parent on the child.
- Time with the targeted parent is increased to allow for treatment of their damaged relationship.

(Young & Childress, 2018)

AB-PA PILOT PROGRAM FOR THE FAMILY COURT

The Key Solution

The AB-PA pilot program for the family court teams an AB-PA Certified mental health professional with an AB-PA Knowledgeable amicus attorney.

Attachment-Related Pathology

In all cases of attachment-related family pathology surrounding divorce, the Court will refer for a six-session treatment-focused assessment from an AB-PA Certified mental health professional.

When AB-PA is identified, the Court can construct a treatment Key from an AB-PA Certified mental health professional teamed with an AB-PA Knowledgeable amicus attorney.
**Professional Skill Set**

The AB-PA pilot program for the family court provides the Court with a pool of available professional knowledge in two skill sets:

- Opportunities for research collaborations with local area universities.
- Opportunities for clinical training internships with local area universities.

**AB-PA Pilot Program**

Houston Seminars: May 24, 25, 26

Anticipated expansion into additional jurisdictions.

- Opportunities for research collaborations with local area universities.
- Opportunities for clinical training internships with local area universities.

**Professional Expertise**

The AB-PA pilot program for the family court provides the Court with a pool of available professional knowledge to select from:

- The Court

**PROFESSIONAL SKILL SET**

- **Family law attorneys** and the Court will increasingly need **mental health professionals** to conduct structured and standardized treatment focused assessment protocols;
- And to stabilize family relationships using the Contingent Visitation Schedule.